

HEALTH ENTITIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Maine Filings Made During the Year 2012

(1) Check- list	(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 1/2"X14")	3	EO	2	3/1	NAIC	I
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	1	5/15, 8/15, 11/15	NAIC	I
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	1	EO	1	4/1	NAIC	
	11	Actuarial Opinion	1	EO	1	3/1	Company	
	12	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	1	4/1	NAIC	
	13	Health Care Exhibit's Allocation Report Supplement	1	EO	1	4/1	NAIC	
	14	Investment Risk Interrogatories	1	EO	1	4/1	NAIC	
	15	Life Supplemental Data due March 1	0	EO	0	3/1	NAIC	
	16	Life Supp Statement non-guaranteed elements –Exh 5, Int. #3	0	EO	0	3/1	Company	
	17	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	0	EO	0	3/1	Company	
	18	Life Supplemental Data due April 1	0	EO	0	4/1	NAIC	
	19	Long-term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	20	Management Discussion & Analysis	1	EO	1	4/1	Company	
	21	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	22	Medicare Part D Coverage Supplement	1	EO	1	3/1, 5/15, 8/15, 11/15	NAIC	
	23	Property/Casualty Supplement due March 1	0	EO	0	3/1	NAIC	
	24	Property/Casualty Supplement due April 1	0	EO	0	4/1	NAIC	
	25	Risk-Based Capital Report	1	EO	1	3/1	NAIC	
	26	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	27	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	P
III. ELECTRONIC FILING REQUIREMENTS								
	50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	54	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	55	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	56	Quarterly Statement Electronic Filing	xxx	1	xzx	5/15, 8/15, 11/15	NAIC	
	57	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	58	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS								
	71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	72	Audited Financial Reports	1	EO	N/A	6/1	Company	
	73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	
	74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	
	75	Independent CPA (change)	1	N/A	N/A		Company	
	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	77	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
	78	Request for Exemption to File	1	N/A	N/A		Company	
	79	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	
	80	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	
	81	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	

V. STATE REQUIRED FILINGS								
101	Advertising Certificate	1	0	1	3/1	Company	P	
102	Affidavit of Filing	0	0	0	3/1	State		
103	Annual Report Supplement (Rule 945)	1	0	1	3/1	State	P	
104	Carrier Reporting Form	1	0	1	2/1	State	P	
105	Certificate of Compliance	1	0	1	3/1	State		
106	Certificate of Deposit	1	0	1	3/1	State	P	
107	Consumer Complaint Contact Update	1	0	1	3/1	State	P	
108	Downstream Risk Arrangement Disclosure	1	0	1	4/1	Company	P	
109	Exam Assessment Fee	1	0	xxx	3/1	State	D,E	
110	Filings Checklist (with Column 1 completed)	1	0	1	3/1	State		
111	Form B holding Company Registration Statement	1	0	xxx	5/1	Company	H,J	
112	Health Insurance Annual Data Report (Rule 940)	1	0	1	4/30	State	P	
113	Health Report Card Survey	1	0	1	3/1	State	P	
114	Maine Fraud and Abuse Annual Report	1	0	1	3/1	State	P	
115	Managing General Agent Report	1	0	1	3/1	State	P	
116	Mandated Benefit Experience Report (Bulletin 292)	1	0	1	4/30	State	P	
117	Premium Tax	1	0	1	3/15	State	E	
118	See Additional HMO Requirement on our website	1	0	1	3/1	State		
119	Signed Jurat Page	1	0	xxx	3/1, 5/15, 8/15, 11/15	NAIC		
120	State Filing Fees	1	0	1	8/10	State		
121	State Page for Maine	1	0	1	3/1	Company	C,E	
122	State Specific Enrollment Data for Maine-HMO only	1	0	1	3/1	NAIC		
123	Supplemental Health Insurance Report (Bulletin 286A)	1	0	1	4/1	State	P	
124	Tick Borne Disease Report	1	0	1	2/1	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.**