

FRATERNAL SOCIETIES

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: MAINE Filings Made During the Year 2010

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"x14")	XXX	EO	XXX	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	XXX	EO	XXX	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 1/2"x 14")	XXX	EO	XXX	3/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	XXX	EO	XXX	4/1	NAIC	
	11	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	XXX	EO	XXX	3/1	Company	
	12	Actuarial Opinion on X-Factors	XXX	EO	XXX	3/1	Company	
	13	Actuarial Opinion on Separate Accounts Funding	XXX	EO	XXX	3/1	Company	
	14	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	XXX	EO	XXX	3/1	Company	
	15	Interest Sensitive Life Insurance Products Report	XXX	EO	XXX	4/1	NAIC	
	16	Investment Risk Interrogatories	XXX	EO	XXX	4/1	NAIC	
	17	Long-term Care Experience Reporting Forms	XXX	EO	XXX	4/1	NAIC	
	18	Management Discussion & Analysis	XXX	EO	XXX	4/1	Company	
	19	Medicare Supplement Insurance Experience Exhibit	XXX	EO	XXX	3/1	NAIC	
	20	Medicare Part D Coverage Supplement	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	21	Reasonableness of Assumptions Certification	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	
	22	Reasonableness & Consistency of Assumptions Cert.	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	
	23	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	
	24	Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	
	25	Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	
	26	Risk-Based Capital Report	XXX	N/A	XXX	3/1	NAIC	
	27	RBC Certification required under C-3 Phase I	XXX	N/A	XXX	3/1	Company	
	28	RBC Certification required under C-3 Phase II	XXX	N/A	XXX	3/1	Company	
	29	Statement of Actuarial Opinion	XXX	EO	XXX	3/1	Company	
	30	Statement on non-guaranteed elements – Exhibit 5 Inter. #3	XXX	EO	XXX	3/1	Company	
	31	Statement on participating/non-participating policies – Exhibit 5, Inter. #1	XXX	EO	XXX	3/1	Company	
	32	Supplemental Compensation Exhibit	XXX	N/A	N/A	3/1	NAIC	
	33	Trusted Surplus Statement	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	XXX	1	XXX	3/1	NAIC	
	51	March .PDF Filing	XXX	1	XXX	3/1	NAIC	
	52	Separate Accounts Electronic Filing	XXX	1	XXX	3/1	NAIC	
	53	Separate Accounts .PDF Filing	XXX	1	XXX	3/1	NAIC	
	54	Supplemental Electronic Filing	XXX	1	XXX	4/1	NAIC	
	55	Supplemental .PDF Filing	XXX	1	XXX	4/1	NAIC	
	56	Quarterly Statement Electronic Filing	XXX	1	XXX	5/15, 8/15 & 11/15	NAIC	
	57	Quarterly .PDF Filing	XXX	1	XXX	5/15, 8/15 & 11/15	NAIC	
	58	June .PDF Filing	XXX	1	XXX	6/1	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	71	Accountants Letter of Qualifications	XXX	EO	N/A	6/1	Company	
	72	Audited Financial Statements	XXX	EO	XXX	6/1	Company	
	73	Audited Financial Statements Exemption Affidavit	XXX	N/A	N/A	6/1	Company	
	74	Independent CPA	XXX	N/A	N/A	6/1	Company	
	75	Notification of Adverse Financial Condition	XXX	N/A	N/A	6/1	Company	
	76	Report of Significant Deficiencies in Internal Controls	XXX	N/A	N/A	6/1	Company	
	77	Request for Exemption to File	XXX	N/A	N/A	5/1	Company	
		V. STATE REQUIRED FILINGS						
	101	Advertising Certificate (Rule Chapter 140§B)	XXX	0	1	3/1	Company	
	102	Affidavit of Filing	XXX	0	XXX	3/1	State	
	103	Annual Report Supplement (Rule 945)	XXX	0	1	3/1	State	O
	104	Carrier Reporting Form	XXX	0	1	2/1	State	O
	105	Certificate of Compliance	XXX	0	XXX	3/1	State	
	106	Certificate of Deposit	XXX	0	XXX	3/1	State	
	107	Filing Checklist (with Column 1 Completed)	XXX	0	XXX	3/1	State	
	108	Maine Fraud and Abuse Annual Report	XXX	0	1	3/1	State	O
	109	Mandated Benefit Expense Report (Bulletin 292)	XXX	0	1	4/30	State	O
	110	Premium Tax	XXX	0	1	3/15	State	D
	111	Signed Jurat Page	XXX	0	XXX	3/1, 5/15, 8/15, 11/15	NAIC	

112	State Filing Fees	XXX	XXX	1	8/10	State	C,O
113	Supplemental Health Insurance Report (Bulletin 286A)	XXX	0	1	4/1	State	O

*If XXX appears in this column, this state does not require this filing if the data is filed electronically with the NAIC and in accordance to the guidelines of the domiciliary state. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)

A	Required Filings Contact Person:	<p>Annual & Quarterly Statements: Foreign Companies: Lauri Cooper 207-624-8464 Laurelyn.S.Cooper@maine.gov Domestic Companies: Nichole Bilodeau 207-624-8592 Nichole.L.Bilodeau@maine.gov</p>		
B	Mailing Address:	<table border="0" style="width:100%"> <tr> <td style="width:60%"> Regular Mail: Maine Bureau of Insurance Financial Analysis Division #34 State House Station Augusta, ME 04333-0034 </td> <td style="width:40%"> Courier: Maine Bureau of Insurance Financial Analysis Division 76 Northern Avenue Gardiner, ME 04345 </td> </tr> </table>	Regular Mail: Maine Bureau of Insurance Financial Analysis Division #34 State House Station Augusta, ME 04333-0034	Courier: Maine Bureau of Insurance Financial Analysis Division 76 Northern Avenue Gardiner, ME 04345
Regular Mail: Maine Bureau of Insurance Financial Analysis Division #34 State House Station Augusta, ME 04333-0034	Courier: Maine Bureau of Insurance Financial Analysis Division 76 Northern Avenue Gardiner, ME 04345			
C	Mailing Address for Filing Fees:	Annual Statement filing fees will be billed on or before July 1 of each year. DO NOT send fees at this time. If the domestic company has elected to pay examination assessment fees based on Title 24-A, M.R.S.A., § 228 (3), please include your payment with the filing of your annual statement. If you have any questions with regards to the exam fees, please contact Stuart Turney 207-624-8468 or Email Stuart.E.Turney@maine.gov		
D	Mailing Address & Contact for Premium Tax Payments, Questions & Forms:	Maine Revenue Services, PO Box 9120, Augusta, ME 04333-9120, Phone: Carlotta Larrabee 207-624-9753. http://www.maine.gov/revenue/forms/insurance/2009.htm		
E	Delivery Instructions:	All filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.		
F	Late Filings:	Foreign companies must supply a written copy of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date to receive such from Maine. Domestic companies should apply at least 30 days prior to the due date.		
G	Original Signatures:	Original signatures required on all filings from Domestic Companies. Foreign companies should follow the instructions in the NAIC Annual Statement instructions.		
H	Signature/Notarization/Certification:	The following officers are required to sign the annual statement: CEO, President, & Treasurer for domestic companies.		
I	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(domestics only) Domestic Form B Statements are Due 5/1. Form B Holding Company Registration Statement amendments are due on the 15th of the month following the change. <p align="center"><u>CHECK PAYABLE TO TREASURER STATE OF MAINE</u></p> *As changes occur.		
J	Exceptions from normal filings:	<ul style="list-style-type: none"> • Foreign companies must supply a written copy of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date to receive such from Maine. Domestic companies should apply at least 30 days prior to the due date. • Foreign or alien insurers are only required to file an Annual Statement at the request of the Superintendent of Insurance. 		
K	Bar Codes (State or NAIC)	Not Used		
L	Signed Jurat	Signed Jurat pages are NOT required for foreign or alien insurers. They are required for domestic insurers.		
M	NONE Filings:	Supplemental exhibits & schedules as listed in the annual statement interrogatories are not required to be filed if your response in the supplemental exhibits & schedules interrogatories is a "NONE" report.		
N	Filings new, discontinued, modified since last year:	None		
O	Required by the State of Maine Should be filed separately from the annual statement	<ul style="list-style-type: none"> ➤ Advertising Certification required under Maine Rule 140 §11(B): Lisa Lewis, 207-624-8417, electronically to Lisa.A.Lewis@maine.gov. <i>Applies to all companies writing Health.</i> http://www.maine.gov/sos/cec/rules/02/031/031c140.doc ➤ Annual Report Supplement (Rule 945): For information about completing the form, contact Bradford Brown at (207)-624-8478 or Bradford.L.Brown@maine.gov. For specific questions about definitions or the law, contact Mary Hooper at (207)-624-8449 or Mary.M.Hooper@maine.gov. <i>Applies to all health insurers and HMOs writing or renewing Health insurance coverage. Companies with no written health premium should fill in the only the company information at the top and the contact information at the bottom and submit the report. Due Date is March 1st.</i> The following links provide access to the forms, instructions and the law: Rule 945 Instructions: http://www.maine.gov/pfr/insurance/forms/word/945Instructions.doc (Word) or http://www.maine.gov/pfr/insurance/forms/pdf/945Instructions.pdf (PDF) Rule 945 Form for companies with \$2 million or more in premium http://www.maine.gov/pfr/insurance/forms/excel/Rule945.xls Rule 945 Form for companies with less than \$2 million or more in premium http://www.maine.gov/pfr/insurance/forms/excel/Rule945_short.xls Rule Chapter 945: http://www.maine.gov/sos/cec/rules/02/031/031c945.doc ➤ Carrier Reporting Form (formally the Administrative Services Only Claims Report) {24-A M.R.S.A. § 4302(4)}: Bradford Brown 207-624-8478, Bradford.L.Brown@maine.gov. <i>All insurance carriers with a HEALTH authority must file with the Superintendent of the Maine Bureau of Insurance by February 1st. Companies with no written health premium should fill in the only the company information at the top and the contact information at the bottom and submit the report</i> The following links provide access to the new online form, instructions and the law: 		

Carrier Report Instructions: <http://www.maine.gov/pfr/insurance/forms/word/CarrierReportInstructions.doc> (Word) or <http://www.maine.gov/pfr/insurance/forms/pdf/CarrierReportInstructions.pdf> (PDF)

Carrier Report Form: [Online Reporting Form](#). Please have your license number and access code ready to enter.

Carrier Report Law: <http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec4302.html> (see section 4)

- Certificates of Deposit: For Domestic Companies contact Nichole Bilodeau at 207-624-8592, Nichole.L.Bilodeau@maine.gov. *Not required from Foreign Companies.*
- **Consumer Complaint Contact Update**
For Life/Accident/Health/Annuity/Credit Insurance, contact Lisa Lewis at 207-624-8417 or by email at Lisa.A.Lewis@maine.gov

For Property/Casualty Insurers, contact Cynthia Willey at 207-624-8423 or by email at Cynthia.L.Willey@maine.gov

Applies to all Property/Casualty, Life, Accident, Health, Annuity and Credit Insurers.
<http://www.maine.gov/pfr/insurance/forms/word/CompanyComplaintContact.doc> (Word)
<http://www.maine.gov/pfr/insurance/forms/pdf/CompanyComplaintContact.pdf> (PDF)
- **Downstream Risk Arrangement Disclosure required under §4336 B(2):** Kendra L Godbout, 207-624-8495, electronically at Kendra.L.Godbout@maine.gov *Applies to Health Maintenance Organizations.*
- **Filing Fees:** Ingrid Garand 207-624-8465 Ingrid.E.Garand@maine.gov
Fees will be billed on or before July 1 of each year. DO NOT send fees at this time
- **Health Insurance Annual Data Report (Rule 940):** For information about completing the form, contact Bradford Brown at (207)-624-8478 or Bradford.L.Brown@maine.gov. For specific questions about definitions or the law, contact Mary Hooper at (207)-624-8449 or Mary.M.Hooper@maine.gov . *Applies to all companies writing or renewing small group or individual Medical Insurance. 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* The following links provide access to the forms, instructions and the law:

Rule 940 Instructions: <http://www.maine.gov/pfr/insurance/forms/word/940Instructions.doc> (Word) or <http://www.maine.gov/pfr/insurance/forms/pdf/940Instructions.pdf> (PDF)

Rule 940 Reporting Form: <http://www.maine.gov/pfr/insurance/forms/excel/Rule940Report.xls>
Rule 940: <http://www.maine.gov/sos/cec/rules/02/031/031c940.doc>
- **Health Report Card Survey:** Joanne Rawlings-Sekunda, 207-624-8472, electronically to Joanne.Rawlings-Sekunda@maine.gov *Applies to all companies with Maine enrollees in health insurance at any point during 2009*
Health Report Card Survey Form:
http://www.maine.gov/pfr/insurance/forms/word/report_card_survey_form.doc (Word)
http://www.maine.gov/pfr/insurance/forms/pdf/report_card_survey_form.pdf (PDF)
- **Liquor Liability Report:** Thomas Michaud 207-624-8440, Thomas.R.Michaud@maine.gov. *Applies to all Property and Casualty Companies.* The Bureau is collecting data for these reports directly through a new web-based data entry program. Please click on the following link to access the online reporting system.
[Online Reporting Form](#)
- **Maine Fraud and Abuse Annual Report:** Bradford.L.Brown 207-624-8478, Bradford.L.Brown@maine.gov. *Applies to all companies with written premium in Maine during the prior calendar year.* The following links provide access to the new online form, instructions and the law:

➤ Instructions: <http://www.maine.gov/pfr/insurance/forms/word/FraudAbuseInstructions.doc> (Word) or <http://www.maine.gov/pfr/insurance/forms/pdf/FraudAbuseInstructions.pdf> (PDF)
Form: [Online Reporting Form](#). Please have your license number and access code ready to enter.
Law: <http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2186.html> (see section 4)
- **Managing General Agent Report:** Barbra Garboski 207-624-8489, electronically to Barbra.L.Garboski@maine.gov *Applies to only those companies utilizing an MGA.*

Managing General Agent Reporting Form:

<http://www.maine.gov/pfr/insurance/producer/word/AnnualMGAReportingForm.doc> (Word)

<http://www.maine.gov/pfr/insurance/producer/pdf/AnnualMGAReportingForm.pdf> (PDF)

- **Mandated Benefit Experience Report:** For information about completing the form, contact Bradford Brown at (207)-624-8478 or Bradford.L.Brown@maine.gov. For specific questions about definitions or the bulletins or laws, contact Mary Hooper at (207)-624-8449 or Mary.M.Hooper@maine.gov. *Applies to all companies writing or renewing Health insurance coverage. Companies with no written health premium should fill in the only the company information at the top and the contact information at the bottom and submit the report. Due Date is April 30th.* The following links provide access to the form, instructions and the law:

Mandated Benefit Experience Reporting Form:

http://www.maine.gov/pfr/insurance/forms/excel/mandated_benefits.xls (Excel)

Mandated Benefit Experience Reporting Instructions:

<http://www.maine.gov/pfr/insurance/forms/word/MandatedBenefitsInstructions.doc> (Word) or

<http://www.maine.gov/pfr/insurance/forms/pdf/MandatedBenefitsInstructions.pdf> (PDF)

Mandated Benefit Experience Bulletin: <http://www.maine.gov/pfr/insurance/bulletins/292.htm>

- **Preferred Provider Arrangement Annual Registration:** Joanne Rawlings-Sekunda, 207-624-8472, due March 1, 2010, 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 1.*

Preferred Provider Arrangement Annual Registration Form:

http://www.maine.gov/pfr/insurance/producer/word/PPO_annual.doc (Word)

Reasonableness of Assumptions Certification

Reasonableness & Consistency of Assumptions Certification

For the above, contact Kendra Godbout at 207-624-8495 or electronically to Kendra.L.Godbout@maine.gov

Applies only to domestic Life Companies

Actuarial certifications required for equity indexed annuities as found in Actuarial Guideline XXXV, Appendix C of the Accounting Practices and Procedures Manual

- **Reasonableness of Assumptions Certifications for Implied Guaranteed Rate Method**

Reasonableness & Consistency of Assumptions Certification (Updated Average Market Value)

Reasonableness & Consistency of Assumptions Certification (Updated Market Value)

For all of the above, contact Kendra Godbout at 207-624-8495 or electronically to Kendra.L.Godbout@maine.gov

Applies only to domestic 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.

- **Supplemental Compensation Exhibit:** Nichole Bilodeau 207-624-8592, electronically to Nichole.L.Bilodeau@maine.gov

Due March 1st. Forms can be sent with the Annual Statement or separately. Applies to domestic companies only.

- **Supplemental Health Insurance Report:** For information about completing the form, contact Bradford Brown at (207)-624-8478 or Bradford.L.Brown@maine.gov. For specific questions about definitions or the law, contact Mary Hooper at (207)-624-8449 or Mary.M.Hooper@maine.gov. *Applies to all companies writing or renewing Health insurance coverage. Companies with no written health premium should fill in the only the Company information and Completed by Sections at the top and submit the report.* The following links provide access to the form, instructions and the law:

Supplemental Health Form, Law and Instructions:

Form: <http://www.maine.gov/pfr/insurance/forms/excel/SuppHealthPremiumForm.xls>

Bulletin: <http://www.maine.gov/pfr/insurance/bulletins/286a.htm>

Instructions: <http://www.maine.gov/pfr/insurance/forms/word/SupplementalHealthInstructions.doc> (Word) or

<http://www.maine.gov/pfr/insurance/forms/pdf/SupplementalHealthInstructions.pdf> (PDF)

- **Tick Borne Disease Report:** Bradford Brown 207-624-8478, Bradford.L.Brown@maine.gov. *Applies to all Health insurance companies. Due Date is February 1st.*
- The Bureau is collecting data for these reports directly through a new web-based data entry program. The following links provide access to the form, instructions and the law:

Tick Borne Disease Form, Law and Instructions:

Form: [Online Reporting Form](#). Please have your license number and access code ready to enter.

Law: <http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec4302.html> (see section 5)

Instructions: <http://www.maine.gov/pfr/insurance/forms/word/TickborneInstructions.doc> (Word) or

<http://www.maine.gov/pfr/insurance/forms/pdf/TickborneInstructions.pdf> (PDF)

- Workers Compensation Benefits Report: Thomas Michaud 207-624-8440, Thomas.R.Michaud@maine.gov. *Applies to all companies writing workers' compensation.* The Bureau is collecting data for these reports directly through a new web-based data entry program. Please click on the following link to access the online reporting system.
[Online Reporting Form](#)

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investments schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is .pdf files for annual statement data, detail for investment schedules and supplements due March 1.

The *Separate Accounts Electronic Filing* includes the separate accounts annual statement and investment schedule detail.

The *Separate Accounts .PDF Filing* is the .pdf file for the separate accounts annual statement and investment schedule detail.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplemental .PDF Filing* is the .pdf file for all supplements due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The *Quarterly .PDF Filing* is the .pdf for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (E) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions (generally, on its website). If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.