



DEPARTMENT OF

**Professional &
Financial Regulation**

STATE OF MAINE

- OFFICE OF SECURITIES
- BUREAU OF INSURANCE
- CONSUMER CREDIT PROTECTION
- BUREAU OF FINANCIAL INSTITUTIONS
- OFFICE OF PROF. AND OCC. REGULATION

MAINE BUREAU OF INSURANCE 2024 ANNUAL REPORT

April 2026

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Table of Contents

- I. INTRODUCTION..... 1
- II. BUREAU OF INSURANCE DIVISIONS AND UNITS..... 2
 - Consumer Health Care Division (CHCD)..... 2
 - Life and Health Actuarial Unit..... 12
 - Property and Casualty Division (P&C)..... 13
 - Licensing Division..... 15
 - Alternative Risk Markets Unit..... 17
 - Financial Analysis Division 18
 - Financial Examination Division 22
 - Market Regulation Unit 23
 - Research and Statistics Unit 24
 - Administrative Services Unit 24
- III. NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS..... 25
- IV. APPENDICES..... 26
 - Appendix A – 2024 Outreach Events 26
 - Appendix B – Publications and Online Tools 27

I. INTRODUCTION

OVERVIEW

The Maine Bureau of Insurance (the Bureau) regulates insurance carriers, producers and agents, as well as other entities engaged in the business of insurance. Among other responsibilities, the Bureau oversees insurance markets, enforces financial solvency standards for insurers, and ensures consumer protections, pursuant to the Maine Insurance Code.

In addition to the Bureau's primary function as a regulator, a large part of its mission involves consumer assistance and education. Staff in both the Consumer Health Care Division (CHCD) and the Property and Casualty Division (P&C) respond to consumer calls and written inquiries and investigate written complaints to ensure carrier compliance with Maine law. If staff determine that there may be serious violations or a pattern of violations, the issue may be turned over to the Bureau's Market Regulation Unit for further investigation or to the Bureau's legal staff for possible enforcement action.

In 2024, there were 1,508 insurance carriers doing business in Maine. The Bureau is responsible for the financial solvency regulation of 18 Maine-domiciled carriers. These carriers collected nearly \$10 billion in premiums across all states in which they operated in 2024. In the same year, domestic¹ and foreign² insurance carriers wrote nearly \$12 billion in premiums in Maine. The Bureau's regulatory and consumer-focused activities resulted in payments to Maine consumers and businesses, as well as payments to the State.

- Restitution paid to insured Maine individuals and businesses by carriers following investigations and hearings conducted by the Bureau totaled \$5,038,304.
- Penalties and settlement payments to the State by insurance carriers and producers in 2024 totaled \$65,000.

This annual report provides an overview of the Bureau's activities in calendar year 2024. It is broken into ten sections that align with the Bureau's divisions and units.

¹ 24-A M.R.S. §5 (1): "Domestic insurer" is an insurer formed under the laws of this State.

² 24-A M.R.S. §5 (2): "Foreign insurer" is an insurer formed under the laws of any United States jurisdiction other than Maine.

II. BUREAU OF INSURANCE DIVISIONS AND UNITS

CONSUMER HEALTH CARE DIVISION (CHCD)

This section of the report details the 2024 activities of CHCD, including external reviews.³ CHCD provides consumer assistance, outreach, and oversight of insurance carriers for compliance with Maine’s insurance laws and Bureau regulations.

CHCD is responsible for regulation of health, Medicare supplemental, disability, long-term care, life insurance, and annuities. The division engages in the following activities:

- Investigates and resolves consumer complaints, including complaints involving determinations of medically necessary care;
- Responds to consumer inquiries and assists consumers in understanding their rights and responsibilities;
- Participates in efforts to improve health policy;
- Develops outreach and educational materials, and conducts outreach activities;
- Reviews and approves policy forms, certificates of coverage, and summaries of benefits;
- Provides oversight of the medical and long-term care external review processes and contracts with independent review entities;
- Oversees an Independent Dispute Resolution (IDR) process and contracts with an independent IDR entity;
- Assists in bringing enforcement actions against licensed entities when violations occur;
- Reviews managed health care plans for compliance with Maine’s provider network adequacy standards;
- Reviews and approves registrations for preferred provider arrangements (PPAs);
- Licenses medical utilization review entities (UREs) and pharmacy benefits managers (PBMs);
- Coordinates compliance with requirements of the Affordable Care Act (ACA); and
- Drafts legislative reports and regulations.

Health Insurance Marketplace Initiative – Merged Individual and Small Group Market

Bureau staff play an active role in regulating the health insurance marketplace established by the Affordable Care Act (ACA). Maine Guaranteed Access Reinsurance Association (MGARA) was relaunched for the individual market in 2019 following approval of the state’s original Section 1332 State Innovation Waiver. In 2022, the Centers for Medicare and Medicaid Services (CMS) approved Maine’s amendment to its Section 1332 State Innovation Waiver, which merged the individual and small group markets into a single risk pool and extended the stabilizing protections of MGARA to small groups, starting in plan year 2023. The waiver amendment also allowed for quarterly rating adjustments for non-calendar year small group coverage. The amended Section 1332 waiver was the first in the nation to provide the stabilizing benefits of a reinsurance program to small groups.

³ 24-A M.R.S. §§ 4312(7-A), 4321(J).

Consumer Inquiries

CHCD assists and provides information to consumers. Staff answer callers' questions, refer them to the Bureau's website (www.maine.gov/insurance) for additional information, and mail issue-related brochures as needed. They also respond to written inquiries and have in-person conversations with consumers either at the Bureau office or at outreach events. Staff also respond to constituent referrals from state legislators, the Governor's office, and members of Congress.

For topics not within the Bureau's jurisdiction, CHCD staff refer consumers to the appropriate agency. For example, if consumers have questions about MaineCare, the State's Medicaid program, staff refer them to the Maine Department of Health and Human Services. Consumers with questions about federal health programs, statutes, or regulations are referred to the appropriate federal agency.

Consumer Complaints

CHCD investigates consumer complaints. To initiate a complaint, the consumer must complete and sign a CHCD complaint form—either in hard copy or electronically through the Bureau's website. This written and signed complaint form authorizes staff to contact insurance carriers to investigate the dispute on their behalf.

When a complaint for which CHCD has jurisdiction is received, a staff investigator is assigned to the case. The investigator directs the insurance carrier to respond to the consumer's allegations within statutory deadlines. CHCD staff review the carrier's response and supporting documentation to determine if the carrier has complied with the terms of the insurance policy, as well as with laws and regulations. The complainant is kept informed of the progress of the investigation and may be asked to provide additional information. Complex issues may require significant staff time to gather facts and correspond with relevant parties.

In cases involving an urgent need for assistance, e.g., denial of a surgical procedure, medication, or inpatient stay, CHCD can promptly intervene on behalf of the consumer to ensure that the carrier complies with its legal and contractual obligations.

If the insurance carrier has inappropriately denied a claim or otherwise acted improperly, CHCD works to make sure the carrier abides by its contractual obligations to the consumer according to the law and the insurance policy's requirements. If the insurance carrier has acted properly, staff explain the basis and rationale for this conclusion to the consumer.

CHCD also receives complaints involving allegations that the insurance carrier has not properly handled a consumer's appeal. CHCD ensures that carriers provide consumers with information about their appeal rights. Under Maine law, health insurance carriers are required to offer two levels of internal appeals to the consumer. [Maine Rule Chapter 850](#) explains the specifics of how these appeals are to be conducted, as well as providing deadlines for responding to consumers. The carrier's appeals process is separate from the CHCD's complaint investigation, and consumers are advised that they can proceed simultaneously with both an appeal and a complaint.

Sometimes, CHCD receives complaints involving issues over which it has no jurisdiction, such as for Employee Retirement Income Security Act plans (i.e., benefit plans that are self-funded by an employer

and not purchased from an insurance carrier). In such cases, the jurisdictional issue is explained, and the consumer is directed to the appropriate regulatory agency, such as the U.S. Department of Labor.

Independent External Reviews

After proceeding through at least one of two levels of a carrier's internal appeals processes, consumers have the right to request an independent external review for denials involving medical necessity, pre-existing conditions, experimental treatments, and denials based on disputes in diagnosis, care, or treatment. CHCD coordinates independent external reviews and randomly assigns each review to one of three contracted External Review Organizations (EROs): National Medical Review (NMR), Michigan Peer Review Organization (iMPROve), or Island Peer Review Organization (IPRO). The ERO has no affiliation with the carrier involved in the appeal.

During an external review, the ERO conducts an independent clinical peer review of the case. The carrier pays for the external review. The decision of the external review is binding only on the carrier; the consumer can pursue private legal action as an additional remedy.

Consumers also have the right to request an independent external review of long-term care policy claim denials involving benefit triggers and certain policy limitations/exclusions that require the professional judgment of a health care professional. CHCD oversees the external review process with IPRO contracted for long-term care appeals.

Outreach and Education

CHCD educates consumers about their rights under our insurance laws and about the Bureau services available to them. This outreach includes public speaking engagements and participation in community-focused events. In 2024, CHCD participated in the following outreach and education efforts:

- Machias Blueberry Festival
- Maine Association of Health Underwriters
- Maine Council on Aging
- *Senior Health Expo*, People Plus, Brunswick
- *Online Medigap Training*, Area Agencies on Aging (multiple sessions)
- *Online Medicare Supplement Training*, Area Agencies on Aging
- *Online State Health Insurance Assistance Program (SHIP) Training*, Area Agencies on Aging

Please see Appendix A for a full list of the Bureau's outreach activities in 2024.

As part of its consumer education mission, CHCD produces and updates many publications, including guides to purchasing health insurance and appealing adverse decisions by health insurance carriers. Brochures and other information, including answers to frequently asked questions, are available on the Bureau's website, www.maine.gov/insurance under "Consumers," "Publications," and "FAQs." Please see Appendix B for a full list of the Bureau's publications and tools for consumers.

Licensing and Registration Activity

a. Medical Utilization Review (MUR)

MUR includes any program or practice by which a person—on behalf of an insurance carrier, nonprofit service organization, third-party administrator, or employer—seeks to review the utilization, clinical necessity, appropriateness, or efficiency of health care services, procedures, providers, or facilities. Entities must be licensed in Maine to conduct utilization reviews for fully insured plans providing coverage to Maine residents.

Each applicant for MUR licensure must provide CHCD with a detailed description of the processes it uses for each review program, including, but not limited to:

- Second opinion programs;
- Hospital pre-admissions certifications;
- Pre-inpatient service eligibility determinations;
- Determinations of appropriate length of stay; and
- Notification to consumers and providers of utilization review decisions.

Maine-licensed MURs must certify compliance with Maine’s utilization review requirements and all applicable standards. Licenses must be renewed annually. In 2024, there were 87 active licensed MURs after 9 MURS terminated their licenses. Maine’s licensed MURs can be found through the “Licensee Search” tool on the Bureau’s website at <https://www.maine.gov/pfr/insurance/licensee-search>.

b. Preferred Provider Arrangements (PPAs)

The CHCD reviews and registers PPAs, which are contracts, agreements, or arrangements between an insurance carrier or plan administrator and a health care provider. The provider agrees to offer services to a health plan enrollee whose plan benefits include incentives to use that provider’s services. Staff review PPAs for compliance with Maine statutes and regulations regarding provider accessibility and network adequacy, utilization review, grievance and appeal procedures, consumer notification, benefit level differential, and emergency service access requirements.

In 2024, there were 69 PPAs. Maine’s registered PPAs can be found by using the “Licensee Search” tool on the Bureau’s website at <https://www.maine.gov/pfr/insurance/licensee-search>.

c. Managed Care Provider Networks

CHCD reviews managed care provider networks to determine if they comply with the network provider accessibility standards of Maine law and regulations. A carrier must notify CHCD each time a contractual relationship between it and a group of providers dissolves, creating the possibility that enrollees may not have access to a category of participating specialty providers. Carriers must provide consumers with adequate notice and opportunity to find alternative providers. They must also ensure that consumers currently receiving medical services receive continuity of care in line with state requirements.

d. Pharmacy Benefits Managers (PBM)

PBMs are required to be licensed by the Bureau to do business in Maine. [Rule Chapter 210](#) governs the PBM application process and provides forms for each applying PBM to describe its operations, contractual arrangements, and financial viability.

In 2024, the Bureau approved 2 new PBM license applications, and 4 PBMs terminated their licenses. At year end, there were 43 licensed PBMs in Maine.

Policy Form Review

CHCD reviews and approves insurance carrier rate and form filings to ensure compliance with laws and regulations. CHCD receives form filings in electronic format via the System for Electronic Rate and Form Filings (SERFF), a nationwide system developed and maintained by the National Association of Insurance Commissioners (NAIC).

The Bureau's Life and Health Actuarial Unit reviews proposed premium rates for compliance with Maine law. For health plans offered in the merged (individual and small group) market, the unit approves rate increases that are not excessive, inadequate, or unfairly discriminatory.⁴

Insurance carriers can also file certain forms for review and approval with the Interstate Insurance Product Regulation Commission (IIPRC), better known as the "Compact." Insurance products permitted to be reviewed and approved by IIPRC include life insurance, annuities, disability income insurance, and long-term care insurance. Maine is one of 48 jurisdictions that recognize IIPRC's approval of forms.

Independent Dispute Resolution (IDR)

The Bureau contracts with an IDR entity to preside over emergency services billing disputes between insurance carriers, out-of-network providers, and certain uninsured persons. Beginning October 1, 2023, Improve Health became the Bureau's IDR administrator.

In 2024, 2 requests were made for IDR. One decision was made in favor of the provider/applicant, and the other resulted in a settlement between the parties. One case involved neonatology (care of newborn infants), and the other pertained to emergency heart surgery.

2024 Data, Independent Health Care Provider Assistance Program

In 2024, the Bureau established an Independent Health Care Provider Assistance Program.⁵ This program provides assistance to independent health care practitioners who have questions or complaints regarding their dealings with insurance carriers. The program answers questions from providers and investigates filed complaints. The program does not assist with issues regarding contract negotiations between providers and insurance carriers.

⁴ 24-A M.R.S. §§ 2736-A, 2808-B(2-B).

⁵ 24-A M.R.S. § 4329

The law requires the Bureau to annually publish aggregate data regarding complaints on its website. The following tables contain aggregate information from complaints received between August 9, 2024 (when the law went into effect) and December 31, 2024.

As depicted in Table 1, in 2024, providers submitted a total of 15 complaints against carriers addressing the following issues: contractual issues (including coding and prepayment audits), unpaid self-funded claims that are not subject to the Maine Insurance Code, credentialing, and out-of-network (OON) services.

Between August and December 2024, the Bureau facilitated one recovery of \$1,077.74 through this program. In 2024 most provider complaints were contract-related and not within the Bureau’s authority under this statute.

Table 1: Complaints Filed by Providers, 2024	
Carrier	Number of Complaints Filed Against Carrier by Providers
Carrier A	7
Carrier B	4
Carrier C	3
Carrier D	1
Total	15

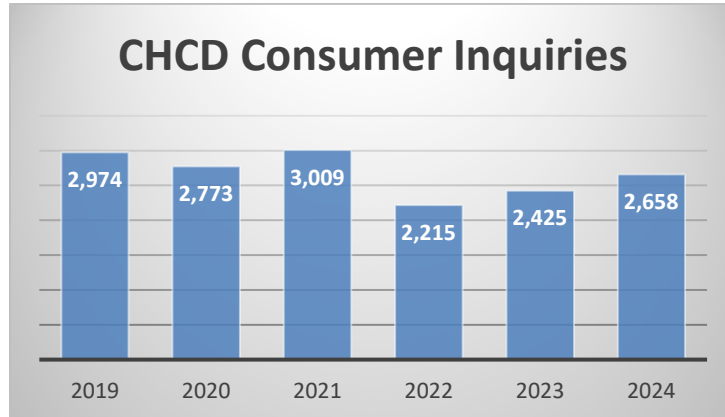
In addition to the 15 complaints, the Bureau assisted with 53 inquiries from providers. Questions from providers included clarification about which issues are and are not within the Bureau’s jurisdiction and requests for assistance with finding various types of information on the Bureau's website.

Inquiries

An “inquiry” is a consumer call or written/electronic request for information on insurance issues or a contact with the Bureau to complain generally about a regulated person or entity, but not regarding a specific dispute.

CHCD staff answered 2,658 telephone and written inquiries during 2024. The most frequent inquiries related to claim denials, life insurance, and long-term care insurance. Figure 1 illustrates the number of telephone and written inquiries received from 2019 to 2024.

Figure 1

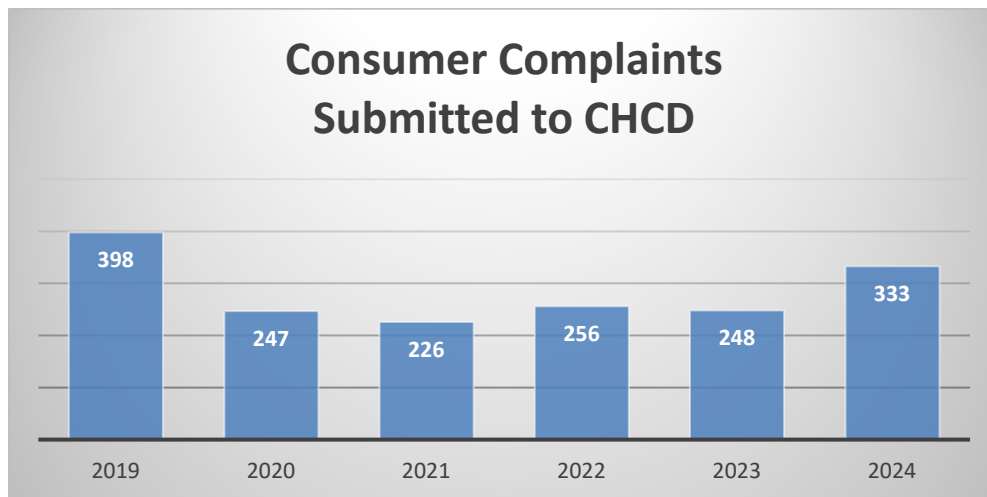


CHCD staff also answered 21 requests for constituent assistance from state and federal officials.

Complaints

A “complaint” is defined⁶ as “any written complaint that results in the need for the Bureau to conduct further investigation or to communicate in writing with a regulated entity for a response or resolution to the complaint.” During 2024, CHCD responded to 333 health, disability, annuity, and life insurance complaints. Figure 2 illustrates the number of complaints submitted from 2019 to 2024.

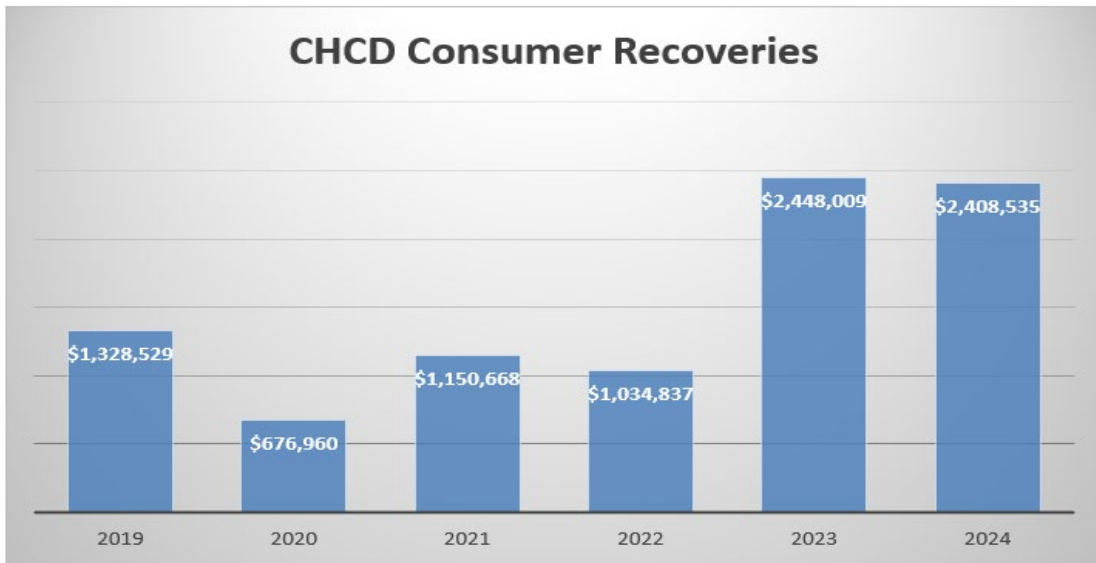
Figure 2



As part of the complaint investigation process, CHCD staff works to obtain appropriate restitution for consumers who have suffered a financial loss due to improperly denied claims or claims not paid in accordance with the policy. As indicated in Figure 3, CHCD recovered \$2.4 million for consumers in 2024. Most often, the recovered funds were for previously denied claims.

⁶ 24-A M.R.S. § 216 (2)

Figure 3



In addition to investigating consumer complaints CHCD works with insurance carriers to identify trends in consumer complaints, in an effort to remedy problems before they result in violations of the insurance code, including through quarterly meetings with each carrier. CHCD stays in close communication with carriers if problems arise that could affect consumers.

On a yearly basis, CHCD compiles a “Health, Disability and Long-Term Care Insurance Complaint Comparison” guide. The complaint index compares the share of complaints against a carrier to its share of the market. The most recent report is available at <https://www.maine.gov/pfr/insurance/consumers/consumer-guides>.

Medical Reviews

An external review is an additional step in the appeals process after an insurance carrier denies payment of a health insurance claim. The review is done by an independent review organization, utilizing professionals with expertise in the area in dispute. Both the organization and experts are fully independent of the insurance carrier involved in the review.

The Bureau contracts with independent external review organizations NMR, iMPROve, and IPRO for medical reviews. In 2024, the Bureau initiated 47 qualified requests for external review. Forty-five were completed in calendar year 2024, two of which were initiated in 2023. Of the 45 completed requests, 16 were upheld, 27 were overturned, and 2 were withdrawn prior to a final determination. Seven were treated as expedited reviews due to an emergent situation. Table 2 provides a complete list of 2024 external review data separated by carrier, and Figure 4 compares external review outcomes from 2019 through 2024.

Twenty-one cases were based on medical necessity:

- Ten for medication therapy
- Nine for general treatment
- One for mental health service denials/substance abuse treatment
- One for network adequacy

Twenty-three cases were based on the treatments being experimental or investigational:

- Nine for bioimpedance spectroscopy
- Eight for genetic/biomarker testing
- Six for general treatment decisions

There was one case based on care/treatment for a diagnosis.

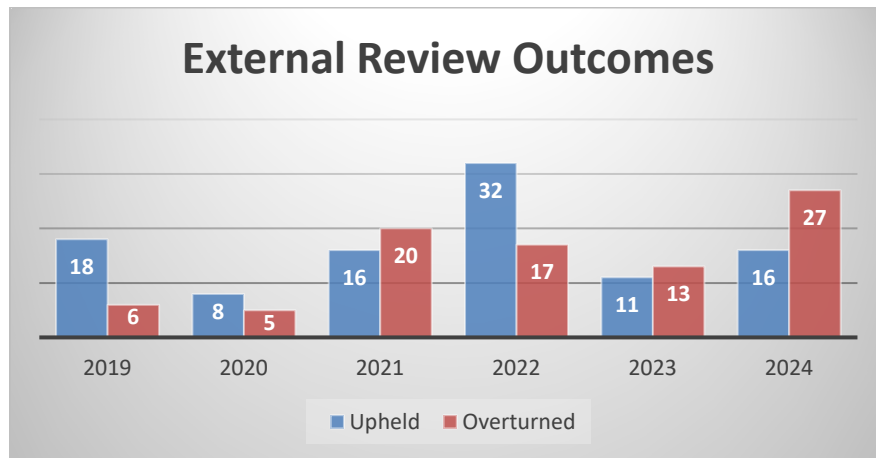
CHCD received and reviewed additional requests for external review that did not qualify under the statutes because:

- The internal appeal process was not utilized prior to requesting external review;
- The denial was based on issues other than the validity of the carrier’s medical decisions; or
- The consumer’s plan was not regulated by the State of Maine.

Table 2: Status of External Reviews by Insurance Carrier, 2024							
	Anthem	Aetna	CIGNA	CHO	Harvard	Other	Total
Not Qualified	14	2	0	0	0	1	17
Consumer Did Not Complete Process	12	0	0	1	0	0	13
Withdrawn Prior to Hearing	1	0	0	0	0	1	2
Review Completed by 12/31/24:							
Upheld	11	0	2	1	2	0	16
Overtured	23	0	0	0	2	2	27
Partially Overtured	0	0	0	0	0	0	0
Breakdown by Qualifying Issue:							
Experimental/Investigational	20	0	1	0	2	0	23
Pre-Existing Condition	0	0	0	0	0	0	0
Care/Treatment/Diagnosis	1	0	0	0	0	0	1
Medical Necessity	14	0	1	1	2	3	21

Figure 4 illustrates the trend in external reviews upheld or overturned.

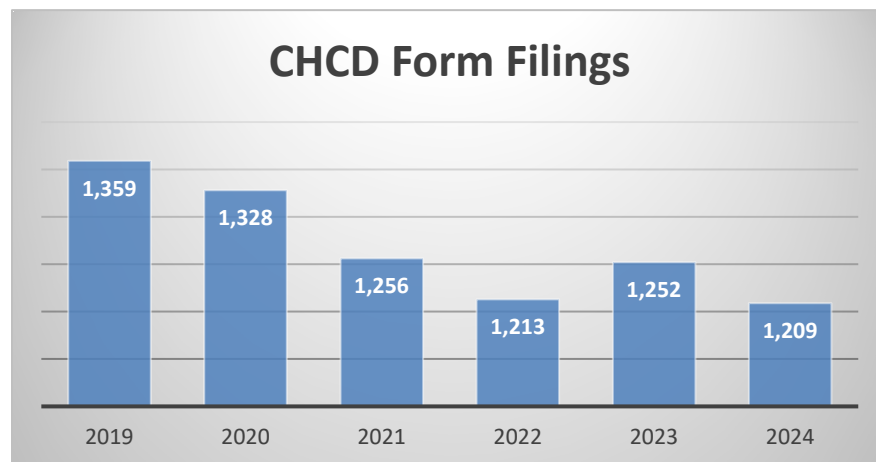
Figure 4



Policy Form and Rate Review

As indicated in Figure 5, in 2024, CHCD reviewed 1,209 insurance contract form filings, which contained a total of 2,589 forms to be reviewed. (Note: each filing can contain multiple forms.)

Figure 5



In 2024, CHCD continued to work closely with CoverME.gov, Maine's health insurance marketplace. CHCD performed plan management functions, in particular certifying Qualified Health Plans (QHPs) for the marketplace. QHP certification required both review/approval of major medical carriers' rates and forms, and completion of associated binders.

Legislative and Regulatory Activities

In 2024, the Superintendent issued the following rule:

- [Rule 865 - Standards for Fertility Coverage](#), hearing held June 20, 2023, effective date May 11, 2024.

CHCD also assisted in developing the following bulletins issued by the Superintendent:

- Bulletin 481 - [Guaranteed Issue of Medicare Supplement Coverage When Medicare Advantage Plan is Discontinued in Service Area](#)
- Bulletin 478 - [Non-Formulary Behavioral Health Drug Shortages](#)
- Bulletin 477 - [Highlights of the 2025 Federal Notice of Benefit and Payment Parameters](#)
- Bulletin 476 - [Fertility Coverage for Single Parents and LGBTQ+ Couples](#)
- Bulletin 475 - [Legislative Changes Affecting Health Insurance in Maine](#)
- Bulletin 474 - [Uniform Deadlines for Rate, Form, and QHP Filings for Non-Grandfathered Individual and Small Group Health Plans With Effective Dates of Coverage During 2025](#)
- Bulletin 471 - [Use of Medicare Marketing Materials by Producers, Agencies, and Insurers](#)
- Bulletin 470 - [Notice Regarding the Change Healthcare Cyberattack](#)

CHCD staff participated in a variety of NAIC working groups, including:

- Health Innovations Working Group, which gathers and shares information, best practices, experience, and data to inform and support health innovation;
- Long-Term Care Insurance Task Force, which monitors and evaluates the progress of the multistate actuarial (MSA) rate review process and helps consumers manage the impact of rate increases; and
- Pharmacy Benefit Manager Subgroup, which considers policy issues and development of a new NAIC model to establish a licensing or registration process for pharmacy benefit managers.

LIFE AND HEALTH ACTUARIAL UNIT

The Life & Health Actuarial Unit provides actuarial and technical services to the Superintendent and Bureau staff. Tasks performed by the unit are outlined below.

- Reviewing and taking appropriate action on rate filings, primarily for individual health, small group health, credit life and health, group and individual Medicare Supplement, and long-term care;
- Providing reserve analysis review of life and health insurance carriers;
- Providing technical assistance to insureds, consumers, state agencies, and others on insurance matters;

- Studying proposed mandated benefit legislation as requested by the Legislature to determine the social impact, the financial impact, and the medical efficacy of the proposed mandate;
- Estimating the impact on health insurance premiums of proposed expansions of health care services requiring a certificate of need from the Maine Department of Health and Human Services; and
- Assisting the Bureau’s Research and Statistics Unit with the collection of health insurance data, including:
 - Annual reports on mandated benefits claims experience;
 - Annual supplemental premium reports from health insurers;
 - Annual reports on insured demographics for small group and individual health insurance;
 - Annual reports on claims paid by third-party administrators and by insurers administering employers’ self-funded health plans; and
 - Preparation of annual “market snapshots” for the small group and individual health insurance markets.

The unit reviews filings for rate approval, including long-term care insurance requests. As a result of the unit’s rate review and reduction of proposed rate increases, it saved consumers \$3.6 million in potential premium increases in 2024. The unit’s staff also participate in NAIC work groups and collaborate with northeast zone regulators on rate reviews and share strategies to mitigate premium increases.

PROPERTY AND CASUALTY DIVISION (P&C)

The P&C Division performs three separate functions: review of carrier rates, rules, and form filings; resolution of consumer complaints; and administration of cancellation/nonrenewal hearings.

As shown in Table 3, in 2024, P&C staff answered 4,228 telephone and written inquiries, 258 written complaints, and obtained restitution of \$2.6 million for consumers and businesses who suffered financial loss due to improperly denied claims or claims that were not paid in accordance with the policy. The P&C Division received 2,765 filings from insurance carriers in 2024, which contained a total of 22 predictive models and 16,128 forms to be reviewed. (Note: each filing can contain multiple forms.) P&C staff also answered 23 requests for constituent assistance from state and federal officials.

	2020	2021	2022	2023	2024
Consumer Complaints Received	203	209	243	254	258
Consumer Inquiries Received	2,119	1,633	2,098	3,485	4,228
Restitution to Consumers and Businesses	\$706,617	\$161,685	\$854,359	\$2,135,549	\$2,629,769
Rate and Form Filings Received	3,104	2,672	2,675	2,816	2,765

On a yearly basis, the P&C Division compiles complaint comparison guides of personal auto insurance and homeowners and renters insurance. The complaint indexes compare the share of complaints against a carrier to its share of the market. The most recent reports are available at <https://www.maine.gov/pfr/insurance/consumers/consumer-guides>.

The NAIC released two reports⁷ on personal auto and homeowners insurance. Using the most recent years for which cumulative data was available, the reports ranked Maine in relation to the rest of the nation for affordability of insurance. Maine ranked 1st in personal auto (as of 2023) and 10th in homeowners (as of 2022). The reports indicate that Maine consumers pay less for these types of insurance than do consumers in most other states. The Bureau’s annual report on The Availability of Insurance in the Maine Property & Casualty Market provides more detail about these lines of insurance in the Maine market and is available at <https://www.maine.gov/pfr/insurance/publications/legislative-reports>.

Hearings

When an insurance carrier issues a notice of cancellation or nonrenewal of a homeowners or personal auto policy, it must advise the insured of the right to request a hearing contesting the action. There is also a statutory right to request a hearing when a commercial property or liability policy is cancelled prior to its expiration date.

The hearing provides a forum where consumers may contest a proposed cancellation or nonrenewal and where a Bureau hearing officer determines whether the cancellation or nonrenewal was done in accordance with Maine law. In some cases, the insurance carrier or the insured may cancel the proceedings prior to the hearing, which results in a resolution without a written decision issued. The policy will continue if the insurance carrier cancels the hearing and the policyholder chooses to keep the policy. The policy ends if the policyholder cancels the hearing. In most cases where a policyholder cancels a hearing, it is because replacement coverage has been obtained. Table 4 shows the number of hearings scheduled and those resulting in decisions.

Table 4:					
Property & Casualty Hearing Results					
	2020	2021	2022	2023	2024
Number of Hearings Scheduled	45	55	46	85	95
Number of Decisions Issued	22	17	11	30	31
Decisions in Favor of the Policyholder	4	6	9	11	19
Decisions in Favor of the Insurer	18	11	2	19	12

⁷ The two NAIC reports are titled *Dwelling Fire, Homeowners Owner-Occupied, and Homeowners Tenant and Condominium/Cooperative Unit Owner’s Insurance Report: Data for 2022* and *2023 Auto Insurance Database Report*. These and other NAIC reports are available on the NAIC website (content.naic.org/publications).

P&C Actuarial Unit

The P&C Actuarial Unit reviews and approves or disapproves rate filings made by licensed property and casualty insurance carriers and by advisory organizations. The unit's responsibilities include:

- Reviewing rate and rating rule filings;
- Reviewing and analyzing loss cost filings by industry advisory organizations that gather experience and file expected loss figures that carriers use to establish rates and rating rules;
- Providing technical assistance to insureds, consumers, state agencies, and others on insurance-related matters;
- Reviewing the funding and reserves of workers' compensation self-insurance trusts;
- Providing reserve analysis of property/casualty insurance carriers; and
- Providing technical assistance to the Superintendent in all aspects of property/casualty and workers' compensation matters.

Workers' Compensation

The P&C Division is responsible for processing rate, rule, and form filings involving workers' compensation insurance, reinsurance for self-insurers, and occupational disability policies. The Division also assists the actuarial staff with workers' compensation loss cost filings.

P&C responds to general inquiries regarding workers' compensation premiums and policies, handles complaints regarding workers' compensation insurance rates, rules, and policy cancellations, and conducts research and special projects related to workers' compensation matters. Complaints regarding specific workers' compensation claims are under the jurisdiction of the Maine Workers' Compensation Board and are not within the jurisdiction of the Bureau. If the Workers' Compensation Board finds a pattern of improper claims handling practices by an insurance carrier, it can refer the matter to the Bureau.

LICENSING DIVISION

The Licensing Division is responsible for processing and maintaining license records on insurance producers (brokers and agents) and business entities (agencies), including issuing and terminating licenses, as well as overseeing the licensing examination process and supervising the continuing education program.

Electronic processing of producer appointments, appointment terminations, and non-resident license applications, as well as participation in the NAIC's National Insurance Producer Registry (NIPR) database, has made the licensing process more efficient, timely, and uniform.

The Licensing Division processed 30,415 new licenses during 2024 for producers, consultants, adjusters, and business entities. Tables 5 through 8 separate the total numbers of individual and business entity licenses by type.

Table 5: Number of New Individual Licenses, 2024				
	Producers	Consultants	Adjusters	Totals
Resident	745	2	73	820
Non-Resident	25,683	9	3,903	29,595
Total	26,428	11	3,976	30,415

Table 6: Number of Active Individual Licenses (as of 12/31/2024)				
	Producers	Consultants	Adjusters	Totals
Resident	7,943	35	693	8,671
Non-Resident	212,101	19	21,293	233,413
Total	220,044	54	21,986	242,084

Table 7: Number of New Business Entity Licenses, 2024				
	Producer BE	Consulting Firm	Adjusting Firm	Totals
Resident	37	2	1	40
Non-Resident	690	1	62	753
Total	727	3	63	793

Table 8: Number of Active Business Entity Licenses (as of 12/31/2024)				
	Producer BE	Consulting Firm	Adjusting Firm	Totals
Resident	753	5	19	777
Non-Resident	8,327	8	362	8,697
Total	9,080	13	381	9,474

The Licensing Division processed 31,208 new licenses during 2024 for producers, consultants, adjusters, and business entities. Table 9 breaks down data for licenses processed in 2024, while Table 10 shows data for all active licenses.

Table 9: New Licenses Totals, 2024			
	Individual Totals	Business Entity Totals	Grand Total
Resident	820	40	860
Non-Resident	29,595	753	30,348
Total	30,415	793	31,208

Table 10: Active Licenses Totals			
	Individual Totals	Business Entity Totals	Grand Total
Resident	8,671	777	9,448
Non-Resident	233,413	8,697	242,110
Total	242,084	9,474	251,558

ALTERNATIVE RISK MARKETS UNIT

The Alternative Risk Markets Unit reviews and evaluates applications for workers' compensation self-insurance authority, captive entities, multiple employer welfare arrangements, group self-insurance reinsurance accounts, and the Maine Self-Insurance Guaranty Association. Its mission is to apply the rules and regulations governing these entities in a fair, consistent, and timely manner to assure that these entities remain solvent and that the Maine businesses utilizing alternative risk mechanisms do so effectively and responsibly. Table 11 shows data about the number of self-insurers for worker's compensation in Maine from 2018 through 2024.

Table 11: Number of Self-Insurers for Workers' Compensation							
	2018	2019	2020	2021	2022	2023	2024
Individual Self-Insurers	58	57	57	55	53	50	49
Group Self-Insurers	18	18	18	18	18	18	18

FINANCIAL ANALYSIS DIVISION

The Financial Analysis Division is responsible for the financial regulation of domestic and foreign insurance carriers, captive Risk Retention Groups, Health Maintenance Organizations, and surplus lines companies. Responsibilities include financial review of domestic carriers; review of applications for licensure and surplus lines eligibility; and review of amendments to certificates of authority, mergers, change of control, redomestications, and name changes. The division is also responsible for regulating Managing General Agents, Third Party Administrators, Risk Retention Groups, Risk Purchasing Groups, Reinsurance Intermediaries, Viatical and Life Settlement Providers, Service Contract Providers, and approved reinsurers in Maine. Tables 12 through 14 provide data about the premium and assets of regulated insurance carriers in 2024, while Tables 15 and 16 provide licensing information. Financial statements for Maine-licensed insurance carriers can also be found online at <https://www.maine.gov/pfr/insurance/licensees/insurance-companies/domestic-company-financial-statements>.

Table 12: Domestic Insurance Carriers, 2024 (Domiciled in Maine)		
Maine Domestic	12/31/24 Premium⁸	12/31/24 Assets
Aetna Health Inc.	\$250,815,305	\$86,552,341
AMH Health, LLC	\$237,177,246	\$116,312,375
AMH Health Plans of Maine, Inc.	\$8,170,377	\$7,257,786
Anthem Health Plans of Maine Inc.	\$1,367,225,224	\$433,507,964
Maine Community Health Options	\$255,908,641	\$124,258,026
Maine Dental Service Corp	\$84,005,227	\$86,364,612
Maine Employers' Mutual Insurance Company	\$199,907,218	\$1,205,086,829
Martin's Point Generations Advantage, Inc.	\$736,966,567	\$217,466,946
Medical Mutual Insurance Company of Maine	\$57,120,723	\$438,125,304
MMG Insurance Company	\$300,246,696	\$432,069,860
Patriot Insurance Company	\$57,920,336	\$193,653,951
Patrons Oxford Insurance Company	\$68,223,134	\$29,916,826
Starmount Life Insurance Company	\$294,546,650	\$151,770,404
State Mutual Insurance Company	\$7,874,678	\$15,677,798
Taro Health Plan of Maine, Inc.	\$4,992,874	\$10,009,835
UNUM Insurance Company	\$494,054,939	\$163,575,728
UNUM Life Insurance Company of America	\$5,426,152,414	\$24,186,774,891
Wellcare of Maine, Inc.	\$128,712,108	\$64,317,774
Total	\$9,980,020,357	\$27,962,699,250

⁸ Year-end direct written premium totals are reported on a national basis.

Table 13: Non-Maine Health Maintenance Organizations 2024 (Maine-only Premiums)		
HMOs (State of Domicile)	12/31/24 Premium	12/31/24 Assets
Arcadian Health Plan, Inc. (WA)	\$150,532,797	\$2,398,022,611
Empire Healthchoice HMO Inc. (NY)	\$194,159	\$405,793,033
Harvard Pilgrim Health Care, Inc. (MA)	\$375,301,288	\$1,098,285,444
UnitedHealthcare of New England, Inc. (RI)	\$2,870,029	\$374,390,380
UnitedHealthcare of Wisconsin, Inc. (WI)	\$63,425,897	\$4,376,101,983
Total	\$592,324,170	\$8,652,593,451

Table 14: Total 2024 Maine Premium (All Lines, Both Domestic and Foreign)		
Lines	12/31/23 Premium	12/31/24 Premium
Life/Annuities	\$2,269,379,183	\$2,726,551,436
Health	\$5,143,295,536	\$5,800,516,025
Property/Casualty	\$3,304,977,550	\$3,406,147,049
Title	\$47,683,178	\$51,797,177
Risk Retention Group	\$8,032,374	\$8,916,215
Total	\$10,773,367,821	\$11,993,927,902

Note: Table 14's totals do not include written premium of non-admitted excess and surplus lines.

Table 15: Number of Insurance Carriers Licensed in Maine					
Carrier Type	2020	2021	2022	2023	2024
Property and Casualty Carriers	736	747	757	776	783
Life & Health and HMOs	345	349	354	357	359
Fraternal Carriers	12	13	13	13	12
Surplus Lines Carriers ⁹	193	210	221	236	247
Private Purchasing Alliance	1	1	1	1	1
Multiple Employer Welfare Arrangement (MEWA)	4	4	4	4	4
Captive	3	3	3	3	3
Risk Retention Groups	79	82	88	92	95
Non-Profit	2	2	2	2	2
Fire Assessment Company	3	3	3	3	2
Total	1,378	1,414	1,446	1,487	1,508

⁹ Surplus lines insurers provide specialized coverage for high-risk, unique, or hard-to-place exposures that licensed insurers are unwilling or unable to underwrite.

Table 16: New Carrier Licenses Issued in 2024 (29 Total)	
Life and Health Insurance Carriers	
AMERICAN SPECIALTY HEALTH INSURANCE COMPANY	SHELTERPOINT LIFE INSURANCE COMPANY
DELAWARE LIFE AND ANNUITY COMPANY	WYSH LIFE AND HEALTH INSURANCE COMPANY
Property and Casualty Insurance Carriers	
ALASKA NATIONAL INSURANCE COMPANY	INCLINE CASUALTY COMPANY
AMERICAN UNDERWRITERS INSURANCE COMPANY	JET INSURANCE COMPANY
BRIDGE CITY INSURANCE COMPANY	MOTORISTS MUTUAL INSURANCE COMPANY
ENACT MORTGAGE INSURANCE CORPORATION OF NORTH CAROLINA	MS TRANSVERSE INSURANCE COMPANY
FREEDOM ADVANTAGE INSURANCE COMPANY	WILSHIRE INSURANCE COMPANY
Risk Retention Groups	
MIDWEST INSURANCE GROUP, INC., A RISK RETENTION GROUP	RISK UNDERWRITERS GROUP, LLC, A RISK RETENTION GROUP
PUBLIC UTILITY MUTUAL INSURANCE COMPANY (A RISK RETENTION GROUP)	STAR MUTUAL RISK RETENTION GROUP INC
Eligible Surplus Lines Insurance Carriers	
AMHERST SPECIALTY INSURANCE COMPANY	FIRST MILE INSURANCE COMPANY
BERKLEY LUXURY INSURANCE COMPANY	HADRON SPECIALTY INSURANCE COMPANY
BHHC SPECIAL RISKS INSURANCE COMPANY	INCLINE AMERICAS INSURANCE COMPANY
BOWHEAD INSURANCE COMPANY, INC.	SECURIAN SPECIALTY LINES, INC.
COVERYS LIMITED	STATE FARM SPECIALTY INSURANCE COMPANY
EMERALD BAY SPECIALTY INSURANCE COMPANY	

FINANCIAL EXAMINATION DIVISION

The Financial Examination Division examines domestic insurance carriers at least once every five years to ensure soundness of the insurance carriers' financial position. Tables 17 through 19 list the status of financial examinations from 2023 through 2025.

All reports of examination are public and can be found on the Bureau's website at <https://www.maine.gov/pfr/insurance/publications/financial-market-conduct-exam-reports>.

Table 17:	
Financial Examinations Commenced in 2023	
Carrier	Report Issued
AMH Health, LLC	Examination in progress
AMH Health Plans of Maine, Inc.	Examination in progress
Anthem Health Plans of Maine, Inc.	Examination in progress
Martin's Point Generations Advantage, Inc.	Examination in progress
WellCare of Maine, Inc.	02/18/2026

Table 18:	
Financial Examinations Commenced in 2024	
Carrier	Financial Period Ending
Patriot Insurance Company	10/29/2025
Starmount Life Insurance Company	07/31/2025
Unum Life Insurance Company of America	09/23/2025
Unum Insurance Company	07/31/2025

Table 19:	
Financial Examinations Scheduled for 2025	
Carrier	Financial Period Ending
Maine Dental Service Corporation	12/31/2024
Patrons Oxford Insurance Company	12/31/2024
State Mutual Insurance Company	12/31/2024

MARKET REGULATION UNIT

The Market Regulation Unit is responsible for establishing and monitoring a compliance program for all licensees. This program includes both analysis and examinations of licensees. The Market Regulation Unit uses the information available from a variety of sources and performs analysis on selected insurance carriers to determine which carriers are deemed to be market outliers. Once a carrier is identified as a market outlier, the Market Regulation staff determines the most effective process for obtaining information from the carrier to identify why the carrier's results are outside the expected results for the Maine marketplace. The information gathering process can encompass many forms, including a meeting with the carrier, a data call, interrogatories, or – in select circumstances – a targeted or comprehensive market conduct examination. This includes in-house examinations performed by unit staff as well as oversight and participation in exams that have been contracted to an independent entity. The examination process typically focuses on the following areas: (1) company operations/management; (2) complaint handling; (3) marketing and sales; (4) producer licensing; (5) policyholder service; (6) underwriting; and (7) claims. Targeted exams may focus on select areas or certain statutes or regulations. The unit is statutorily required to examine certain health insurance carriers every five years.

In 2024, the unit was involved in several in-house exams as well as being a lead state in a collaborative exam with other states. The unit also routinely participates in multi-state examinations, which take place when concerns about a carrier or several carriers writing the same line of business have a national impact. The examination process is confidential. However, for those examinations that are completed with a final examination report issued, the final report is a public record. Similarly, if a consent agreement or administrative order is issued as the result of an examination, the consent agreement or order is a public record.

While this unit does not handle individual complaints, it does use complaint data to analyze licensee trends and business practices or patterns. This analysis is often a key factor in triggering investigations or leading to selection of a company for an examination.

As an additional method of monitoring compliance, the unit also conducted market-wide reviews in 2024. These were triggered by compliance issues identified through complaint analysis and were intended to ensure all carriers complied with specific requirements.

The Market Regulation Unit also participates in investigations of matters that might lead to enforcement. These investigations can help identify whether issues occurring are the result of isolated incidents or are more systemic. Enforcement actions can help to resolve violations identified during investigations or exams through consent agreements. If a matter cannot be resolved by a consent agreement, a petition for enforcement may be initiated to begin an administrative hearing process, which will result in a final agency action. Table 20 lists consent agreements and their settlement amounts from 2024.

Table 20: 2024 Market Conduct & Enforcement Consent Agreements	
Carrier	Settlement Amount
Aetna Health Inc. & Aetna Life Insurance Company	\$35,000
Everest Reinsurance Company	\$30,000
Total	\$65,000

Market conduct examination reports can be found on the Bureau’s website at <https://www.maine.gov/pfr/insurance/publications> under Examination Reports.

Consent Agreements and Hearing Decisions and Orders relating to disciplinary actions are located at <https://www.maine.gov/pfr/insurance/legal/administrative-actions/licensee-discipline-consent-agreements>.

RESEARCH AND STATISTICS UNIT

The Research and Statistics Unit is responsible for creating, maintaining, and monitoring databases used by the Bureau. The objective of the unit is to collect, interpret, and provide data from regulated entities to Bureau divisions and units, other governmental agencies, and the public. Additionally, the unit researches issues for other Bureau divisions and units, serves as a liaison between the Bureau and NAIC online applications, and maintains the Bureau’s website.

ADMINISTRATIVE SERVICES UNIT

The Administrative Services Unit provides support for the Bureau. Responsibilities include purchasing; facilitating the interviewing and onboarding of new employees; travel arrangements and training registrations; assisting with proper records retention; copying and distribution of bound and electronic reports; processing and accounting of all Bureau revenue; public information and media relations; and consumer outreach support.

III. NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

The Bureau is a member of the National Association of Insurance Commissioners (NAIC), which provides expertise, data, and analysis for insurance commissioners to effectively regulate the industry and protect consumers. Founded in 1871, this U.S. standard-setting organization is governed by the chief insurance regulators from the 50 states, the District of Columbia, and five U.S. territories to coordinate regulation of multistate insurers. Interstate cooperation and information sharing are key elements of regulating national insurance companies in a state-based regulatory system. NAIC facilitates this process.

The forums and resources offered by the NAIC assist the Bureau in carrying out its responsibilities. The NAIC also accredits state insurance departments, ensuring that each state's regulatory structure is sufficient to oversee its market. The Bureau has been accredited by the NAIC since 1993 and has been an active participant in NAIC initiatives and working groups. Bureau staff are members of various NAIC working groups and participate in NAIC trainings, which address ongoing and emerging issues critical to the successful regulation of the insurance industry and to the protection of consumers.

The Bureau also participates in supervisory colleges held by insurer groups' domiciliary states. Regulators whose states are responsible for affiliate companies of the insurance group and international regulators participate in these colleges, which allow regulators to assess the risks borne by the subject insurance group and the risk mitigation strategies employed. Participation in both the NAIC forums and supervisory colleges enhances the Bureau's ability to monitor and proactively address regulatory issues.

IV. APPENDICES

APPENDIX A – 2024 OUTREACH EVENTS

The Bureau’s consumer outreach efforts aim to educate Maine individuals and businesses about the services the Bureau offers. The Superintendent and staff also make presentations to industry groups to keep them up-to-date on recent regulations and legislation. In 2024, Bureau staff participated in the following:

- Meetings of the National Association of Insurance Commissioners
- *Avoiding Online Scams*, AARP Maine
- Broadcast Appearance from the Superintendent, “*Are You Covered? 'Marijuana Exclusion' Found in Fine Print of Mainers' Insurance Policies,*” WGME
- *Machias Blueberry Festival*
- *Maine Calling*, Maine Public Radio
- *Meet the Superintendent of Insurance*, Chartered Property Casualty Underwriters (CPCU)
- *Meeting with Actuarial Science Majors*, University of Maine at Farmington
- *Online Medicare Supplement Training*, Area Agencies on Aging
- *Online Medigap Training*, Area Agencies on Aging (multiple sessions)
- *Online State Health Insurance Assistance Program (SHIP) Training*, Area Agencies on Aging
- *Presentation on Flood Insurance, National Flood Insurance Program*, Infrastructure and Resilience Commission
- Regulator Roundtable, Association of Insurance Compliance Professionals (AICP)
- Maine Self-Insurance Guarantee Association
- Maine Association of Health Underwriters
- Maine Council on Aging
- *Senior Health Expo*, People Plus, Brunswick
- *State of the State*, CPCU

APPENDIX B – PUBLICATIONS AND ONLINE TOOLS

The Bureau publishes reports on a variety of insurance topics. To help educate the public on insurance matters, the Bureau also publishes and distributes consumer brochures and posts additional consumer information and online tools on its website. All publications may be viewed on the Bureau’s website at <https://www.maine.gov/pfr/insurance/publications>.

Auto Insurance

Auto Insurance, A Consumer’s Guide

Auto Insurance, Making the Claims Process Easier

Cancellation or Nonrenewal of Personal Automobile and Property Insurance

Credit Information, Understanding How Insurers Use

Maine Driving Dynamics (Link to Maine Bureau of Highway Safety)

Personal Auto Insurance Complaint Comparison

Policy Forms Used by the 10 Largest Auto Insurance Groups in Maine

Ten Things You Should Know About Buying Auto Insurance

The Sharing Economy: Important Points to Consider Before “Sharing” Your Car or Home

Youthful Drivers, A Consumer’s Guide

Premium Discount Information for Drivers Age 55 and Older for Successfully Completing a Motor Vehicle

Accident Prevention Course

Maine Driving Dynamics Course to Improve Defensive Driving Awareness and Abilities

Commercial Insurance

Insuring Your Farm-The Basics of Property & Liability Coverage

Insuring Your Business-The Basics of Property & Liability Coverage

Disability Insurance

A Summary on Disability Insurance

Health Insurance

Health, Disability, and Long-Term Care Insurance Complaint Comparison

External Review Guide: When Your Health Insurance Carrier Denies Benefits for Health Care Services

Health, Disability and Long-Term Care Insurance Complaint Comparison

Health Insurance Appeals Process Guide

Health Insurance for Small Businesses, A Consumer’s Guide

Health Insurance Tips

Health Savings Accounts (HSAs) link to information from the US Department of the Treasury

Hearing Aid Mandate, Effective January 1, 2020

Individual Major Medical Health Insurance in Maine, A Consumer’s Guide

Mandated Health Insurance Benefits, History of

Market Snapshot - Comparison of Individual Medical Insurers in Maine

Market Snapshot - Comparison of Small Group Health Insurers in Maine

Short-Term Health Insurance Plans

Homeowners/Renters

Cancellation or Nonrenewal of Personal Automobile and Property Insurance
Insurance Information - Understanding How Insurers Use
Child Care Liability, A Consumer's Guide
Credit Information, Understanding How Insurers Use
From Homeowner to Renter
Homeowner Insurance Complaint Comparison
Homeowners Insurance, A Consumer's Guide
Homeowners Insurance, Making the Claims Process Easier
Homeowners Inventory Checklist
Insuring Your Home Business
Natural Disasters, A Homeowners Insurance Guide (link to Federal Alliance for Safe Homes)
Ten Things You Should Know About Purchasing Home Insurance
Policy Forms Used by the 10 Largest Homeowners Insurance Groups in Maine
The Sharing Economy: Important Points to Consider Before "Sharing" Your Car or Home

Life Insurance & Annuities

Annuities, Ten Things You Should Know About Buying
Deferred Annuities (NAIC Publication)
Deferred Annuities, Fixed (NAIC Publication)
Deferred Annuities, Variable (NAIC Publication)
Equity-Indexed Annuities: A Complex Choice (Financial Industry Regulatory Authority Investor Alert)
Life Insurance Information for Military Personnel (NAIC Publication)
Life Insurance, Ten Things You Should Know Before Purchasing
Selling Your Life Insurance Policy, A Consumer's Guide

Long-Term Care Insurance

Long-Term Care Insurance Claim Denial Appeals Process
Long-Term Care Insurance and Maine's Long-Term Care Partnership Program, A Consumer's Guide
Long-Term Care Partnership Program Approved Policies
Long-Term Care Insurance Tips and Tools (NAIC Publication)

Medicare/Medicare Supplement

Are You Eligible for or Do You Have Medicare? (Aggressive Sales Practices)
Medicare Supplement Insurance, A Consumer's Guide/Rate Table (for plans issued beginning June 2010)
Premium Comparison Chart
Illegal Sales Tactics Used by Insurance Sales Persons Against Medicare Recipients or People Eligible for Medicare
Medicare Open Enrollment (link to Department of Health and Human Services)
Choosing a Medigap Policy (link to Medicare publication)

Workers' Compensation

Workers' Compensation Insurance in Maine, An Employer's Guide
Opting Out: A Workers' Compensation Insurance Summary for Executive Officers of Corporations

Other

Pet Insurance

Consumer Tools

- File a Complaint
- Glossary of Terms
- Cancellation/Nonrenewal Hearing Notices
- Helpful Links
- Independent Dispute Resolution
- Licensee Lookup
- Affordable Care Act Rate and Form Filings/Rate Hearings
- Individual Health Insurance Rate Calculator
- Small Group Health Insurance Rate Calculator
- Small Business Health Insurance Premium Relief Program Credit Calculator
- E-news Subscriber System (GovDelivery)
- Online and Printable Insurance Information

Industry Tools

- Independent Dispute Resolution
- Physician Tiering Program Reporting
- Rural Medical Access Program
- Online Company Data Reporting System
- Company Licensing Forms and Information
- Producer and Business Entity Licensing Forms and Information
- Cancellation/Nonrenewal Hearing Notices
- E-news Subscriber System (GovDelivery)
- Domestic Insurance Company Annual Statements