

ANNUAL STATEMENT

of the

**HMO Maine, a Line of Business of
Anthem Health Plans of Maine, Inc.**

of

South Portland

in the State of

Maine

to the

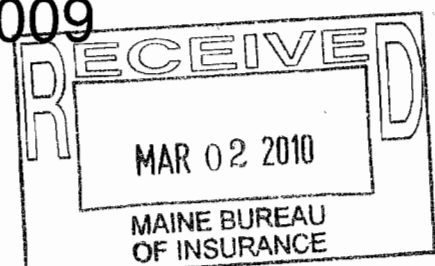
Bureau of Insurance

of the State of

Maine

For the Year Ended
December 31, 2009

2009



STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	XXX	912,573	1,062,134
2. Net premium income (including \$ non-health premium income)	XXX	364,361,320	400,287,880
3. Change in unearned premium reserves and reserve for rate credits	XXX	(14,971,183)	(22,688,630)
4. Fee-for-service (net of \$ medical expenses)	XXX	0	
5. Risk revenue	XXX	0	
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	349,390,137	377,599,250
Hospital and Medical:			
9. Hospital/medical benefits		275,931,945	283,955,297
10. Other professional services		6,608	0
11. Outside referrals		0	0
12. Emergency room and out-of-area		16,861,458	16,800,404
13. Prescription drugs		44,340,129	48,596,605
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments, and bonus amounts			0
16. Subtotal (Lines 9 to 15)	0	337,140,140	349,352,306
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)	0	337,140,140	349,352,306
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 2,090,321 cost containment expenses		4,816,686	3,554,097
21. General administrative expenses		10,507,615	5,053,548
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		20,134	
23. Total underwriting deductions (Lines 18 through 22)	0	352,484,575	357,959,951
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(3,094,438)	19,639,299
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		3,594,092	4,394,511
26. Net realized capital gains (losses) less capital gains tax of \$		97,778	(786,055)
27. Net investment gains (losses) (Lines 25 plus 26)	0	3,691,870	3,608,456
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses	0	0	4,598
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	597,432	23,252,353
31. Federal and foreign income taxes incurred	XXX	209,101	8,138,324
32. Net income (loss) (Lines 30 minus 31)	XXX	388,331	15,114,029
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. Miscellaneous			4,598
2902.			
2903			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	4,598

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	364,361,320	363,091,810							1,269,510	
2. Change in unearned premium reserves and reserve for rate credit	(14,971,183)	(14,971,183)								
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	0
4. Risk revenue	0	0	0	0	0	0	0	0	0	0
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0
6. Aggregate write-ins for other non-health care related revenues	0	0	0	0	0	0	0	0	0	0
7. Total revenues (Lines 1 to 6)	349,390,137	348,120,627	0	0	0	0	0	0	1,269,510	0
8. Hospital/medical benefits	275,931,945	275,399,867	0	0	0	0	0	0	532,078	0
9. Other professional services	6,608	6,608	0	0	0	0	0	0	0	0
10. Outside referrals	0	0	0	0	0	0	0	0	0	0
11. Emergency room and out-of-area	16,861,458	16,861,458	0	0	0	0	0	0	0	0
12. Prescription drugs	44,340,129	44,340,129	0	0	0	0	0	0	0	0
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0
14. Incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	0
15. Subtotal (Lines 8 to 14)	337,140,140	336,608,062	0	0	0	0	0	0	532,078	0
16. Net reinsurance recoveries	0	0	0	0	0	0	0	0	0	0
17. Total medical and hospital (Lines 15 minus 16)	337,140,140	336,608,062	0	0	0	0	0	0	532,078	0
18. Non-health claims (net)	0	0	0	0	0	0	0	0	0	0
19. Claims adjustment expenses including \$ 2,090,321 cost containment expenses	4,816,686	4,840,226	0	0	0	0	0	0	0	0
20. General administrative expenses	10,507,615	14,609,121	0	0	0	0	0	0	(23,540)	0
21. Increase in reserves for accident and health contracts	20,134	20,134	0	0	0	0	0	0	(4,101,506)	0
22. Increase in reserves for life contracts	0	0	0	0	0	0	0	0	0	0
23. Total underwriting deductions (Lines 17 to 22)	352,484,575	356,077,543	0	0	0	0	0	0	(3,592,968)	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	(3,094,438)	(7,956,916)	0	0	0	0	0	0	4,862,478	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page									
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)									XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698.	Summary of remaining write-ins for Line 6 from overflow page									
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)									XXX
1301.										XXX
1302.										XXX
1303.										XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page									
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)									XXX



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HMO Maine, a Line of Business of Anthem Health Plans of Maine, Inc.

2. South Portland, ME

NAIC Group Code	0671	BUSINESS IN THE STATE OF		DURING THE YEAR							52618								
		Maine		(LOCATION)															
		2		3		4		5		6		7		8		9		10	
		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
1		2		3		4		5		6		7		8		9		10	
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																			
1.	Prior Year	85,185	39	85,146															
2.	First Quarter	79,436	20	79,416															
3.	Second Quarter	76,377	15	76,362															
4.	Third Quarter	73,875	20	73,855															
5.	Current Year	71,422	14	71,408															
6.	Current Year Member Months	912,573	200	912,373															
Total Member Ambulatory Encounters for Year:																			
7.	Physician	535,873	186	535,687															
8.	Non-Physician	352,042	126	351,916															
9.	Total	887,915	312	887,603															
10.	Hospital Patient Days Incurred	21,229	11	21,218															
11.	Number of Inpatient Admissions	4,731	4	4,727															
12.	Health Premiums Written (b)	0																	
13.	Life Premiums Direct	0																	
14.	Property/Casualty Premiums Written	0																	
15.	Health Premiums Earned	364,361,320	236,436	362,655,374															1,269,510
16.	Property/Casualty Premiums Earned	0																	
17.	Amount Paid for Provision of Health Care Services	0																	
18.	Amount Incurred for Provision of Health Care Services	337,140,140	246,566	336,361,496															532,078

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$