

Managing General Agent Reporting Form

Please complete this form ***only*** if your company utilizes a Managing General Agent ***and*** that agent produces nationally 5% or more of the total policyholder surplus in any one quarter of the year following the last annual statement and adjusts or pay claims in excess of $10,000 per claim or negotiates reinsurance on behalf of the insurer, or both.

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| 1. Name of reporting Insurer: |
| 1. Name of and contact information of Managing General Agent: |
| 1. Direct Written Premiums:$ |
| 1. Total Surplus:$ |
| 1. Percentage of Premium to Surplus: |

Please submit this form March 1st, annually to:

Financial Analysis Division

Assistant Insurance Analyst

Maine Bureau of Insurance

#34 State House Station

Augusta, ME 04333-0034

The form may be submitted electronically to [insurance.pfr@maine.gov](mailto:insurance.pfr@maine.gov) or by mail to the above address.