

RMAP Quarterly Report

Insurer: _____

Submitted by: _____

Program Year July 1, _____ to June 30, _____

Title: _____

Quarter ending: _____

Phone #: _____

Quarter ending:	30-Sep	31-Dec	31-Mar	30-Jun	YTD
Assessments collected					0
Plus: Interest Earned					0
Less: Disbursements					0
Net Balance	0	0	0	0	0
Horizontal cross check Should = YTD Total directly above it					0

THINGS TO REMEMBER:

For each quarter, report only the assessments and payments collected in that quarter. The cumulative collections and payments will be reported in the Year-to-Date (YTD) column.

If the insurer is holding a balance in more than one Program Year, please submit one of these reports for for each year it is holding funds. Once all funds in the year have been distributed or transferred and the YTD balance for the year is 0, a report is no longer required for that year.

For an electronic copy of this spreadsheet example, please email a request to jane.g.lathrop@maine.gov