



ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014

OF THE CONDITION AND AFFAIRS OF THE

Martin's Point Generations, LLC

NAIC Group Code 0000 , NAIC Company Code 12545 Employer's ID Number 20-4505084
(Current Period) (Prior Period)

Organized under the Laws of Maine , State of Domicile or Port of Entry Maine

Country of Domicile US

Licensed as business type:

Life, Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [] Is HMO Federally Qualified? Yes (X) No ()

Incorporated/Organized January 11, 2006 Commenced Business January 1, 2007

Statutory Home Office 331 Veranda Street, Portland, Maine, US 04103
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 331 Veranda Street, Portland, Maine, US 04103 207-774-5801
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address PO Box 9746, Portland, Maine, US 04104-5040
(Street and Number or P. O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 27 Northport Drive, Portland, Maine, US 04103
(Street and Number, City or Town, State, Country and Zip Code)
207-253-6224
(Area Code) (Telephone Number)

Internet Website Address www.martinspoint.org

Statutory Statement Contact Charles Nicholas Hاديaris 207-253-6224
(Name) (Area Code) (Telephone Number) (Extension)
charles.hadiaris@martinspoint.org 207-253-6227
(E-Mail Address) (Fax Number)

OFFICERS

David Hermon Howes, MD (Chief Executive Officer) Dale Hansen Bradford (Chief Business and Financial Officer)
Lawrence Doran Henry (Chief Operating Officer) Sandra Lynn Monfiletto (Organizational Effectiveness Officer)

OTHER OFFICERS

Jonathan Easton Harvey, MD (Chief Medical Officer)
Daniel Bruce Chojnowski (Vice President of Finance)

DIRECTORS OR TRUSTEES

Warren Deems Alpern, MD, Chair#
Robert Adair Moore, Vice Chair/Secretary#
Edward Charles Dupont, Jr, Treasurer
David Hermon Howes, MD, President#
Marylou Buyse, MD
Raymond Eldon Durkee
Daniel Kent Onion, MD
Ronald Fitzjohn Dixon, MD
James Alexander Hester, Jr, PhD
Michael Eric Thomas
George Nelson Campbell, Jr

State of Maine }
County of Cumberland } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. . Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

David Hermon Howes, MD CEO Dale Hansen Bradford Chief Business and Financial Officer

Subscribed and sworn to before me this day of _____ a. Is this an original filing? Yes (X) No ()
_____ b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col 1 - Col 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	20,632,174		20,632,174	
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks	9,082,793		9,082,793	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 17,277,052 , Schedule E - Part 1), cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$ 780,311 , Schedule DA)	18,057,362		18,057,362	36,570,080
6. Contract loans (including \$ premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities lending reinvested collateral assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Line 1 through Line 11)	47,772,329		47,772,329	36,570,080
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	101,773		101,773	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	438,847	141,968	296,879	208,695
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	3,680,351		3,680,351	
24. Health care (\$ 10,987,043) and other amounts receivable	17,046,370	6,059,327	10,987,043	3,867,290
25. Aggregate write-ins for other-than-invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	69,039,670	6,201,295	62,838,375	40,646,065
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Line 26 and Line 27)	69,039,670	6,201,295	62,838,375	40,646,065
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	23,427,361		23,427,361	20,029,104
2. Accrued medical incentive pool and bonus amounts	1,010,500		1,010,500	611,224
3. Unpaid claims adjustment expenses	553,202		553,202	661,048
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	98,084		98,084	299,552
9. General expenses due or accrued	1,465,003		1,465,003	542,279
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others	1,767,005		1,767,005	404,595
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates				391,418
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ current)				
24. Total liabilities (Line 1 to Line 23)	28,321,155		28,321,155	22,939,220
25. Aggregate write-ins for special surplus funds	X X X	X X X	(1,817,045)	
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	98,000,000	59,500,000
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(61,665,734)	(41,793,155)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	X X X	X X X		
32.2 shares preferred (value included in Line 27 \$)	X X X	X X X		
33. Total capital and surplus (Line 25 to Line 31 minus Line 32)	X X X	X X X	34,517,221	17,706,845
34. Total liabilities, capital and surplus (Line 24 and Line 33)	X X X	X X X	62,838,376	40,646,065
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)				
2501. Federal Affordable Care Act Assessment for 2014	X X X	X X X	(1,817,045)	
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	X X X	X X X	(1,817,045)	
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	360,916	279,620
2. Net premium income (including \$ non-health premium income)	X X X	231,553,922	170,967,988
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$ medical expenses)	X X X		
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X		
7. Aggregate write-ins for other non-health revenues	X X X		
8. Total revenues (Line 2 to Line 7)	X X X	231,553,922	170,967,988
Hospital and Medical:			
9. Hospital/medical benefits		188,607,168	136,201,357
10. Other professional services			
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs		34,989,685	24,502,603
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts		831,257	1,178,300
16. Subtotal (Line 9 to Line 15)		224,428,110	161,882,260
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Line 16 minus Line 17)		224,428,110	161,882,260
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 2,131,956 cost containment expenses		5,467,424	3,259,324
21. General administrative expenses		19,799,147	16,583,486
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)			
23. Total underwriting deductions (Line 18 through Line 22)		249,694,681	181,725,070
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	X X X	(18,140,759)	(10,757,082)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		136,740	27,575
26. Net realized capital gains (losses) less capital gains tax of \$		(975)	
27. Net investment gains (losses) (Line 25 plus Line 26)		135,765	27,575
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			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29)	X X X	(18,004,994)	(10,729,507)
31. Federal and foreign income taxes incurred	X X X		
32. Net income (loss) (Line 30 minus Line 31)	X X X	(18,004,994)	(10,729,507)
DETAILS OF WRITE-INS			
0601.	X X X		
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	X X X		
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	X X X		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above)			
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1	2
	Current Year	Prior Year
33. Capital and surplus prior reporting year	17,706,845	13,896,217
34. Net income or (loss) from Line 32	(18,004,994)	(10,729,507)
35. Change in valuation basis of aggregate policy and claims reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(332,199)	
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	(3,352,431)	(1,459,865)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in	38,500,000	16,000,000
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		
45.2 Transferred to capital (Stock Dividend)		
45.3 Tranferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus		
48. Net change in capital and surplus (Line 34 to Line 47)	16,810,376	3,810,628
49. Capital and surplus end of reporting year (Line 33 plus Line 48)	34,517,221	17,706,845
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)		

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	231,237,424	171,117,685
2. Net investment income	110,193	27,575
3. Miscellaneous income	(10,445,338)	(893,979)
4. Total (Line 1 through Line 3)	220,902,279	170,251,281
5. Benefit and loss related payments	220,630,577	157,392,150
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	24,451,693	19,519,005
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10. Total (Line 5 through Line 9)	245,082,270	176,911,155
11. Net cash from operations (Line 4 minus Line 10)	(24,179,991)	(6,659,874)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	2,367,225	
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds	536	
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	2,367,761	
13. Cost of investments acquired (long-term only):		
13.1 Bonds	32,491,127	
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Line 13.1 through Line 13.6)	32,491,127	
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(30,123,366)	
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock	38,500,000	16,000,000
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	(2,709,361)	295,401
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	35,790,639	16,295,401
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(18,512,718)	9,635,527
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	36,570,080	26,934,553
19.2 End of year (Line 18 plus Line 19.1)	18,057,362	36,570,080

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001		
20.0002		
20.0003		
20.0004		
20.0005		
20.0006		
20.0007		
20.0008		
20.0009		
20.0010		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and 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	231,553,922						231,553,922			
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$ medical expenses)										XXX
4. Risk revenue										XXX
5. Aggregate write-ins for other health care related revenues										XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Line 1 through Line 6)	231,553,922						231,553,922			
8. Hospital/medical benefits	188,607,168						188,607,168			XXX
9. Other professional services										XXX
10. Outside referrals										XXX
11. Emergency room and out-of-area										XXX
12. Prescription drugs	34,989,685						34,989,685			XXX
13. Aggregate write-ins for other hospital and medical										XXX
14. Incentive pool, withhold adjustments, and bonus amounts	831,257						831,257			XXX
15. Subtotal (Line 8 through Line 14)	224,428,110						224,428,110			XXX
16. Net reinsurance recoveries										XXX
17. Total hospital and medical (Line 15 minus Line 16)	224,428,110						224,428,110			XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 2,131,956 cost containment expenses	5,467,424						5,467,424			
20. General administrative expenses	19,799,147						19,799,147			
21. Increase in reserves for accident and health contracts										XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Line 17 through Line 22)	249,694,681						249,694,681			
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(18,140,759)						(18,140,759)			
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. Total (Line 0501 through Line 0503 plus Line 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Total (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. Total (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT

Part 1 - Premiums

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Column 1 plus Column 2 minus Column 3)
1. Comprehensive (hospital and medical)				
2. Medicare Supplement				
3. Dental only				
4. Vision only				
5. Federal Employees Health Benefits Plan				
6. Title XVIII - Medicare	231,553,922			231,553,922
7. Title XIX - Medicaid				
8. Other health				
9. Health subtotal (Line 1 through Line 8)	231,553,922			231,553,922
10. Life				
11. Property/casualty				
12. Totals (Line 9 to Line 11)	231,553,922			231,553,922

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - Claims Incurred During the Year

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	220,198,596						220,198,596			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	220,198,596						220,198,596			
2. Paid medical incentive pools and bonuses	431,981						431,981			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	23,427,361						23,427,361			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	23,427,361						23,427,361			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year	1,010,500						1,010,500			
6. Net health care receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	20,029,104						20,029,104			
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	20,029,104						20,029,104			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year	611,224						611,224			
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	223,596,853						223,596,853			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net	223,596,853						223,596,853			
13. Incurred medical incentive pools and bonuses	831,257						831,257			

(a) Excludes \$ loans or advances to providers not yet expensed

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - Claims Liability End of Current Year

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	2,037,324						2,037,324			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	2,037,324						2,037,324			
2. Incurred but Unreported:										
2.1 Direct	21,390,037						21,390,037			
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	21,390,037						21,390,037			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS:										
4.1 Direct	23,427,361						23,427,361			
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	23,427,361						23,427,361			

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Column 1 plus Column 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental Only						
4. Vision Only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	15,874,432	206,952,185		23,427,361	15,874,432	20,029,104
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Line 1 through Line 8)	15,874,432	206,952,185		23,427,361	15,874,432	20,029,104
10. Healthcare receivables (a)		2,628,021				
11. Other non-health						
12. Medical incentive pools and bonus amounts	305,600	126,381		1,010,500	305,600	611,224
13. Totals (Line 9 minus Line 10 plus Line 11 plus Line 12)	16,180,032	204,450,545		24,437,861	16,180,032	20,640,328

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XVIII Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010	30,308	39,722			
3. 2011	X X X	73,222	85,787		
4. 2012	X X X	X X X	104,938	114,381	
5. 2013	X X X	X X X	X X X	147,949	130,561
6. 2014	X X X	X X X	X X X	X X X	204,451

Section B - Incurred Health Claims - Title XVIII Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010	40,696	39,755			
3. 2011	X X X	84,450	85,794		
4. 2012	X X X	X X X	121,081	114,381	
5. 2013	X X X	X X X	X X X	168,589	130,561
6. 2014	X X X	X X X	X X X	X X X	228,888

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII Medicare

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2010	43,019	39,722	897	2.258	40,619	94.421			40,619	94.421
2. 2011	86,989	85,787	2,186	2.548	87,973	101.131			87,973	101.131
3. 2012	132,098	114,381	2,405	2.103	116,786	88.409			116,786	88.409
4. 2013	170,968	164,129	3,116	1.899	167,245	97.822			167,245	97.822
5. 2014	231,554	204,451	3,700	1.810	208,151	89.893	24,438	553	233,142	100.686

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010	30,308	39,722			
3. 2011	X X X	73,222	85,787		
4. 2012	X X X	X X X	104,938	114,381	
5. 2013	X X X	X X X	X X X	147,949	130,561
6. 2014	X X X	X X X	X X X	X X X	204,451

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010	40,696	39,755			
3. 2011	X X X	84,450	85,794		
4. 2012	X X X	X X X	121,081	114,381	
5. 2013	X X X	X X X	X X X	168,589	130,561
6. 2014	X X X	X X X	X X X	X X X	228,888

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2010	43,019	39,722	897	2.258	40,619	94.421			40,619	94.421
2. 2011	86,989	85,787	2,186	2.548	87,973	101.131			87,973	101.131
3. 2012	132,098	164,129	2,405	1.465	166,534	126.069			166,534	126.069
4. 2013	170,968	204,623	3,116	1.523	207,739	121.508			207,739	121.508
5. 2014	231,554	204,451	3,700	1.810	208,151	89.893	24,438	553	233,142	100.686

Page 13

Underwriting and Investment Exhibit, Part 2D

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ for occupancy of own building)					
2. Salaries, wages and other benefits	1,790,164	733,508	5,888,558		8,412,230
3. Commissions (less \$ ceded plus \$ assumed)			2,914,207		2,914,207
4. Legal fees and expenses			118,313		118,313
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	31,254	32,365	3,315,162		3,378,781
7. Traveling expenses	28,516	3,614	360,504		392,634
8. Marketing and advertising	13,427		1,623,804		1,637,231
9. Postage, express, and telephone	13,386	16,705	883,898		913,989
10. Printing and office supplies	18,924	4,723	70,853		94,500
11. Occupancy, depreciation and amortization		246	1,359,131		1,359,377
12. Equipment	23,263	2,214	896,920		922,397
13. Cost or depreciation of EDP equipment and software	(120)	226,976	464,214		691,070
14. Outsourced services including EDP, claims, and other services	107,529	2,272,217	440,371		2,820,117
15. Boards, bureaus and association fees			2,775		2,775
16. Insurance, except on real estate			(19,433)		(19,433)
17. Collection and bank service charges			151,456	20,103	171,559
18. Group service and administration fees					
19. Reimbursements by uninsured accident and health plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes					
23.3 Regulator authority licenses and fees			24,000		24,000
23.4 Payroll taxes	105,613	42,900	321,706		470,219
23.5 Other (excluding federal income and real estate taxes)			982,708		982,708
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses					
26. Total expenses incurred (Line 1 to Line 25)	2,131,956	3,335,468	19,799,147	20,103	(a) 25,286,674
27. Less expenses unpaid December 31, current year		553,202	1,465,003		2,018,205
28. Add expenses unpaid December 31, prior year		661,048	542,279		1,203,327
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. Total expenses paid (Line 26 minus Line 27 plus Line 28 minus Line 29 plus Line 30)	2,131,956	3,443,314	18,876,423	20,103	24,471,796
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)					

(a) Includes management fees of \$ 9,744,732 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1	2
	Collected During Year	Earned During Year
1. U. S. Government bonds	(a) (34,558)	16,869
1.1 Bonds exempt from U. S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) (34,917)	15,427
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates	104,094	104,096
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 20,451	20,451
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income	55,070	156,843
11. Investment expenses		(g) 20,103
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Line 11 through Line 15)		20,103
17. Net investment income (Line 10 minus Line 16)		136,740
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. Totals (Line 1501 through Line 1503 plus Line 1598) (Line 15 above)		

(a) Includes \$ 73 accrual of discount less \$ 76,273 amortization of premium and less \$ 121,777 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
 (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ 379 accrual of discount less \$ 2,152 amortization of premium and less \$ 3,348 paid for accrued interest on purchases.

(f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ 20,103 investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Col. 1 + Col. 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U. S. Government bonds	(536)		(536)		
1.1 Bonds exempt from U. S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)				(332,199)	
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments	(439)		(439)		
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)	(975)		(975)	(332,199)	
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Line 1 to Line 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	141,968	115,122	(26,846)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable	6,059,327	2,733,742	(3,325,585)
25. Aggregate write-ins for other-than-invested assets			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	6,201,295	2,848,864	(3,352,431)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Line 26 and Line 27)	6,201,295	2,848,864	(3,352,431)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)			

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	1,172	1,196	1,196	1,210	1,206	14,427
2. Provider Service Organizations						
3. Preferred Provider Organizations	2,076	2,379	2,428	2,504	2,567	29,475
4. Point of Service	21,558	25,512	26,260	27,101	27,753	317,014
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. Total	24,806	29,087	29,884	30,815	31,526	360,916
DETAILS OF WRITE-INS						
0601						
0602						
0603						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)						

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Martin's Point Generations, LLC (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners ("NAIC") *Annual Statement Instructions* and in accordance with accounting practices prescribed or permitted by the NAIC *Accounting Practices and Procedures Manual*, subject to any deviations prescribed or permitted by the Maine Bureau of Insurance (the "Bureau"). There were no deviations from NAIC prescribed or permitted by the Bureau in 2013 or 2014.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP practices prescribed and permitted by the State of Maine is shown below:

State Prescribed Practices	State of Domicile	Current Year	Prior Year
Net Income, state basis (Page 4, Line 32, Columns 2 and 3)	ME	(18,004,994)	(10,729,507)
Net Income, NAIC SAP	ME	(18,004,994)	(10,729,507)
Surplus, state basis (Page 3, Line 33, Columns 3 and 4)	ME	34,517,221	17,706,845
Surplus, NAIC SAP	ME	34,517,221	17,706,845

B. Use of Estimates in the Preparation of the Financial Statements

Preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Accounting Policies

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Premiums paid by subscribers prior to the effective date are recorded on the balance sheet as advance premiums and subsequently credited to income as earned during the coverage period.

In addition, the Company uses the following accounting policies:

- (1) Short-term money market mutual funds are stated at market value and short-term bonds are stated at amortized cost.
- (2) Bonds are stated at amortized costs.
- (3) Common stocks are stated at market value.
- (4) The Company does not have any preferred stock
- (5) The Company does not have any mortgage loans.
- (6) The Company does not have any loan-backed securities.
- (7) The Company does not have any investments in subsidiaries, controlled or affiliated companies.
- (8) The Company does not have investments in joint ventures, partnerships or limited liability companies.
- (9) The Company does not have any derivative instruments.
- (10) The Company does include anticipated investment income in calculating a premium deficiency.
- (11) The Company's reported unpaid claims are based on adjudicated claims in process of settlement. The amount of unreported claims is based on actuarial estimates. The claims adjustment expenses are estimated at approximately 2% of unpaid claims. Liabilities for unpaid claims and claims adjustment expense are based on assumptions and estimates, and while management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided.
- (12) The Company does not have any capital assets and therefore no capitalization policy.
- (13) The Company records pharmaceutical rebates receivable as a nonadmitted asset.

2. Accounting Changes and Corrections of Errors

A. Correction of Errors: Not applicable

3. Business Combinations and Goodwill

A. Statutory Purchase Method: Not applicable

B. Statutory Merger: Not applicable

C. Assumption Reinsurance: Not applicable

D. Impairment Loss: Not applicable

4. Discontinued Operations

The Company had no operations that were discontinued during 2014.

NOTES TO FINANCIAL STATEMENTS

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company has no investments in mortgage loans, including Mezzanine Real Estate Loans.

B. Debt Restructuring

The Company has no invested assets that are restructured debt.

C. Reverse Mortgages

The Company has no investments in reverse mortgages.

D. Loan-Backed Securities

The Company has no loan – backed securities.

E. Repurchase Agreements and/or Security Lending Transactions

The Company has no repurchase agreements or security lending transactions at December 31, 2014.

F. Real Estate

(1) The Company has no investment real estate.

(2) The Company does not engage in retail land sales operations.

G. Low-Income Housing Tax Credit

The Company has no Low-Income Housing Tax Credits

H. Restricted Assets

The Company is required by law to maintain deposits with the States of Maine and New Hampshire. These deposit are in the form of U. S. Treasury Bills and are not exclusively under our control.

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase / (Decrease)	Total Gross Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Admitted Assets
j. On Deposit with states	\$611,530	\$609,812	\$1,718	\$611,530	0.933%	1.031%

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in joint ventures, partnerships or limited liability companies.

B. Not applicable.

7. Investment Income

A. Accrued investment income would be excluded from investment income on the following basis:

Bonds -- where interest is in default, accrued interest on bonds is ineligible for amortization.

B. The Company did not accrue investment income that was nonadmitted at December 31, 2014.

8. Derivative Instruments: None

9. Income Taxes: The Company is not subject to Federal Income taxes.

A. Not applicable

B. Not applicable

C. Not applicable

D. Not applicable

E. Not applicable

NOTES TO FINANCIAL STATEMENTS

F. Not applicable

G. Not Applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A., B. & C. Nature of the relationship and transactions involved

The Company is organized as a Maine limited liability company and licensed to transact business as a Medicare Advantage Health Maintenance Organization. The Company is a wholly-owned subsidiary of Martin's Point Health Care, Inc. (the "Parent") a Maine non-profit corporation. During 2013 and 2014 the Parent invested \$16,000,000 and \$38,500,000, respectively, in the Company.

On December 31, 2011 the three medical practices of Martin's Point Health Care, Inc. (MPHC) (Evergreen Woods Primary Care, Martin's Point Medical Group and Bowdoin Medical Group) ceased all business operations as affiliated LLCs and were consolidated into MPHC operations on January 1, 2012. The activities of the LLCs during 2013 were limited to winding up their business affairs and they were dissolved effective December 31, 2013.

D. Amounts Due to or from Related Parties

At December 31, 2014, the Company reported \$3,680,351 due from its Parent. The receivable is for current items generated for 2014 and will be settled in 2015. Included in this amount, is the final capital funding contribution for 2014 in the amount of \$3,500,000, as shown in Note 22, Events Subsequent.

E. Guarantees or Contingencies for Related Parties

The Company did not enter into guarantees or undertakings for the benefit of a related party that would result in a material contingent exposure of the Company's assets or liabilities.

F. Management, Service Contracts, Cost Sharing Arrangements

The Company purchases certain marketing, administrative and managerial services under a Management Services Agreement with its Parent, Martin's Point Health Care, Inc. For purposes of the Underwriting and Investment Exhibit Part 3, these fees are allocated to the individual line items in the same manner as the direct expenses incurred by the Parent.

Included in the Underwriting and Investment Exhibit Part 3, is \$9,744,732 in net management fees from its Parent during 2014. Management fees for 2013 were \$8,388,600.

G. Nature of Relationships that Could Affect Operations: None

H. Amount Deducted for Investment in Upstream Company: Not applicable

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets: Not applicable

J. Write-down for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies: Not Applicable

K. Investment in Foreign Insurance: Not Applicable

L. Investment in Downstream Noninsurance Holding Company: Not Applicable

11. Debt

A. Capital Notes

The Company had no capital notes outstanding at December 31, 2014.

A. All Other Debt

The Company had no other debt outstanding at December 31, 2014.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans:

A. Defined Benefit Plan: Not applicable

B. Not Applicable

C. Not Applicable

D. Not Applicable

E. Defined Contribution Plan: Not applicable

NOTES TO FINANCIAL STATEMENTS

F. Multi-employer Plan: Not applicable

G. Consolidated/Holding Company Plans:

The Company participates in a defined contribution plan for employees, sponsored by its parent company Martin's Point Health Care, Inc. Under the plan, the Company contributes 3% of eligible earnings to employees accounts and matches 50% of employees' contributions, to a maximum of an additional 3% of eligible earnings. Expense under the plan are recorded as incurred and was \$130,171 and \$102,760 for 2014 and 2013, respectively.

H. Postemployment Benefits and Compensated Absences: Not applicable

I. Impact of Medicare Modernization Act on Postretirement Benefits: Not Applicable

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has no common stock.
- (2) The Company has no preferred stock.
- (3) The Company is not a stock company and is not subject to dividend restrictions.
- (4) As noted above, no dividends were paid.
- (5) Company is not a stock company and is not subject to dividend restrictions.
- (6) Unassigned surplus funds are not restricted.
- (7) There have been no advances to surplus.
- (8) There are no shares of stock held for special purposes.
- (9) The Company has a special surplus funds of \$1,817,045 for the Federal Affordable Care Act assessment payable in 2015. See Note 22, Type II subsequent event.
- (10) The Company has no surplus adjustments due to cumulative unrealized losses.
- (11) The Company has not issued any surplus notes or debentures or similar obligations.
- (12) The Company had no restatements due to prior quasi-reorganizations.
- (13) The Company has not been involved in any quasi-reorganizations during the past 10 years.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company has no contingent commitments.

B. Assessments

The Company is subject to guaranty fund by the state in which it writes business. Guaranty fund assessments are accrued at the time of insolvencies.

C. Gain Contingencies

The Company has no gain contingencies.

D. Claims related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits

The Company has no lawsuits on claims in 2014.

E. Joint and Several Liabilities

The Company has no joint and several liability arrangements at 12/31/2014.

F. All Other Contingencies

The Company has no other contingencies and has no assets that it considers to be impaired.

15. Leases

A. Lessee Leasing Arrangements

1. The Company has not entered into any operating leases.
2. The Company has no rental commitments.

NOTES TO FINANCIAL STATEMENTS

3. The Company is not involved in any sales – leaseback transactions.

B Lessor Leasing Arrangements

1. The Company has not entered into any operating leases.
2. The Company has not entered into any leveraged leases.

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

The Company has no financial instruments with off-balance sheet risk.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. **Transfers of receivables reported as Sales:** Not Applicable
- B. **Transfer and Servicing of Financial Assets:** Not applicable
- C. **Wash Sales:** The Company had no Wash Sales during the period.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. **ASO Plans:** Not applicable
- B. **ASC Plans:** Not Applicable
- C. **Medicare or Similarly Structured Cost Based Reimbursement Contract:** Not applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No premiums were written by managing general agents or third party administrators during the period.

20. Fair Value Measurements

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Bonds				
U. S. Governments	\$ 11,074,439	\$ -	\$ -	\$ 11,074,439
Industrial and Misc	6,623,225	-	-	6,623,225
Special Rev./Assess. Oblig.	2,325,780	-	-	2,325,780
All Other Governments	608,730	-	-	608,730
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$ 20,632,174	\$ -	\$ -	\$ 20,632,174
Common Stock				
Industrial and Misc	\$ 9,082,793	\$ -	\$ -	\$ 9,082,793
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stock	\$ 9,082,793	\$ -	\$ -	\$ 9,082,793
Derivative assets				
Interest rate contracts	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-
Credit contracts	-	-	-	-
Commodity futures contracts	-	-	-	-
Commodity forward contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 29,714,967	\$ -	\$ -	\$ 29,714,967

21. Other Items

- A. **Extraordinary Items:** None
- B. **Troubled Debt Restructuring:** Not applicable
- C. **Other Disclosures and Unusual Items:** None
- D. **Business Interruption Insurance Recoveries:** None
- E. **State Transferable and Non-transferable Tax Credits:** Not Applicable
- F. **Subprime Mortgage Related Risk Exposure:** The Company has no Subprime Mortgages.

NOTES TO FINANCIAL STATEMENTS

G. Retained Assets: The Company has no retained assets.

22. Events Subsequent:

Type I - Recognized Subsequent Events:

In February, 2015 the Parent company made its final funding contribution for 2014 in the amount of \$3,500,000. This amount is included in Due from Parent as shown in Note 10.D.

Type II - Nonrecognized Subsequent Events:

Subsequent events have been considered through February 28, 2015 for the statutory statements issued on February 28, 2015.

On January 1, 2015, the Company will be subject to an annual fee under Section 9010 of the Federal Affordable Care Act (ACA). This annual fee is allocated to individual health insurers based on the ratio of the entity's premiums written during the preceding year to the amount of the health insurance for any U.S. health risk that is written in the preceding year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year expects to conduct health insurance business in 2015, and estimates their portion of the annual health insurance industry fee to be payable September 30, 2015 to be \$1,817,045. This amount is reflected in special surplus (Page 3, Line 25). Reporting the ACA assessment as of December 31, 2014 would not have triggered and RBC action level.

	Current Year	Prior Year
A.. ACA fee assessment payable for the coming year	\$ 1,817,045	\$ 982,194
B. ACA fee assessment paid	\$ 982,194	
C. Premiums written subject to ACA 9010 assessment	\$ 231,553,922	\$ 170,967,988
D. Total Adjusted Capital before surplus adjustment	\$ 34,517,221	
E. Authorized Control Level before surplus adjustment	\$ 9,326,571	
F. Total Adjusted Capital after surplus adjustment	\$ 32,700,176	
G. Authorized Control Level after surplus adjustment	\$ 9,326,571	
H. Would reporting the ACA assessment as of December 31, 2014, have triggered an RBC action level?	NO	

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?
Yes () No (X)

2. Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 - Ceded Reinsurance Report - Part A

1. Does the reporting entity have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premiums or other similar credits?

Yes () No (X)

2. Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 - Ceded Reinsurance Report - Part B

NOTES TO FINANCIAL STATEMENTS

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement?

None

2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance.

C. Commutation of Ceded Reinsurance

The Company has not commuted any ceded reinsurance during the period.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: Not Applicable**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

A. Not applicable

B. Not applicable

C. Not applicable

D. Not applicable

E. Not applicable

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of December 31, 2013 were \$20,690,152. As of December 31, 2014, \$16,398,358 has been paid for incurred claims and claim adjustment expenses attributable to insured events of the prior year. Reserves remaining for prior years are \$-0- as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been \$4,291,403 favorable prior-year development since December 31, 2013 to December 31, 2014. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements: Not applicable**27. Structured Settlements: Not applicable****28. Health Care Receivables**

A. Pharmaceutical Rebate Receivables: The Company records Pharmaceutical Rebates Receivables as a nonadmitted asset.

B. Risk Sharing Receivables: Not applicable

29. Participating Policies: Not applicable**30. Premium Deficiency Reserves: None recorded at December 31, 2014**

1. Liability carried for premium deficiency reserves	\$
2. Date of the most recent evaluation of this liability	12/31/2014
3. Was anticipated investment income utilized in the calculation?	Yes () No (X)

31. Anticipated Salvage and Subrogation: The Company does not include an estimate of anticipated salvage or subrogation in its determination of its liability for unpaid claims. During 2014 the Company recovered \$159,071 in subrogated claims.

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes (X) No ()
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes (X) No () N/A ()
- 1.3 State Regulating? Maine
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes (X) No ()
- 2.2 If yes, date of change: 04/16/2014
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2011
- 3.2 State the as of date of the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2011
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 12/07/2012
- 3.4 By what department or departments?
 State of Maine, Bureau of Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes () No () N/A (X)
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes () No () N/A (X)
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes () No (X)
 4.12 renewals? Yes () No (X)
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes () No (X)
 4.22 renewals? Yes () No (X)
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes () No (X)
- 5.2 If yes, provide the name of entity, the NAIC company code, and state of domicile (use two-letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
---------------------	------------------------	------------------------

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes () No (X)
- 6.2 If yes, give full information:

- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes () No (X)
- 7.2 If yes,
- 7.21 State the percentage of foreign control %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
------------------	---------------------

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes () No (X)
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes () No (X)
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
---------------------	-----------------------------	----------	----------	-----------	----------

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Baker, Newman & Noyes, 280 Fore Street, Portland, Maine 04112-0507

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes () No (X)
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes () No (X)
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with domiciliary state insurance laws? Yes (X) No () N/A ()
- 10.6 If the response to 10.5 is no or n/a, please explain:
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Timothy J. Wilder, FSA, MAAA, Principal & Consulting Actuary, Milliman, 4370 La Jolla Village Drive, Suite 700, San Diego, CA 92122
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes () No (X)
- 12.11 Name of real estate holding company
.....
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value \$
- 12.2 If yes, provide explanation
.....
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes () No ()
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes () No ()
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes () No () N/A (X)
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code. Yes (X) No ()
- 14.11 If the response to 14.1 is no, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes () No (X)
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes () No (X)
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes () No (X)
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
--	--------------------------------------	--	-------------

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes (X) No ()
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes (X) No ()
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes (X) No ()

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes () No (X)
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|---|----------|
| | 20.11 To directors or other officers | \$ |
| | 20.12 To stockholders not officers | \$ |
| | 20.13 Trustees, supreme or grand (Fraternal only) | \$ |
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|---|----------|
| | 20.21 To directors or other officers | \$ |
| | 20.22 To stockholders not officers | \$ |
| | 20.23 Trustees, supreme or grand (Fraternal only) | \$ |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes () No (X)
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|--|----------------------------|----------|
| | 21.21 Rented from others | \$ |
| | 21.22 Borrowed from others | \$ |
| | 21.23 Leased from others | \$ |
| | 21.24 Other | \$ |

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes () No (X)

22.2 If answer is yes:

	22.21 Amount paid as losses or risk adjustment	\$
	22.22 Amount paid as expenses	\$
	22.23 Other amounts paid	\$

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes (X) No ()

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 3,680,341

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes () No (X)

24.02 If no, give full and complete information relating thereto:

24.03 For the security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions? Yes () No () N/A (X)

24.05 If answer to 24.04 is YES, report amount of collateral for conforming programs. \$

24.06 If answer to 24.04 is NO, report amount of collateral for other programs. \$

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes () No () N/A (X)

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes () No () N/A (X)

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes () No () N/A (X)

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2	\$
24.102 Total book adjusted/carrying value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2	\$
24.103 Total payable for securities lending reported on the liability page	\$

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes (X) No ()

25.2 If yes, state the amount thereof at December 31 of the current year:

	25.21 Subject to repurchase agreements	\$
	25.22 Subject to reverse repurchase agreements	\$
	25.23 Subject to dollar repurchase agreements	\$
	25.24 Subject to reverse dollar repurchase agreements	\$
	25.25 Placed under option agreements	\$
	25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$
	25.27 FHLB Capital Stock	\$
	25.28 On deposit with states	\$ 611,530
	25.29 On deposit with other regulatory bodies	\$
	25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$
	25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$
	25.32 Other	\$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
----------------------------	------------------	-------------

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes () No (X)

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes () No () N/A (X)
 If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes () No (X)

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds, and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes (X) No ()

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
---------------------------	--------------------------

UBS Financial Services, Inc	1 City Center, 7th Floor, PO Box 7350, Portland, ME 04112-7350
TD Private Client Wealth, LLC	PO Box 4007, Cherry Hill, NJ 08034
TD Bank, N. A.	TD Wealth, Institutional Trust, 1006 Astoria Boulevard, Cherry Hill, NJ 08034

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
--------------	------------------	------------------------------

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes (X) No ()

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
--------------------	--------------------	---------------------	-------------

TD Private Client Wealth, LLC 09/19/2014 New Custodial Account Opened

28.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
--	-----------	--------------

CRD # 4484518 Edward Donohue, Vice President, Invest. Adv. TD Private Client Group, One Portland Square, Portland, ME 04101
 TD Private Client Wealth is the Broker/Deal 444 Madison Avenue, New York, NY 10022
 TD Asset Mgt. is the Mgr. acting for Broker TD Canada Trust Tower, 161 Bay St, 35th Fl. Toronto, Ontario M5K2T2
 Pershing LLC Pershing LLC is the Ctrl. Regist. Depository

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes () No (X)

29.2 If yes, complete the following schedule:

1 CUSIP Number	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
-------------------	--------------------------	-----------------------------------

29.2999 - Total

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from question 29.2)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
--	--	---	------------------------

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	\$ 21,412,485	\$ 21,399,800	\$ (12,685)
30.2 Preferred stocks	\$	\$	\$
30.3 Totals	\$ 21,412,485	\$ 21,399,800	\$ (12,685)

30.4 Describe the sources or methods utilized in determining the fair values:
 Bonds, with the exception of Money Market Funds, are priced by S&P. Money Market Funds are at par value.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes () No (X)

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes () No ()

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes (X) No ()

32.2 If no, list exceptions:

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 2,775

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
American Health Insurance Plans	\$ 2,775
.....	\$
.....	\$
.....	\$

34.1 Amount of payments for legal expenses, if any? \$ 82,055

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Verrill Dana, LLP	\$ 82,055
.....	\$
.....	\$
.....	\$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$
.....	\$

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes () No (X)

1.2 If yes, indicate premium earned on U.S. business only. \$

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$

1.31 Reason for excluding:

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$

1.6 Individual policies:

	Most current three years:	
1.61	Total premium earned	\$
1.62	Total incurred claims	\$
1.63	Number of covered lives	.....
	All years prior to most current three years:	
1.64	Total premium earned	\$
1.65	Total incurred claims	\$
1.66	Number of covered lives	.....

1.7 Group policies:

	Most current three years:	
1.71	Total premium earned	\$
1.72	Total incurred claims	\$
1.73	Number of covered lives	.....
	All years prior to most current three years:	
1.74	Total premium earned	\$
1.75	Total incurred claims	\$
1.76	Number of covered lives	.....

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	\$ 231,553,922	\$ 170,967,988
2.2 Premium Denominator	\$ 231,553,922	\$ 170,967,988
2.3 Premium Ratio (2.1 / 2.2)	..... 1.000	..... 1.000
2.4 Reserve Numerator	\$ 24,437,861	\$ 20,640,328
2.5 Reserve Denominator	\$ 24,437,861	\$ 20,640,328
2.6 Reserve Ratio (2.4 / 2.5)	..... 1.000	..... 1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes () No (X)

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes (X) No ()

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes () No (X)

5.1 Does the reporting entity have stop-loss reinsurance? Yes () No (X)

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

	5.31 Comprehensive Medical	\$
	5.32 Medical Only	\$
	5.33 Medicare Supplement	\$
	5.34 Dental & Vision	\$
	5.35 Other Limited Benefit Plan	\$
	5.36 Other	\$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
 Protection of subscribers is accomplished through contract provisions for hold harmless, balance billing, post-termination cooperation and assignment provisions.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes (X) No ()

7.2 If no, give details:

8. Provide the following information regarding participating providers:

	8.1 Number of providers at start of reporting year	..... 9,072
	8.2 Number of providers at end of reporting year	..... 10,358

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes () No (X)

9.2 If yes, direct premium earned:

	9.21 Business with rate guarantees between 15-36 months	.....
	9.22 Business with rate guarantees over 36 months	.....

10.1 Does the reporting entity have Incentive Pool, Withhold, or Bonus Arrangements in its provider contracts? Yes (X) No ()

10.2 If yes:

	10.21 Maximum amount payable bonuses	\$ 1,241,658
	10.22 Amount actually paid for year bonuses	\$
	10.23 Maximum amount payable withholds	\$
	10.24 Amount actually paid for year withholds	\$

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 11.1 Is the reporting entity organized as:
- | | | |
|--|--|----------------|
| | 11.12 A Medical Group / Staff Model, | Yes () No (X) |
| | 11.13 An Individual Practice Association (IPA), or | Yes () No (X) |
| | 11.14 A Mixed Model (combination of above)? | Yes (X) No () |

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes (X) No ()

11.3 If yes, show the name of the state requiring such net worth. Maine & New Hampshire

11.4 If yes, show the amount required. \$ 27,979,713

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes () No (X)

11.6 If the amount is calculated, show the calculation

Maine requires an amount equal to the Company Action Level of Risk-Based Capital, New Hampshire requires a minimum of \$6,000,000.

12. List the service areas in which reporting entity is licensed to operate:

1 Name of Service Area

State of Maine
 Hillborough County, New Hampshire
 Strafford County, New Hampshire

13.1 Do you act as a custodian for health savings accounts? Yes () No (X)

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

13.3 Do you act as an administrator for health savings accounts? Yes () No (X)

13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes () No () N/A

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premiums Written	\$
15.2 Total Incurred Claims	\$
15.3 Number of Covered Lives	.....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app") Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") Variable Life (with or without secondary guarantee) Universal Life (with or without secondary guarantee) Variable Universal Life (with or without secondary guarantee)

FIVE - YEAR HISTORICAL DATA

	1	2	3	4	5
	2014	2013	2012	2011	2010
BALANCE SHEET (Page 2 and Page 3)					
1. Total admitted assets (Page 2, Line 28)	62,838,375	40,646,065	31,645,902	22,366,041	17,581,025
2. Total liabilities (Page 3, Line 24)	28,321,155	22,939,220	17,749,685	12,955,265	12,323,233
3. Statutory surplus	27,979,713	15,986,458	12,290,388	1,000,000	1,000,000
4. Total capital and surplus (Page 3, Line 33)	34,517,221	17,706,845	13,896,217	9,410,776	5,257,792
INCOME STATEMENT (Page 4)					
5. Total revenues (Line 8)	231,553,922	170,967,988	132,098,338	86,989,481	43,018,578
6. Total medical and hospital expenses (Line 18)	224,428,110	161,882,260	122,392,045	83,399,291	40,070,563
7. Claims adjustment expenses (Line 20)	5,467,424	3,259,324	2,644,702	2,221,664	805,166
8. Total administrative expenses (Line 21)	19,799,147	16,583,486	14,305,703	13,221,643	7,579,343
9. Net underwriting gain (loss) (Line 24)	(18,140,759)	(10,757,082)	(7,244,112)	(11,853,117)	(5,436,494)
10. Net investment gain (loss) (Line 27)	135,765	27,575	18,164	35,566	16,932
11. Total other income (Line 28 plus Line 29)					
12. Net income or (loss) (Line 32)	(18,004,994)	(10,729,507)	(7,225,948)	(11,817,551)	(5,419,562)
CASH FLOW (Page 6)					
13. Net cash from operations (Line 11)	(24,179,991)	(6,659,874)	(7,530,893)	(10,737,212)	2,060,988
RISK-BASED CAPITAL ANALYSIS					
14. Total adjusted capital	34,517,221	17,706,845	13,896,217	9,410,776	5,257,792
15. Authorized control level risk-based capital	9,326,571	7,993,229	6,145,194	4,479,841	2,515,215
ENROLLMENT (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	31,526	24,770	18,394	12,836	6,703
17. Total members months (Column 6, Line 7)	360,916	279,620	199,950	142,392	72,990
OPERATING PERCENTAGE (Page 4) (Item divided by Page 4, sum of Line 2, Line 3, and Line 5) X 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Line 3 plus Line 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	96.9	94.7	92.7	95.9	93.1
20. Cost containment expenses	0.9	0.9	1.2	1.5	0.8
21. Other claims adjustment expenses	1.4	1.0	0.8	1.0	1.1
22. Total underwriting deductions (Line 23)	107.8	106.3	105.5	113.6	112.6
23. Total underwriting gain (loss) (Line 24)	(7.8)	(6.3)	(5.5)	(13.6)	(12.6)
UNPAID CLAIMS ANALYSIS (U and I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Column 5)	16,180,032	9,443,546	12,571,856	9,447,218	1,957,105
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	20,640,328	16,150,218	11,260,843	10,497,749	2,582,112
INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES					
26. Affiliated bonds (Schedule D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Schedule D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Line 26 to Line 31					
33. Total investment in parent included in Line 26 to Line 31 above					

Note: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes () No ()

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1		Direct Business Only Year to Date							
	Active Status		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Column 2 Through Column 7	9 Deposit-Type Contracts
1. Alabama	AL	N								
2. Alaska	AK	N								
3. Arizona	AZ	N								
4. Arkansas	AR	N								
5. California	CA	N								
6. Colorado	CO	N								
7. Connecticut	CT	N								
8. Delaware	DE	N								
9. District of Columbia	DC	N								
10. Florida	FL	N								
11. Georgia	GA	N								
12. Hawaii	HI	N								
13. Idaho	ID	N								
14. Illinois	IL	N								
15. Indiana	IN	N								
16. Iowa	IA	N								
17. Kansas	KS	N								
18. Kentucky	KY	N								
19. Louisiana	LA	N								
20. Maine	ME	L		226,341,793					226,341,793	
21. Maryland	MD	N								
22. Massachusetts	MA	N								
23. Michigan	MI	N								
24. Minnesota	MN	N								
25. Mississippi	MS	N								
26. Missouri	MO	N								
27. Montana	MT	N								
28. Nebraska	NE	N								
29. Nevada	NV	N								
30. New Hampshire	NH	L		5,212,129					5,212,129	
31. New Jersey	NJ	N								
32. New Mexico	NM	N								
33. New York	NY	N								
34. North Carolina	NC	N								
35. North Dakota	ND	N								
36. Ohio	OH	N								
37. Oklahoma	OK	N								
38. Oregon	OR	N								
39. Pennsylvania	PA	N								
40. Rhode Island	RI	N								
41. South Carolina	SC	N								
42. South Dakota	SD	N								
43. Tennessee	TN	N								
44. Texas	TX	N								
45. Utah	UT	N								
46. Vermont	VT	N								
47. Virginia	VA	N								
48. Washington	WA	N								
49. West Virginia	WV	N								
50. Wisconsin	WI	N								
51. Wyoming	WY	N								
52. American Samoa	AS	N								
53. Guam	GU	N								
54. Puerto Rico	PR	N								
55. U.S. Virgin Islands	VI	N								
56. Northern Mariana Islands	MP	N								
57. Canada	CAN	N								
58. Aggregate Other Alien	OT	X X X								
59. Subtotal		X X X		231,553,922					231,553,922	
60. Reporting entity contributions for Employee Benefit Plans		X X X								
61. Total (Direct Business)	(a)	2		231,553,922					231,553,922	
DETAILS OF WRITE-INS										
58001.										
58002.										
58003.										
58998.	Summary of remaining write-ins for Line 58 from overflow page									
58999.	Total (Line 58001 through Line 58003 plus Line 58998) (Line 58 above)									

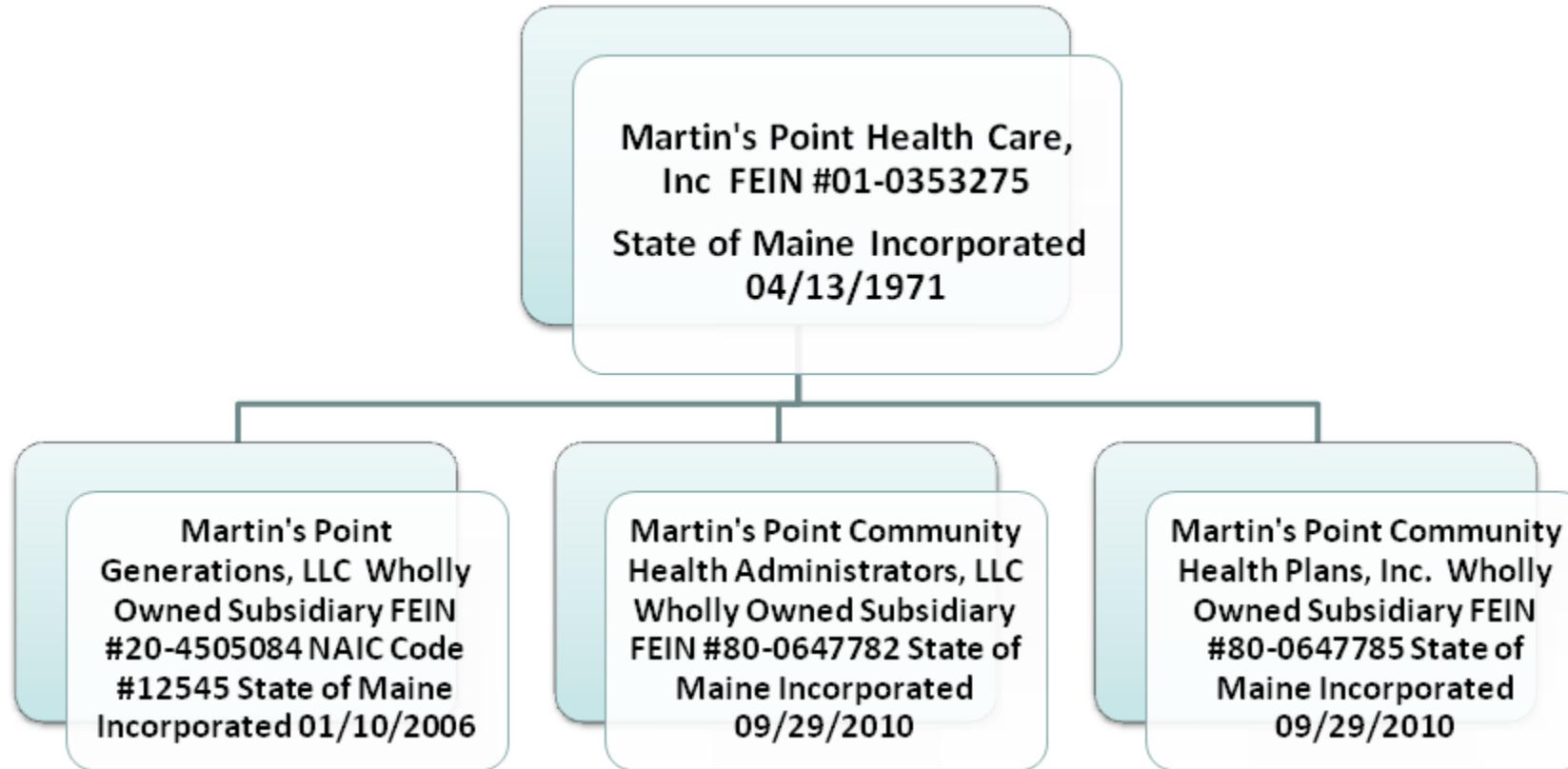
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

NO ALLOCATIONS NECESSARY, AS PREMIUMS ARE ACTUAL BY STATE

(a) Insert the number of "L" responses except for Canada and Other Alien.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Martin's Point Generations, LLC
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



Health

Annual Statement Blank Alphabetical Index

Analysis of Operations By Lines of Business	7	Schedule E - Verification Between Years	SI15
Assets	2	Schedule S - Part 1 - Section 2	31
Cash Flow	6	Schedule S - Part 2	32
Exhibit 1 - Enrollment By Product Type for Health Business Only	17	Schedule S - Part 3 - Section 2	33
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18	Schedule S - Part 4	34
Exhibit 3 - Health Care Receivables	19	Schedule S - Part 5	35
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20	Schedule S - Part 6	36
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21	Schedule S - Part 7	37
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22	Schedule T - Part 2 - Interstate Compact	39
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23	Schedule T - Premiums and Other Considerations	38
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24	Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24	Schedule Y - Past 1A - Detail of Insurance Holding Company System	41
Exhibit 8 - Furniture, Equipment and Supplies Owned	25	Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Exhibit of Capital Gains (Losses)	15	Statement of Revenue and Expenses	4
Exhibit of Net Investment Income	15	Summary Investment Schedule	SI01
Exhibit of Nonadmitted Assets	16	Supplemental Exhibits and Schedules Interrogatories	43
Exhibit of Premiums, Enrollment and Utilization (State Page)	30	Underwriting and Investment Exhibit - Part 1	8
Five-Year Historical Data	29	Underwriting and Investment Exhibit - Part 2	9
General Interrogatories	27	Underwriting and Investment Exhibit - Part 2A	10
Jurat Page	1	Underwriting and Investment Exhibit - Part 2B	11
Liabilities, Capital and Surplus	3	Underwriting and Investment Exhibit - Part 2C	12
Notes To Financial Statements	26	Underwriting and Investment Exhibit - Part 2D	13
Overflow Page For Write-ins	44	Underwriting and Investment Exhibit - Part 3	14
Schedule A - Part 1	E01		
Schedule A - Part 2	E02		
Schedule A - Part 3	E03		
Schedule A - Verification Between Years	SI02		
Schedule B - Part 1	E04		
Schedule B - Part 2	E05		
Schedule B - Part 3	E06		
Schedule B - Verification Between Years	SI02		
Schedule BA - Part 1	E07		
Schedule BA - Part 2	E08		
Schedule BA - Part 3	E09		
Schedule BA - Verification Between Years	SI03		
Schedule D - Part 1	E10		
Schedule D - Part 1A - Section 1	SI05		
Schedule D - Part 1A - Section 2	SI08		
Schedule D - Part 2 - Section 1	E11		
Schedule D - Part 2 - Section 2	E12		
Schedule D - Part 3	E13		
Schedule D - Part 4	E14		
Schedule D - Part 5	E15		
Schedule D - Part 6 - Section 1	E16		
Schedule D - Part 6 - Section 2	E16		
Schedule D - Summary By Country	SI04		
Schedule D - Verification Between Years	SI03		
Schedule DA - Part 1	E17		
Schedule DA - Verification Between Years	SI10		
Schedule DB - Part A - Section 1	E18		
Schedule DB - Part A - Section 2	E19		
Schedule DB - Part A - Verification Between Years	SI11		
Schedule DB - Part B - Section 1	E20		
Schedule DB - Part B - Section 2	E21		
Schedule DB - Part B - Verification Between Years	SI11		
Schedule DB - Part C - Section 1	SI12		
Schedule DB - Part C - Section 2	SI13		
Schedule DB - Part D - Section 1	E22		
Schedule DB - Part D - Section 2	E23		
Schedule DB - Verification	SI14		
Schedule DL - Part 1	E24		
Schedule DL - Part 2	E25		
Schedule E - Part 1 - Cash	E26		
Schedule E - Part 2 - Cash Equivalents	E27		
Schedule E - Part 3 - Special Deposits	E28		