

Notes and Instructions

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| A | Required Filings Contact Person: | Annual & Quarterly Statements: Foreign Companies: Jill Tobey 207-624-8448 Jill.C.Tobey@maine.gov Domestic Companies: Vanessa J. Sullivan 207-624-8452 Vanessa.J.Sullivan@maine.gov | | |
| B | Mailing Address: | Regular Mail: Maine Bureau of Insurance Financial Analysis Division 34 State House Station Augusta, ME 04333-0034 | USPS Express overnight deliveries Maine Bureau of Insurance Financial Analysis Division 34 State House Station Augusta, ME 04333-0034 | Deliveries such as FedEx and UPS Maine Bureau of Insurance Financial Analysis Division 76 Northern Ave. Gardiner, ME 04345 |
| C | Mailing Address for Filing Fees: | Annual Statement filing fees will be billed in early June 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. See "O" for exam fee contact. | | |
| D | Mailing Address & Contact for Premium Tax Payments, Questions & Forms: | If enclosing a check, make check payable to Treasurer, State of Maine and MAIL WITH RETURN TO: Maine Revenue Services, PO Box 1065, Augusta, ME 04332-1065. If NOT enclosing a check, MAIL RETURN TO: Maine Revenue Services, PO Box 1064, Augusta, ME 04332-1064. Courier Service Delivery: Maine Revenue Services, 51 Commerce Drive, Augusta, ME 04332 Phone: 207-624-9753 e-mail: corporate.tax@maine.gov or Carlotta Larrabee 207-626-8538. http://www.maine.gov/revenue/incomeestate/insurance_premium/insurance_premium.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 <u>all filings</u> from <u>Domestic Companies</u> . 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. <u>CHECK PAYABLE TO TREASURER STATE OF MAINE</u> *As changes occur. Maine is a Retaliatory State. If the foreign domestic state charges a fee, the greater amount is required. | | |
| 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: | From the NAIC: Additions and changes to checklists are shown with yellow highlights. For this year, these include: Fraternal <ul style="list-style-type: none"> There is no fraternal checklist as Fraternal companies are to utilize the life blank. Life <ul style="list-style-type: none"> Removal of three supplements due to the revisions made to the Analysis of Operations by Lines of Business and Analysis of Increase in Reserves During the Year <ul style="list-style-type: none"> Analysis of Annuity Operations by Lines of Business Analysis of Increase in Annuity Reserves During the Year Interest Sensitive Life Insurance Products All statement types <ul style="list-style-type: none"> Reflect the addition of Schedule DB, Part E on line 1.1 – Printed Investment Schedule Detail In addition, please see "N" for "Required by the State of Maine" filings that are new, discontinued, or modified. | | |
| O | Contact Information for Exam Fees: | If you have any questions with regards to the exam fees, please contact Vanessa J. Sullivan 207-624-8452 or email Vanessa.J.Sullivan@maine.gov | | |

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| <p>P Required by the State of Maine</p> <p>Should be filed separately from the annual statement:</p> | <ul style="list-style-type: none"> ➤ <u>Advertising Certification required under Maine Rule 140 §11(B)</u>: Justin D. Whalen at 207-624-8494, submit electronically to justin.d.whalen@maine.gov <i>Applies ONLY to companies writing health insurance that also disseminates advertisements for health insurance during the preceding statement year. Due Date is March 1st.</i> http://www.maine.gov/sos/cec/rules/02/031/031c140.doc ➤ <u>Annual Report Supplement (Rule 945)</u>: Bradford Brown at 207-624-8478 or by e-mail at Bradford.L.Brown@maine.gov. <i>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.</i> 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) ➤ <u>Carrier Reporting Form (24-A M.R.S. § 4302(4))</u>: Bradford Brown, 207-624-8478 or by email at Bradford.L.Brown@maine.gov. <i>Applies to all insurance companies having active Health insurance authority in Maine. Due Date is February 1st.</i> Carrier Report Form and Instructions: http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html. Scroll down to Carrier Report. ➤ <u>Certificates of Deposit</u>: To request a Certificate of Deposit from Maine please contact the State Treasurers office at www.maine.gov/treasurer. <i>Not required from Foreign Companies, and as of 1/1/2019, not required 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.</i> <u>Comparable Health Care Service Incentive Program (24-A M.R.S. §4318-A)</u>: Kim Davis, 207-624-8550, or by e-mail at Kim.E.Davis@maine.gov. <i>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.</i> 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>: <i>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.</i> For Life/Accident/Health/Annuity/Credit Insurance, contact Justin D. Whalen at 207-624-8494 or by email at justin.d.whalen@maine.gov For Property/Casualty Insurers, contact Sharon M. Martin at 207-624-8454 or by email at sharon.m.martin@maine.gov. Form: http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/pdf/complaint_contact_update.pdf ➤ <u>Downstream Risk Arrangement Disclosure required {24-A M.R.S.A. §4336(2)}</u>: Contact Vanessa J. Sullivan, 207-624-8452, or by email at Vanessa.J.sullivan@maine.gov <i>Applies to Health Plans.</i> ➤ <u>Employee Benefit Excess Insurance (Rule 135)</u>: Sherry Ingalls, 207-624-8476 or by e-mail at Sherry.L.Ingalls@maine.gov. <i>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.</i> 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 1st. ➤ <u>Health Insurance Annual Data Report (Rule 940)</u>: Bradford Brown at (207)-624-8478 or by e-mail at Bradford.L.Brown@maine.gov. <i>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.</i> 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) ➤ <u>Health Report Card Survey (24-A M.R.S. §4318-A)</u>: Kim E. Davis, 207-624-8550, or by email at |
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Kim.E.Davis@maine.gov. Applies 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):** Justin D. Whalen at 207-624-8494 or by email at justin.d.whalen@maine.gov
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 any individual exceeding \$10,000. <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.
- **Liquor Liability Report:** Barbra Garboski, 207-624-8440 or by email at Barbra.L.Garboski@maine.gov.
Applies to all Property and Casualty companies. Due Date March 1st.
Liquor Liability Report Form and Instructions:
http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html 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 not required. Please only submit actual rescissions directly to: Pamela.Stutch@maine.gov

Long Term Care Suitability Reporting – There is no 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
- **Maine Fraud and Abuse Annual Report {24-A M.R.S.A. § 2186(4)}:** Connie Mayette, 207-624-8474 or by email at Connie.M.Mayette@maine.gov or Barbra Garboski, 207-624-8440 or by email at Barbra.L.Garboski@maine.gov. 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:
http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html
Scroll down to Fraud and Abuse Annual Report.
- **Managing General Agent Report:** Kevin Maroon, 207-624-8443 or by email to Kevin.C.Maroon@maine.gov
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
- **Mandated Benefit Experience Report:** Bradford Brown, 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 30th.
Mandated Benefits Report Form and Instructions:
http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html
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 1 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.html

- **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**

- Reasonableness of Assumptions Certification
- Reasonableness & Consistency of Assumptions Certification

Any questions for the above two assumption certifications, contact Vanessa J. Sullivan at 207-624-8452 or by email at Vanessa.J.Sullivan@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 Vanessa Sullivan at 207-624-8452 or by email at Vanessa.J.Sullivan@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.

- **State Filing Fees:** Ann Tarr, 207-624-8434 or by email at Ann.Tarr@maine.gov *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.*
- **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 1st.*
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 1st.*
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 1st*
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.**

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