

A M.R.S.A §154 (3) (B-1).

MAINE WORKERS' COMPENSATION BOARD **WORKERS' COMPENSATION QUARTERLY REPORT - FY2021**

For the Second Quarter ending December 31, 2020

Insurance Company or Association:

(This report covers the period 10-01-2020 through 12-31-2020)

J	Insurer Address:			Telephone Number:			
				Fax Number:	<u> </u>		
I	Date Submitted:		E-Mail Address:				
F	REPORT IS NOW AVAILABLE AS A F	ILLABLE FOR	M AT http://wy	ww.maine.gov/	wcb/Departme	nts/businessse	ervices/index.h
		FY 2016 - AUDITS (7-1-15 / 6-30-16) 2.49%	FY 2017 - AUDITS (7-1-16 / 6-30-17) 2.46%	FY 2018 - AUDITS (7-1-17 / 6-30-18) 2.75%	FY 2019-AUDITS (7-1-18 / 6-30-19) 2.77%	FY 2020 (7-1-19/6-30-20) 2.76%	FY 2021* (7-1-20/6-30-21) 2.63%
1.	Gross Employers' Premium Base: (Gross Payroll x manual rate x experience modification factor)						
2.	Less Credits for \$1,000 and \$5,000 indemnity deductible(s) and in other reasonable amounts: (Pursuant to Title 24-A, Sections 2385 & 2385-A)						
3.	Less Credits for \$250 and \$500 medical deductible(s) per occurrence: (Pursuant to Title 24-A, Sections 2385 & 2385-A)						
4.	Total Deductions (Total Lines 2 and 3):						
5.	Net Assessment Base (Line 1 minus Line 4):						
6.	Sub-Total Amount Due (Line 5 times %):						
	Total Amount Due (Total of all amounts payable this Quarter in line 6) *						

Contact Person:

NOTE: For policies written using retrospective rating and large deductibles, the premium base must be calculated in accordance with the above regardless of the actual retrospective premium calculation.

additional premiums collected as a result of audits for prior years must be multiplied by the appropriate rate and any payment due must be submitted with this report. See 39-

PLEASE MAKE CHECKS PAYABLE TO TREASURER, STATE OF MAINE

Mail Address: 27 State House Station, Augusta, Maine 04333-0027 / Physical Address: 442 Civic Center Dr, Ste 100, Augusta ME 04330 Telephone (207) 287-7084 / TTY Maine Relay 711 / Fax (207) 287-7198 / e-mail/Jan.Adams@Maine.gov