



STATE OF MAINE Bureau of Insurance

34 State House Station
Augusta, ME 04333-0034

HMO Application Checklist Form H-2 Part A Page 1 of 2

Company Name _____

NAIC # _____

The items listed below in this Part A of the checklist H-2 are required to be submitted by all HMO applicants.
This checklist is intended to help guide applicants with assembling a complete Certificate of Authority application. Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting the application for review. This completed checklist should be attached to the top of the application.

Regulator Use Only

- | | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | 1. Application - Form H-1
Originally executed with corporate seal | <input type="checkbox"/> |
| <input type="checkbox"/> | 2. Application Filing Fee
\$500.00 per §4220; check payable to: <i>Treasurer, State of Maine</i> | <input type="checkbox"/> |
| <input type="checkbox"/> | 3. Certificate of Compliance completed by domiciliary regulator | <input type="checkbox"/> |
| <input type="checkbox"/> | 4. Certificate of Deposit completed by domiciliary state department | <input type="checkbox"/> |
| <input type="checkbox"/> | 5. Copy of Organizational Document(s) , i.e. Articles of Incorporation, Articles of Association, etc., if any | <input type="checkbox"/> |
| <input type="checkbox"/> | 6. Copy of Bylaws - or similar document | <input type="checkbox"/> |
| <input type="checkbox"/> | 7. Fidelity Coverage – submit evidence of acceptable fidelity insurance or bond, pursuant to §4204 (2-A) (H). | <input type="checkbox"/> |
| <input type="checkbox"/> | 8. Insolvency Plan – submit a description of procedures to be implemented to meet protection against insolvency requirements, pursuant to §4203 (3) (R). | <input type="checkbox"/> |
| <input type="checkbox"/> | 9. Business Plan Narrative – To include:
Description of the HMO, its health care services, facilities and personnel;
Description of the geographic area(s) to be served | <input type="checkbox"/> |
| <input type="checkbox"/> | 10. Statutory Annual Statement – for the most recent year-end | <input type="checkbox"/> |
| <input type="checkbox"/> | 11. Statutory Quarterly Statements – in current year, if available | <input type="checkbox"/> |
| <input type="checkbox"/> | 12. Report of Examination – most recent available completed by domiciliary regulator | <input type="checkbox"/> |
| <input type="checkbox"/> | 13. Independent CPA Audit Report | <input type="checkbox"/> |



STATE OF MAINE Bureau of Insurance

34 State House Station
Augusta, ME 04333-0034

HMO Application Checklist

Form H-2 Part A Page 2 of 2

Company Name _____

NAIC # _____

- 14. Financial Projections and Feasibility Plan** – To Include:
- Detailed enrollment projections
 - Projection of balance sheets, income statements and cash flow statements for 3 years
 - Statement of sources of working capital and any other sources of funding
 - Methodology of rates to be charged in first year of operations (if applicable) certified by an actuary
- 15. Service of Process** – Executed UCAA Form 12 at
- <https://content.naic.org/sites/default/files/industry-ucaa-form-12-uniform-consent-service-process.pdf>
- *Agent must be Resident to Maine*
- 16. Biographical Affidavits** for Officers & Directors on Jurat Page
- (signed **within 6 months** of application) (use UCAA Form 11 at <https://content.naic.org/sites/default/files/ucaa-industry-naic-biographical-affidavit.pdf>)
- 17. Independent Third Party Reviews** of biographical affidavits
- (use approved vendor from UCAA list <https://content.naic.org/industry-ucaa-third-party>)
- Ordered through Vendor: _____
- 18. Domestic Insurance Department Analyst** – contact information:
- Name: _____
- Email: _____
- Phone: _____