

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Maine Filings Made During the Year 2017

| (1) Checklist | (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 ½" x 14") | 2 | EO | xxx | 3/1 | NAIC | I |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E27) | 1 | EO | xxx | 3/1 | NAIC | I |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | 1 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | I |
| | 3 | Protected Cell Annual Statement | 1 | 0 | xxx | 3/1 | NAIC | I |
| | 4 | Combined Annual Statement (8 ½" x 14") | 2 | EO | xxx | 5/1 | NAIC | I |
| II. NAIC SUPPLEMENTS | | | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | 1 | EO | xxx | 4/1 | NAIC | |
| | 12 | Actuarial Opinion | 1 | EO | xxx | 3/1 | Company | |
| | 13 | Actuarial Opinion Summary | 1 | N/A | xxx | 3/15 | Company | |
| | 14 | Bail Bond Supplement | 1 | EO | xxx | 3/1 | NAIC | |
| | 15 | Combined Insurance Expense Exhibit | 1 | EO | xxx | 5/1 | NAIC | |
| | 16 | Credit Insurance Experience Exhibit | 1 | EO | xxx | 4/1 | NAIC | |
| | 17 | Cybersecurity and Identity Theft Insurance Coverage Supplement | 1 | EO | xxx | 4/1 | NAIC | |
| | 18 | Director and Officer Insurance Coverage Supplement | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 19 | Financial Guaranty Insurance Exhibit | 1 | EO | xxx | 3/1 | NAIC | |
| | 20 | Insurance Expense Exhibit | 1 | EO | xxx | 4/1 | NAIC | |
| | 21 | Long-Term Care Experience Reporting Forms | 1 | EO | xxx | 4/1 | NAIC | |
| | 22 | Management Discussion & Analysis | 1 | EO | xxx | 4/1 | Company | |
| | 23 | Medicare Part D Coverage Supplement | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 24 | Medicare Supplement Insurance Experience Exhibit | 1 | EO | xxx | 3/1 | NAIC | |
| | 25 | Premiums Attributed to Protected Cells Exhibit | 1 | EO | xxx | 3/1 | NAIC | |
| | 26 | Reinsurance Summary Supplemental | 1 | EO | xxx | 3/1 | NAIC | |
| | 27 | Reinsurance Attestation Supplement | 1 | EO | xxx | 3/1 | Company | |
| | 28 | Exceptions to Reinsurance Attestation Supplement | 1 | N/A | xxx | 3/1 | Company | |
| | 29 | Risk-Based Capital Report | 1 | EO | xxx | 3/1 | NAIC | |
| | 30 | Schedule SIS | 1 | N/A | N/A | 3/1 | NAIC | |
| | 31 | Supplement A to Schedule T | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 32 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | |
| | 33 | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | 1 | EO | xxx | 4/1 | NAIC | |
| | 34 | Supplemental Health Care Exhibit's Allocation Report Supplement | 1 | EO | xxx | 4/1 | NAIC | |
| | 35 | Supplemental Investment Risk Interrogatories | 1 | EO | xxx | 4/1 | NAIC | |
| | 36 | Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts | 1 | EO | xxx | 3/1 | NAIC | |
| | 37 | Trusteed Surplus Statement | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| III. ELECTRONIC FILING REQUIREMENTS | | | | | | | | |
| | 61 | Annual Statement Electronic Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 62 | March .PDF Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 63 | Risk-Based Capital Electronic Filing | xxx | EO | N/A | 3/1 | NAIC | |
| | 64 | Risk-Based Capital .PDF Filing | xxx | EO | N/A | 3/1 | NAIC | |
| | 65 | Combined Annual Statement Electronic Filing | xxx | EO | xxx | 5/1 | NAIC | |
| | 66 | Combined Annual Statement .PDF Filing | xxx | EO | xxx | 5/1 | NAIC | |
| | 67 | Supplemental Electronic Filing | xxx | EO | xxx | 4/1 | NAIC | |
| | 68 | Supplemental .PDF Filing | xxx | EO | xxx | 4/1 | NAIC | |
| | 69 | Quarterly Statement Electronic Filing | xxx | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 70 | Quarterly .PDF Filing | xxx | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |

| (1) Checklist | (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 | | | |
| | 71 | June .PDF Filing | xxx | EO | xxx | 6/1 | NAIC | |
| | | IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | |
| | 81 | Accountants Letter of Qualifications | 1 | EO | N/A | 6/1 | Company | |
| | 82 | Audited Financial Reports | 1 | EO | N/A | 6/1 | Company | |
| | 83 | Audited Financial Reports Exemption Affidavit | 1 | N/A | N/A | | Company | |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | 1 | EO | N/A | 8/1 | Company | |
| | 85 | Independent CPA (change) | 1 | N/A | N/A | | Company | |
| | 86 | Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | 8/1 | Company | |
| | 87 | Notification of Adverse Financial Condition | 1 | N/A | N/A | | Company | |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | N/A | 3/1 | Company | |
| | 89 | Relief from the one-year cooling off period for independent CPA | 1 | EO | N/A | 3/1 | Company | |
| | 90 | Relief from the Requirements for Audit Committees | 1 | EO | N/A | 3/1 | Company | |
| | 91 | Request to File Consolidated Audited Annual Statements | 1 | N/A | N/A | | Company | |
| | 92 | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | | Company | |
| | | V. STATE REQUIRED FILINGS*** | | | | | | |
| | 101 | Annual Report Supplement | 1 | 0 | 1 | 3/1 | State | P |
| | 102 | Carrier Reporting Form | 1 | 0 | 1 | 2/1 | State | P |
| | 103 | Certificate of Compliance | 1 | 0 | xxx | 3/1 | State | |
| | 104 | Certificate of Deposit | 1 | 0 | xxx | 3/1 | State | P |
| | 105 | Consumer Complaint Contact Update | 1 | 0 | 1 | 3/1 | State | P |
| | 106 | Exam Assessment Fee | 1 | 0 | xxx | 3/1 | State | C, D |
| | 107 | Filings Checklist (with Column 1 completed) | 1 | 0 | xxx | 3/1 | State | |
| | 108 | Form B-Holding Company Registration Statement | 1 | 0 | xxx | 5/1 | Company | H, J |
| | 109 | Form F-Enterprise Risk Report *** | 1 | 0 | xxx | 5/1 | Company | |
| | 110 | Health Insurance Annual Data Report | 1 | 0 | 1 | 4/30 | State | P |
| | 111 | Liquor Liability Report | 1 | 0 | 1 | 3/1 | State | P |
| | 112 | Maine Fraud and Abuse Report | 1 | 0 | 1 | 3/1 | State | P |
| | 113 | Managing General Agent Report | 1 | 0 | 1 | 3/1 | Company | P |
| | 114 | Mandated Benefit Experience Report (Bulletin 292) | 1 | 0 | 1 | 4/30 | State | P |
| | 115 | ORSA **** | 1 | 0 | xxx | | Company | |
| | 116 | Premium Tax | 1 | 0 | 1 | 3/15 | State | E |
| | 117 | State Filing Fees | 1 | 0 | 1 | 8/10 | State | C, P |
| | 118 | Signed Jurat | 1 | 0 | xxx | 3/1, 5/15 8/15, 11/15 | NAIC | |
| | 119 | State of Maine Page | 1 | 0 | xxx | 3/1 | Company | |
| | 120 | Supplemental Health Insurance Report (Bulletin 286-A) | 1 | 0 | 1 | 4/1 | State | P |
| | 121 | Tick Borne Disease Report | 1 | 0 | 1 | 2/1 | State | P |
| | 122 | Worker's Compensation Aggregate Benefits Paid Report | 1 | 0 | 1 | 3/1 | State | P |

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. 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.

***For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

****For those states that have adopted the NAIC updated Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. Consistent with the Form B filing requirements, the ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

| | | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | |
|--|---|--|--|
| | A | Required Filings Contact Person: | |
| | B | Mailing Address: | |
| | C | Mailing Address for Filing Fees: | |
| | D | Contact Information for Exam Fees: | |
| | E | Mailing Address for Premium Tax Payments: | |
| | F | Delivery Instructions: | |
| | G | Late Filings: | |
| | H | Original Signatures: | |
| | I | Signature/Notarization/Certification: | |
| | J | Amended Filings: | |
| | K | Exceptions from normal filings: | |
| | L | Bar Codes (State or NAIC): | |
| | M | Signed Jurat: | |
| | N | NONE Filings: | |
| | O | Filings new, discontinued or modified materially since last year: | |
| | P | Required by the State of Maine Should be filed separately from the annual statement | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**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 be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM 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 investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

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

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The *Risk-Based Capital.PDF Filing* is the .pdf file for risk-based capital data.

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 supplemental schedules and exhibits due April 1.

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

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

The *Combined Annual Statement Electronic Filing* includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The *Combined Annual Statement.PDF Filing* is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

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 (EX) 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 (EX) 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. 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.

Revised 10/25/16