Notes and Instructions

А	Required Filings Contact Person:	Annual & Quarterly Statements:				
		Foreign Companies: Jill Tobey 207-	624-8448 Jill.C.Tobey@maine.gov			
		Domestic Companies: Vanessa J. Su	llivan 207-624-8452 Vanessa.J.Sullivan@	<u>maine.gov</u>		
В	Mailing Address:	Regular Mail:	USPS Express overnight deliveries	Deliveries such as FedEx and UPS		
		Maine Bureau of Insurance	Maine Bureau of Insurance	Maine Bureau of Insurance		
		Financial Analysis Division	Financial Analysis Division	Financial Analysis Division		
		34 State House Station	34 State House Station	76 Northern Ave.		
		Augusta, ME 04333-0034	Augusta, ME 04333-0034	Gardiner, ME 04345		
С	Mailing Address for Filing Fees:		billed in early June of each year. DO NOT			
		please include your payment with th	to pay examination assessment fees based e filing of your annual statement. See "O"	for exam fee contact.		
D	Mailing Address & Contact for Premium Tax Payments, Questions	If enclosing a check, make check payable to Treasurer, State of Maine and MAIL WITH RETURN TO: Maine Reve Services, PO Box 1065, Augusta, ME 04332-1065.				
	& Forms:	If NOT enclosing a check, MAIL RI	ETURN TO: Maine Revenue Services, PO	Box 1064, Augusta, ME 04332-1064.		
		Courier Service Delivery: Maine R	evenue Services, 51 Commerce Drive, Au	gusta, ME 04332		
			rate.tax@maine.gov or Carlotta Larrabee 2 meestate/insurance_premium/insurance_pr			
Е	Delivery Instructions:		ter than the indicated due date. If the due			
		the deadline is extended to the next l		······································		
F	Late Filings:		ritten copy of any exemption or extension r o receive such from Maine. <i>Domestic com</i>			
		prior to the due date.				
G	Original Signatures:	in the NAIC Annual Statement instr		-		
Η	Signature/Notarization/Certification:		o sign the annual statement: CEO, Presider			
Ι	Amended Filings:	The following items must be filed within 10 days of their amendment, along with an explanation of the amendments.				
		*Bylaws (certified) \$25.00 filing fee, *Articles \$25.00 filing fee, *Biographical Affidavits (do				
			Due 5/1. Form B Holding Company Regist	ration Statement amendments are due or		
		the 15th of the month following the	change.			
		<u> </u>	HECK PAYABLE TO TREASURER STATE OF I	MAINE		
		*As changes occur. Maine is a Reta	liatory State. If the foreign domestic state of	charges a fee, the greater amount is		
		required.				
J Exceptions from normal filings: • Foreign companies must supply a written copy of any exemption or extension receiv		n received by its state of domicile at leas				
		10 days prior to the filing due date prior to the due date.	e to receive such from Maine. Domestic co	ompanies should apply at least 30 days		
		1	manifesting of the file of the second states of the	ware at af the form winter don't af		
		•	required to file an Annual Statement at the	request of the Superintendent of		
K	Bar Codes (State or NAIC)	Insurance. Not Used				
L	Signed Jurat		d for foreign or alien insurers. They are rec	aviesd for domestic insurence		
_	2		as listed in the annual statement interrogato			
Μ	NONE Fillings:	11	as instea in the annual statement interrogato as & schedules interrogatories is a "NONE"	1 2		
Ν	Filings new, discontinued, modified	From the NAIC:	s & selicities interiogatories is a MONE	Teport.		
IN	since last year:		are shown with yellow highlights. For this	s year, these include:		
		Fraternal				
			Fraternal companies are to utilize the life b	lank		
		There is no fratemar enceknist as	r raternar companies are to utilize the me t	Junk.		
		Life				
			ue to the revisions made to the Analysis of	Operations by Lines of Business and		
		Analysis of Increase in Reserves				
l		o Analysis of Annuity Operations				
		o Analysis of Increase in Annuity	5			
		o Interest Sensitive Life Insurance				
		All statement types				
			DB, Part E on line 1.1 – Printed Investmen	t Schedule Detail		
			·			
		In addition, please see "N" for "Rec	uired by the State of Maine" filings that ar	e new, discontinued, or modified.		
0	Contact Information for Even E					
0	Contact Information for Exam Fees:		ds to the exam fees, please contact Vaness			

Р	Required by the State of Maine	>	Advertising Certification required under Maine Rule 140 §11(B): Susan P. Tardiff at 207-624-8415, submit
	Should be filed separately from the annual statement:		electronically to <u>susan.p.tardiff@maine.gov</u> Applies ONLY to companies writing health insurance that also disseminates advertisements for health insurance during the preceding statement year. Due Date is March 1 st . <u>http://www.maine.gov/sos/cec/rules/02/031/031c140.doc</u>
		•	Annual Report Supplement (Rule 945): Bradford Brown at 207-624-8478 or by e-mail at Bradford.L.Brown@maine.gov. Applies to companies having active authority to write Health insurance in Maine. Companies with no written health premium should fill in only the company and contact information at the top of the form and then submit the report. Due Date is March 1st. Rule 945 Report Form and Instructions: http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html Scroll
			down to 945 (Maine Annual Report Supplement)
		•	Carrier Reporting Form (24-A M.R.S. § 4302(4)): Bradford Brown, 207-624-8478 or by email at Bradford.L.Brown@maine.gov_Applies to all insurance companies having active Health insurance authority in Maine. Due Date is February 1st. Carrier Report Form and Instructions: http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html. Scroll down to Carrier Report.
		A	<u>Certificates of Deposit</u> : To request a Certificate of Deposit from Maine please contact the State Treasurers office at www.maine.gov/treasurer. Not required from Foreign Companies, and as of 1/1/2019, <u>not required</u> for Domestic Companies. The Certificate of Deposit is contained within Schedule E, Part 3—Special Deposits. This does not affect filings required through the UCAA.
			Comparable Health Care Service Incentive Program (24-A M.R.S. §4318-A): Kim Davis, 207-624-8550, or by e- mail at Kim.E.Davis@maine.gov. Applies to all carriers offering a small group health plan compatible with a health savings account. Information to provide: the use of incentives, the incentives earned by enrollees and the cumulative effect of the programs pursuant to 24-A M.R.S. §4318-A(6). Notices are sent to companies responsible for filing. Due Date is March 1st. Report Form and Instructions :
			http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html. Scroll down to Comparable Health Care Service Incentive Program Report.
		>	<u>Consumer Complaint Contact Update</u> : Applies to all Property/Casualty, Life, Accident, Health, Annuity and Credit Insurers. Property/Casualty -submit annually; all others, submit only if the information has changed since your last submission.
			For Life/Accident/Health/Annuity/Credit Insurance, contact Susan P. Tardiff at 207-624-8415 or by email at susan.p.tardiff@maine.gov
			For Property/Casualty Insurers, contact Sharon M. Martin at 207-624-8454 or by email at <u>sharon.m.martin@maine.gov.</u>
			<u>Form:</u> http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/pdf/complaint_contact_update.pdf
		>	Downstream Risk Arrangement Disclosure required {24-A M.R.S.A. §4336(2)}: Contact Vanessa J. Sullivan, 207-624-8452, or by email at <u>Vanessa J. sullivan@maine.gov</u> <i>Applies to Health Plans</i> .
		A	Employee Benefit Excess Insurance (Rule 135); Sherry Ingalls, 207-624-8476 or by e-mail at Sherry.L.Ingalls@maine.gov. Applies to insurers that issued or renewed an employee benefit excess insurance policy in Maine at any time during a calendar year. Any company having written premium for Group Stop Loss Coverage on the Maine 286-A report is required to file this data report. Due Date is April 1st. Insurers shall identify any information considered to be a trade secret or otherwise protected from disclosure as a public record. Email completed reports to Barbra.L.Garboski@maine.gov_Do not encrypt/secure Email
			Report Form and Instructions: http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html. Scroll down to Employee Benefit Excess Insurance.
			In addition, Employee Benefit Excess/Stop Loss Actuarial Certification filings must be submitted via SERFF with TOI H12 – Excess/Stop Loss and a Filing Type of "Annual Certification." Due date is April 1 st .
		A	Health Insurance Annual Data Report (Rule 940): Bradford Brown at (207)-624-8478 or by e-mail at Bradford.L.Brown@maine.gov. Applies to companies having active authority to write Health insurance in Maine. Companies with no written health premium should fill in only the company and contact information at the top of the form and then submit the report. Due Date is April 30th. Companies with no written small group or individual Medical Insurance premium should fill in only the company information and the contact information at the top and submit the report.
			Rule 940 Report Form and Instructions: http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index. html. Scroll down to 940 (Health Insurance Annual Data Report)
		~	Health Report Card Survey (24-A M.R.S. §4318-A): Kim E. Davis, 207-624-8550, or by email at

	Kim.E.Davis@maine.govApplies to all companies with Maine enrollees in health insurance at any point during the previous year. Due Date is March 1st.Health Report Card Survey Form: http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index .html. Scroll to Health Report Card Survey
>	Life Insurance Illustration Certifications required under Maine Rule 910 (11): Susan P. Tardiff at 207-624-8415 or by email at <u>susan.p.tardiff@maine.gov</u> This applies to all group and individual life insurance policies and certificates, except variable life; individual and group annuity contracts; credit life insurance; or life insurance policies with no illustrated death benefits on
	<i>any individual exceeding \$10,000.</i> http://www.maine.gov/sos/cec/rules/02/031/031c910.doc The annual certifications shall be provided to the Superintendent each year by a date determined by the insurer.
	 <u>Liquor Liability Report:</u> Barbra Garboski, 207-624-8440 or by email at <u>Barbra.L.Garboski@maine.gov</u>. <u>Applies to all Property and Casualty companies. Due Date March 1st</u>. Liquor Liability Report Form and Instructions: <u>http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index_html</u> Scroll down to Liquor Liability.
	 Long-Term Care Report required under Maine Rule 425: Pamela Stutch at 207-624-8458 or by e-mail at Pamela.Stutch@maine.gov Applies to all individual and group long-term care insurance policies; and to long-term care insurance group certificates. The reporting applies to any such instrument delivered or issued for delivery in this state on and after 7/1/2004. Companies having active Health authority in Maine will receive notice to complete the report. Companies with no in-force policies must complete the company and contact information, indicate that they had no policies in-force and return the report. Companies with in force policies must complete the entire report. Due Date is June 30th. Long-Term Care Report Form and Instructions: http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html Scroll
	down to Long-Term Care Insurance Reporting (Rule 425). Long Term Care Rescission Reporting: Null rescission reports are <u>not</u> required. Please only submit actual rescissions directly to: <u>Pamela.Stutch@maine.gov</u>
	Long Term Care Suitability Reporting – There is <u>no</u> annual requirement for this report. However, pursuant to Rule 425, Section 23, a personal worksheet used by the issuer shall contain, at a minimum, the information in the format contained in Appendix B in not less than 12-point type and a copy of the issuer's personal worksheet format shall be filed with the superintendent for informational purposes via SERFF.
×	All Long-Term Care rescission and/or suitability reporting submitted via SERFF will be rejected <u>Maine Fraud and Abuse Annual Report {24-A M.R.S.A. § 2186(4)}</u> : Connie Mayette, 207-624-8474 or by email at <u>Connie.M.Mayette@maine.gov</u> or Barbra Garboski, 207-624-8440 or by email at <u>Barbra L.Garboski@maine.gov</u> . All active insurance companies in Maine at any time during the prior calendar year must complete the form. Due Date is March 1st. Fraud & Abuse Report Form and Instructions: <u>http://www.maine.gov/pfr/insurance/regulated/insurance companies/insurer/data_reporting/index.html</u> Scroll down to Fraud and Abuse Annual Report.
>	<u>Managing General Agent Report</u> : Kevin Maroon, 207-624-8443 or by email to <u>Kevin.C.Maroon@maine.gov</u> Applies to only those companies utilizing an MGA.
	Managing General Agent Reporting Form: http://www.maine.gov/pfr/insurance/regulated/other_regulated_entities/mga/index.html
	 <u>Mandated Benefit Experience Report</u>: Bradford Brown, 207-624-8478 or by email at <u>Bradford.L.Brown@maine.gov</u>. All insurance companies having active Health insurance authority in Maine at any time during the prior calendar year must complete the form. Due Date is April 30th. <u>Mandated Benefits Report Form and Instructions</u>: <u>http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html</u> Scroll down to Mandated Benefits.
>	Medical Loss Ratio Reporting and Rebates {24-A M.R.S.A. §4319 and Rule 940, Sec 13}: Contact Marti Hooper, 207-624-8449 or by email at Mary.M.Hooper@maine.gov All health carriers in the large group, small group, and individual markets to the extent required by the federal Affordable Care Act. All reporting forms relating to MLR and rebates under the ACA that are required to be filed with the U.S. Department of Health and Human Services must be submitted to the Superintendent on or before the earlier of the date the forms are filed with the U.S. DHHS under the ACA. http://www.maine.gov/sos/cec/rules/02/031/031c940.docx
	 Physician Performance Measurement, Reporting, and Tiering Programs Registration Form Title 24-A MRSA §2694-A requires each insurer implementing or utilizing a physician performance measurement, reporting or tiering program to annually provide to the Superintendent a statement of the criteria, standards, practices, and procedures governing such a program. Please complete the following form by October I of the current year. Applicants may be asked to provide such other information as the Bureau of Insurance may reasonably request. If you have questions about completing the form, please contact Kim Davis at 207-624-8550 or by email at
	Kim.E.Davis@maine.gov

		Physician Performance Measurement, Reporting, and Tiering Programs Registration Form and
		Instructions: http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/physician_tiering.ht ml
	≻	Preferred Provider Arrangement Annual Registration: Kim E. Davis, 207-624-8550, or by email at
		kim.e.davis@maine.gov. Due March 1 annually by mail to: 34 State House Station, Augusta, ME 04333 or by courier 76 Northern Avenue, Gardiner, ME 04345. Applies to all PPOs with approved Maine PPA registrations in effect for at least six months as of March 1st. Preferred Provider Arrangement Annual Registration Form: http://www.maine.gov/pfr/insurance/regulated/other_regulated_entities/preferred_provider/index.html Scroll to Annual Registration
	۶	Reasonableness of Assumptions Certification
	۶	Reasonableness & Consistency of Assumptions Certification
	2	Any questions for the above two assumption certifications, contact Vanessa J. Sullivan at 207-624-8452 or by email at <u>Vanessa J. Sullivan@maine.gov</u> Applies only to <u>domestic</u> Life Companies Actuarial certifications required for equity indexed annuities as found in Actuarial Guideline XXXV, Appendix C of the Accounting Practices and Procedures Manual
		 <u>Reasonableness of Assumptions Certifications for Implied Guaranteed Rate Method</u> <u>Reasonableness & Consistency of Assumptions Certification (Updated Average Market Value)</u> <u>Reasonableness & Consistency of Assumptions Certification (Updated Market Value)</u> For all of the above, contact Vanessa Sullivan at 207-624-8452 or by email at <u>Vanessa.J.Sullivan@maine.gov</u>
		Applies only to <u>domestic</u> Life Companies Actuarial certifications required for equity indexed life insurance policies as found in Actuarial Guideline XXXVI Appendix C of the Accounting Practices and Procedures Manual.
	>	State Filing Fees: Ann Tarr, 207-624-8434 or by email at <u>Ann.Tarr@maine.gov</u> Fees will be billed in early June of each year. DO NOT send fees at this time.
	>	Supplemental Compensation Exhibit: Vanessa J. Sullivan 207-624-8452 or by email at Vanessa.J.Sullivan@maine.gov Due March 1st. Forms can be sent with the Annual Statement or separately. Applies to domestic companies only.
	A	Supplemental Health Insurance Report (Bulletin 286-A): Bradford Brown at 207-624-8478 or by email at Bradford.L.Brown@maine.gov. All insurance companies having active Health insurance authority in Maine at any time during the prior calendar year must complete the form. Due Date is April 1 st . 286-A Report Form & Instructions : http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html. Scroll down to 286-A (Supplemental Health Insurance Reporting Form).
	•	Tick Borne Disease Report {24-A M.R.S.A. § 4302(5)}: Barbra Garboski, 207-624-8440 or by email at Barbra.L.Garboski@maine.gov. All insurance companies having active Health insurance authority in Maine at any time during the prior calendar year must complete the form. Due Date is February 1 st . Tickborne Illness Report Form and Instructions: http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html. Scroll down to Tickborne Disease Report.
	>	Workers Compensation Paid Benefits Report {26 M.R.S.A. § 61}: Barbra Garboski, 207-624-8440 or by email at Barbra.L.Garboski@maine.gov. All companies writing workers' compensation insurance must complete the form. Due Date is March 1 st Insurance Carrier Aggregate Benefits Paid Report Form and Instructions:
		http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html. Scroll down to Insurance Carrier Aggregate Benefits Paid Report.

Revised 03/27/2020