Notes and Instructions:

| Α | A Required Filings Contact Person: Annual & Quarterly Statements: | | | | |
|--|---|--|---|---|--|
| 11 | required I mings Condet I crson. | Foreign Companies: Audrey Wade 207-624-8406 audrey.l.wade@maine.gov | | | |
| | | Domestic Companies: Vanessa J. Sullivan 207-624-8452 <u>Vanessa J. Sullivan@maine.gov</u> | | | |
| В | Mailing Address: | Regular Mail: | USPS Express overnight deliveries | Deliveries such as FedEx and UPS | |
| | Maning Fladress. | Maine Bureau of Insurance | Maine Bureau of Insurance | Maine Bureau of Insurance | |
| | | Financial Analysis Division | Financial Analysis Division | Financial Analysis Division | |
| | | 34 State House Station | 34 State House Station | 76 Northern Ave. | |
| | | Augusta, ME 04333-0034 | Augusta, ME 04333-0034 | Gardiner, ME 04345 | |
| С | Mailing Address for Filing Fees: | Annual Statement filing fees will be billed in early June of each year. DO NOT send fees at this time. | | | |
| | | If the domestic company has elected to pay examination assessment fees based on Title 24-A, M.R.S.A., § 228 (3), please include your payment with the filing of your annual statement. See "O" for exam fee contact. | | | |
| | | | | | |
| D | Mailing Address & Contact for | If enclosing a check, make check payable to Treasurer, State of Maine and MAIL WITH RETURN TO: Maine Revenue Services, PO Box 1065, Augusta, ME 04332-1065. | | | |
| | Premium Tax Payments, Questions | | | | |
| | & Forms: | | | | |
| | | If NOT enclosing a check, MAIL RETURN TO: Maine Revenue Services, PO Box 1064, Augusta, ME 04332-1064. | | | |
| | | | | | |
| | | Courier Service Delivery: Maine Revenue Services, 51 Commerce Drive, Augusta, ME 04332 | | | |
| | | | | | |
| | | Phone: 207-624-9753 e-mail: corporate.tax@maine.gov or Carlotta Larrabee 207-626-8538. | | | |
| | | http://www.maine.gov/revenue/incomeestate/insurance_premium/insurance_premium.htm. | | | |
| | | | | | |
| | Electronic Filing Option: | Electronic Filing Option: Use the Maine Tax Portal to manage the Maine insurance premiums tax account, file tax | | | |
| | | returns, and pay estimated tax payments electronically at: https://revenue.maine.gov/_/. | | | |
| Е | Delivery Instructions: | All filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, then | | | |
| | | the deadline is extended to the next business day. | | | |
| F | Late Filings: | Foreign companies must supply a written copy of any exemption or extension received by its state of domicile at least | | | |
| | | | receive such from Maine. Domestic com | ive such from Maine. Domestic companies should apply at least 30 days | |
| | | prior to the due date. | | | |
| G | Original Signatures: | Original signatures required on <u>all filings</u> from <u>Domestic Companies</u> . Foreign companies should follow the instructions in the NAIC Annual Statement instructions. | | | |
| | | | | | |
| Н | Signature/Notarization/Certification: | The following officers are required to sign the annual statement: CEO, President, & Treasurer for domestic companies. | | | |
| I | I Amended Filings: The following items must be filed within 10 days of their amendment, along with an explanation of | | | | |
| | | *Bylaws (certified) \$25.00 filing fee, *Articles \$25.00 filing fee, *Biographical Affidavits (domestics only) Domestic Form B Statements are Due 5/1. Form B Holding Company Registration Statement amendments are due on | | | |
| | | | | | |
| | | the 15th of the month following the change. | | | |
| | | CHECK PAYABLE TO TREASURER STATE OF MAINE | | | |
| | | *As changes occur. Maine is a Retaliatory State. If the foreign domestic state charges a fee, the greater amount is | | | |
| | | required. | | | |
| J | Exceptions from normal filings: • Foreign companies must supply a written copy of any exemption or extension received by its state | | | on received by its state of domicile at least | |
| | p | 10 days prior to the filing due date to receive such from Maine. Domestic companies should apply at least 30 | | | |
| | | prior to the due date. | | ompanies should apply at least 50 days | |
| | | * | aguined to file on Amouel Statement at the | manual of the Commission dant of | |
| | | Foreign or alien insurers are only required to file an Annual Statement at the request of the Superintendent of Insurance. | | | |
| K | Bar Codes (State or NAIC) | Not Used | | | |
| L | Signed Jurat | | for foreign or alien insurers. They are re- | quired for domestic insurers | |
| M | | | listed in the annual statement interrogate | | |
| 141 | 11011D I IIIIIgs. | | | | |
| N | response in the supplemental exhibits & schedules interrogatories is a "NONE" report. N Filings new, discontinued, modified since last year: From the NAIC (highlighted on checklists): | | | p* | |
| '` | | | | | |
| Additions and changes to checklists: | | | | | |
| | | Health, Life, Property/Casualty | | | |
| Market Conduct Annual Statement Premium Exhibit for Year Property/Casualty Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit | | | Premium Exhibit for Year | | |
| | | | | | |
| | | | | | |
| | | | he Exhibit of Premiums and Losses | | |
| | |] | <u>.</u> | | |
| | | Discontinued filings: | | | |
| | | Health, Life, Property/Casualty | | | |
| | | Supplemental Health Care Exhibit' | s Allocation Report | | |
| | | | | | |
| | | | In addition, please see "N" for "Required by the State of Maine" filings that are new, discontinued, or modified. | | |
| О | Contact Information for Exam Fees: | | s to the exam fees, please contact Vaness | a J. Sullivan 207-624-8452 or email | |
| | | Vanessa.J.Sullivan@maine.gov | | | |
| Ш | | | | | |

Required by the State of Maine

Should be filed separately from the annual statement:

- Advertising Certification required under Maine Rule 140 §11(B): Heather Greenleaf at 207-624-8413, submit electronically to heather.p.greenleaf@maine.gov Applies ONLY to companies writing health insurance that also disseminates advertisements for health insurance during the preceding statement year. Due Date is March 1st. http://www.maine.gov/sos/cec/rules/02/031/031c140.doc
- Annual Report Supplement (Rule 945): Keith Fougere at 207-624-8432 or by e-mail at Keith.A.Fougere@maine.gov. Applies to all health insurers, HMOs and to insurers writing major medical insurance and employee benefit excess (stop-loss) insurance in Maine as defined in 24-A M.R.S.A. § 707(1)(C-1) with respect to health benefit plans. Reporting requirements do not apply to the types of health insurance identified as an exception to the definition of health insurance in 24 A M.R.S.A. § 704(2). Companies with no written health premium should fill in only the company and contact information at the top of the form and then submit the report. Due Date is March 1st.

Rule 945 Report Form and Instructions: https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements Scroll down to 945 (Maine Annual Report Supplement)

- Carrier Credentialing Extension Application: Trish Nadeau, Trish.A.Nadeau@Maine.Gov or 207-624-8416 24-A MRSA §4303, sub-§2, ¶D, Public Law 2022 Chapter 603, effective August 8, 2022, requires that a carrier which is unable to make a provider credentialing decision within 60 days of receiving a completed application must apply to the Maine Bureau of Insurance, prior to the end of the 60-day period, to request an extension. Information, instructions and forms at: https://www.maine.gov/pfr/insurance/licensees/insurance-companies/credentialing
- ➤ Carrier Reporting Form (24-A M.R.S. § 4302(4)): Keith Fougere, 207-624-8432 or by email at Keith.A.Fougere@maine.gov, Applies to all insurance companies having active Health insurance authority in Maine. Due Date is February 1st.

Carrier Report Form and Instructions: https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements. Scroll down to Carrier Report.

- Certificates of Deposit: To request a Certificate of Deposit from Maine please contact the State Treasurers office at www.maine.gov/treasurer. Not required from Foreign Companies, and as of 1/1/2019, not required for Domestic Companies. The Certificate of Deposit is contained within Schedule E, Part 3—Special Deposits. This does not affect filings required through the UCAA.
- Comparable Health Care Service Incentive Program (24-A M.R.S. §4318-A): Pamela Stutch, 207-624-8458, or by e-mail at pamela.stutch@maine.gov. Applies to all carriers offering a small group health plan compatible with a health savings account. Information to provide: the use of incentives, the incentives earned by enrollees and the cumulative effect of the programs pursuant to 24-A M.R.S. §4318-A(6). Notices are sent to companies responsible for filing. Due Date is March 1st.

Report Form and Instructions: https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements. Scroll down to Comparable Health Care Service Incentive Program Report.

Consumer Complaint Contact Update: Applies to all Property/Casualty, Life, Accident, Health, Annuity and Credit Insurers. Property/Casualty -submit annually; all others, submit only if the information has changed since your last submission.

For Life/Accident/Health/Annuity/Credit Insurance, contact Heather Greenleaf at 207-624-8413 or by email at $\frac{1}{100} \frac{1}{100} \frac{1}{1$

For Property/Casualty Insurers, contact Henry Wanat at 207-624-8489 or by email at Henry.wanat@maine.gov.

 $\label{lem:contact-gov} Form: \ http://www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/complaint-contact-update.pdf$

▶ Dental Loss Ratios Reporting - 24-A M.R.S. § 4319-B (6): Contact Joshua Winters, 207-624-8410 or by email at Joshua.D.Winters@maine.gov. Applies to all insurance companies offering a dental plan in effect during the preceding calendar year. Due Date is July 31st. For the first reporting year, three reports are required (calendar years 2020-2022).

Dental Loss Ratios Forms and Instructions are located at:

https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements. Scroll down to Dental Loss Ratios.

- Downstream Risk Arrangement Disclosure required {24-A M.R.S. §4336(2)}: Contact Vanessa J. Sullivan, 207-624-8452, or by email at Vanessa.J.sullivan@maine.gov Applies to Health Plans.
- Employee Benefit Excess Insurance (Rule 135): Sherry Worth, 207-624-8476 or by e-mail at Sherry. Worth@maine.gov. Applies to insurers that issued or renewed an employee benefit excess insurance policy in Maine at any time during a calendar year. Any company having written premium for Group Stop Loss Coverage on the Maine 286-A report is required to file this data report. Due Date is April 1st. Insurers shall identify any information considered to be a trade secret or otherwise protected from disclosure as a public record. Email completed reports to Barbra.L.Garboski@maine.gov

 Do not encrypt/secure Email

Report Form and Instructions:

https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements Scroll down to Employee Benefit Excess Insurance.

In addition, Employee Benefit Excess/Stop Loss Actuarial Certification filings must be submitted via SERFF with TOI H12 – Excess/Stop Loss and a Filing Type of "Annual Certification." Due date is April 1st.

➤ Health Insurance Annual Data Report (Rule 940): Keith Fougere at (207)-624-8432 or by e-mail at Keith.A.Fougere@maine.gov. Applies to companies having active authority to write Health insurance in Maine with individual or small group health plans. Companies with no written health premium should fill in only the company and contact information at the top of the form and then submit the report. Due Date is April 30th. Companies with no written small group or individual Medical Insurance premium should fill in only the company information and the contact information at the top and submit the report.

Rule 940 Report Form and Instructions: https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements. Scroll down to 940 (Health Insurance Annual Data Report)

➤ Health Report Card Survey (24-A M.R.S. §4318-A): Violet M. Hyatt, 207-624-8459, or by email at Violet.M.Hyatt@maine.gov Applies to all companies with Maine enrollees in health insurance at any point during the previous year. Due Date is March 1st.

Health Report Card Survey Form: https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements. Scroll to Health Report Card Survey

Health Plans Providing Prescription Drug Benefits Report (24-A M.R.S. § 4350-A(2)): Contact Pamela Stutch, 207-624-8458 or by email at Pamela.Stutch@maine.gov. Applies only to carriers that issue Health Plans with prescription drug benefits. Due date March 1st.

Report Form and Instructions:

https://www.maine.gov/pfr/insurance/themes/insurance/pdf/data_reporting/excel/health-plans-providing-prescription-drug-benefits-report.xlsx

https://www.maine.gov/pfr/insurance/themes/insurance/pdf/data_reporting/pdf/health-plans-providing-prescription-drug-benefits-instructions.pdf

Implementation of federal mental health parity laws (24-A, M.R.S. § 4320-T)(4): Contact Connie Mayette, 207-624-8474 or by email connie.m.mayette@maine.gov. All carriers offering health plans in Maine that provide health coverage for mental health and substance use disorder services pursuant to Title 24-A sections 2749-C, 2842, 2843, 4234-A and 4320-D and Title 24, sections 2325-A and 2329 must complete this form. Due Date April 30th

NQTL Report Form, Instructions and Guidance Document:

https://www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/maine-nqtl-carrier-guidance.pdf

Independent Dispute Resolution and Out-of-Network Bills Report (24-A M.R.S. § 4303-E(4)). Contact Pamela Stutch at 207-624-8458 or by email at pamela.stutch@maine.gov. Applies only to health carriers with more than 1,000 Maine covered lives as reported in reports required by Rules 940 and 945. Due Date is February 1st annually.

Report form and instructions: https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements_Scroll down to Independent Dispute Resolutions and Out-of-Network Bills. The report form and instructions will be available by November 15.

Carriers must provide:

- 1) The number of network specialists in Maine in the following specialty areas: obstetrics/gynecology, cardiology, dermatology, ophthalmology, orthopedic surgery, and gastroenterology,
- 2) The number of in-network facilities in Maine, defined as any public or private hospital, clinic, center, medical school, medical training institution, health care facility, physician's office, infirmary, dispensary, ambulatory surgical center, or other institution or location where medical or mental health care is provided to any person;
- 3) The number of claims denied and the reason for the denial; and
- 4) The number of claims downcoded and the reason for the downcoding.
- Life Insurance Illustration Certifications required under Maine Rule 910 (11): Heather Greenleaf at 207-624-8413 or by email at heather.p.greenleaf@maine.gov

This applies to all group and individual life insurance policies and certificates, except variable life; individual and group annuity contracts; credit life insurance; or life insurance policies with no illustrated death benefits on any individual exceeding \$10,000. http://www.maine.gov/sos/cec/rules/02/031/031c910.doc

The annual certifications shall be provided to the Superintendent each year by a date determined by the insurer.

<u>Liquor Liability Report:</u> Barbra Garboski, 207-624-8440 or by email at <u>Barbra.L.Garboski@maine.gov</u>.
 <u>Applies to all Property and Casualty companies. Due Date March 1st</u>.
 <u>Liquor Liability Report Form and Instructions: https://www.maine.gov/pfr/insurance/licensees/insurance-licensees/</u>

companies/insurers/data-reporting-requirements. Scroll down to Liquor Liability.

Long-Term Care Experience Update Reports for Post-Stability Policies Under Rule 425: Sherry Worth at 207-624-8476 or by e-mail at sherry.worth@maine.gov Reports are to be filed in SERFF with the TOI "LTC06 – Long Term Care – Other" under the Filing Type "LTC Experience Reports."

For each rate increase that is implemented, annually for the next 3 years after the date of implementation, the insurer shall file with the superintendent a request for approval of updated projections, as defined in Section 20(B)(3)(a). The annual filing shall include a comparison of actual results to projected values. The superintendent may extend the period to more than three years if actual results are not consistent with values

from earlier projections. For group policies that satisfy the conditions in Section 20(K), the insurer shall transmit the projections required in this paragraph to the policyholder in lieu of filing with the superintendent.

Long-Term Care Report required under Maine Rule 425: Pamela Stutch at 207-624-8458 or by e-mail at Pamela.Stutch@maine.gov Applies to all individual and group long-term care insurance policies, and to long-term care insurance group certificates. The reporting applies to any such instrument delivered or issued for delivery in this state on and after 7/1/2004. Companies having active Health authority in Maine will receive notice to complete the report. Companies with no in-force policies must complete the company and contact information and indicate they had no policies in-force. The data reports only are then sent to Barbra.L.Garboski@maine.gov. Due Date is June 30th.

Long-Term Care Report Form and Instructions: https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements. Scroll down to Long-Term Care Insurance Reporting (Rule 425).

Long Term Care Rescission Reporting: Null rescission reports are <u>not</u> required. Please only submit actual rescissions directly to: Pamela.Stutch@maine.gov

Long Term Care Suitability Reporting – There is <u>no</u> annual requirement for this report. However, pursuant to Rule 425, Section 23, a personal worksheet used by the issuer shall contain, at a minimum, the information in the format contained in Appendix B in not less than 12-point type and a copy of the issuer's personal worksheet format shall be filed with the superintendent for informational purposes via SERFF.

All Long-Term Care rescission and/or suitability reporting submitted via SERFF will be rejected

Maine Fraud and Abuse Annual Report {24-A M.R.S.A. § 2186(4)}: For questions related to completing this report - Connie Mayette, 207-624-8474 or by email at Connie.M.Mayette@maine.gov; to submit the report or for questions regarding submitting this report - Barbra Garboski, 207-624-8440 or by email at Barbra.L.Garboski@maine.gov. All active insurance companies in Maine at any time during the prior calendar year must complete the form. Due Date is March 1st.

Fraud & Abuse Report Form and Instructions: https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements. Scroll down to Fraud and Abuse Annual Report.

Maine Insurance Data Security Act Annual Certification {24-A M.R.S. Chapter 24-B}: Contact Stacy Bergendahl, 207-624-8537, or by email at CyberSecurity.BOI@maine.gov Applies to domestic insurers {as defined at 24-A M.R.S. \$2264(9) and \$2204(14)}; licensees subject to and in compliance with HIPAA and HITECH {24-A M.R.S. \$2269(2)(A)}; and insurance producer business entity licensees owned by a depository institution and in compliance with 15 U.S.C. \$\$ 6801 and 6805{24-A M.R.S. \$2269(2)(B)}. Due Date is April 15th

Form and Instructions: https://www.maine.gov/pfr/insurance/licensees/cybersecurity-event-reporting

Managing General Agent Report: Jeff Kinney, 207-624-8443 or by email to jeff.kinney@maine.gov Applies to only those companies utilizing an MGA.

Managing General Agent Reporting Form: https://www.maine.gov/pfr/insurance/licensees/other-regulated-entities/managing-general-agents

- Mandated Benefit Experience Report: Barbara Garboski, 207-624-8440 or by email at Barbara.L.Garboski@maine.gov. All insurance companies having active Health insurance authority in Maine at any time during the prior calendar year must complete the form. Due Date is April 30th.
 Mandated Benefits Report Form and Instructions: https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements.
 Scroll down to Mandated Benefits.
- Medical Loss Ratio Reporting and Rebates {24-A M.R.S.A. \$4319 and Rule 940, Sec 13}: Contact Marti Hooper, 207-624-8449 or by email at Mary.M.Hooper@maine.gov All health carriers in the large group, small group, and individual markets to the extent required by the federal Affordable Care Act. All reporting forms relating to MLR and rebates under the ACA that are required to be filed with the U.S. Department of Health and Human Services must be submitted to the Superintendent on or before the earlier of the date the forms are filed with the U.S. DHHS under the ACA. http://www.maine.gov/sos/cec/rules/02/031/031c940.docx
- Physician Performance Measurement, Reporting, and Tiering Programs Registration Form Title 24-A MRSA §2694-A requires each insurer implementing or utilizing a physician performance measurement, reporting or tiering program to annually provide to the Superintendent a statement of the criteria, standards, practices, and procedures governing such a program. Please complete the following form by October 1 of the current year. Applicants may be asked to provide such other information as the Bureau of Insurance may reasonably request.

If you have questions about completing the form, please contact Violet Hyatt at 207-624-8459 or by email at Violet.M.Hyatt@maine.gov

Physician Performance Measurement, Reporting, and Tiering Programs Registration Form and Instructions:

http://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/physician-tiering-reporting

Preferred Provider Arrangement Annual Registration: Due March 1 annually – Online at: https://licensing.web.maine.gov/cgi-bin/online/licensing/begin.pl?board_number=1040. Applies to all PPOs with approved Maine PPA registrations in effect for at least six months as of March 1st.

Preferred Provider Arrangement Annual Registration Information:

 $\underline{\text{http://www.maine.gov/pfr/insurance/licensees/other-regulated-entities/preferred-provider-arrangements}. \ \textbf{Scroll} \ \textbf{to ALMSOnline.}$

If you have questions, please contact Violet M. Hyatt 207-624-8459, or by email at violet.m.hyatt@maine.gov

- Reasonableness of Assumptions Certification
- Reasonableness & Consistency of Assumptions Certification

Any questions for the above two assumption certifications, contact Vanessa J. Sullivan at 207-624-8452 or by email at Vanessa.J.Sullivan@maine.gov

Applies only to <u>domestic</u> Life Companies Actuarial certifications required for equity indexed annuities as found in Actuarial Guideline XXXV, Appendix C of the Accounting Practices and Procedures Manual

- Reasonableness of Assumptions Certifications for Implied Guaranteed Rate Method
- Reasonableness & Consistency of Assumptions Certification (Updated Average Market Value)
- Reasonableness & Consistency of Assumptions Certification (Updated Market Value)
 For all of the above, contact Vanessa Sullivan at 207-624-8452 or by email at
 Vanessa.J.Sullivan@maine.gov

Applies only to <u>domestic</u> Life Companies Actuarial certifications required for equity indexed life insurance policies as found in Actuarial Guideline XXXVI Appendix C of the Accounting Practices and Procedures Manual

- > State Filing Fees: Call 207-624-8475 or send email to insurance.pfr@maine.gov Fees will be billed in early June of each year. DO NOT send fees at this time.
- Supplemental Compensation Exhibit: Vanessa J. Sullivan 207-624-8452 or by email at Vanessa J. Sullivan@maine.gov Due March 1st. Forms can be sent with the Annual Statement or separately. Applies to domestic companies only.
- Supplemental Health Insurance Report (Bulletin 286-A): Keith Fougere at 207-624-8432 or by email at Keith.A.Fougere@maine.gov. All insurance companies having active Health insurance authority in Maine at any time during the prior calendar year must complete the form. Due Date is April 1st.
 286-A Report Form & Instructions: https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements. Scroll down to 286-A (Supplemental Health Insurance Reporting Form).
- Tick Borne Disease Report {24-A M.R.S.A. § 4302(5)}: Barbra Garboski, 207-624-8440 or by email at Barbra.L.Garboski@maine.gov. All insurance companies having active Health insurance authority in Maine at any time during the prior calendar year must complete the form. Due Date is February 1st.
 Tickborne Illness Report Form and Instructions: https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements. Scroll down to Tickborne Disease Report.
- Workers Compensation Paid Benefits Report {26 M.R.S.A. § 61}: Barbra Garboski, 207-624-8440 or by email at Barbra.L.Garboski@maine.gov. All companies writing workers' compensation insurance must complete the form. Due Date is March 1st

Insurance Carrier Aggregate Benefits Paid Report Form and Instructions:

 $\frac{https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements.}{ \textbf{Scroll down to Insurance Carrier Aggregate Benefits Paid Report.}}$

As of 2/27/2024