

LIFE, ACCIDENT AND HEALTH INSURERS

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")	2	EO	XXX	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")	1	EO	XXX	5/15, 8/15, 11/15	NAIC	I
	3	Separate Accounts Annual Statement (8 1/2"x14")	2	EO	XXX	3/1	NAIC	I
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	EO	XXX	4/1	NAIC	
	11	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	1	EO	XXX	3/1	Company	
	12	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	1	EO	XXX	3/1	Company	
	13	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	1	EO	XXX	3/1	Company	
	14	Actuarial Certification regarding use 2001 Preferred Class Table	1	EO	XXX	3/1	Company	
	15	Actuarial Opinion	1	EO	XXX	3/1	Company	
	16	Actuarial Opinion on X-Factors	1	EO	XXX	3/1	Company	
	17	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	1	EO	XXX	3/1	Company	
	18	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	XXX	3/1	Company	
	19	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	1	EO	XXX	4/1	NAIC	
	20	Analysis of Annuity Operations by Lines of Business	1	EO	XXX	4/1	NAIC	
	21	Analysis of Increase in Annuity Reserves During Year	1	EO	XXX	4/1	NAIC	
	22	Credit Insurance Experience Exhibit	1	EO	XXX	3/1	Company	
	23	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	1	EO	XXX	4/1	NAIC	
	24	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	XXX	4/1	NAIC	
	25	Health Care Exhibit's Allocation Report Supplement	1	EO	XXX	4/1	NAIC	
	26	Interest Sensitive Life Insurance Products Report	1	EO	XXX	4/1	NAIC	
	27	Investment Risk Interrogatories	1	EO	XXX	4/1	NAIC	
	28	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	1	EO	XXX	4/1	NAIC	
	29	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	1	EO	XXX	4/1	NAIC	
	30	Long-term Care Experience Reporting Forms	1	EO	XXX	4/1	Company	
	31	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	1	EO	XXX	4/1	Company	
	32	Management Discussion & Analysis	1	EO	XXX	3/1	NAIC	
	33	Medicare Supplement Insurance Experience Exhibit	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	34	Medicare Part D Coverage Supplement	1	EO	XXX	3/1,5/15, 8/15, 11/15	Company	
	35	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	XXX	3/1,5/15, 8/15, 11/15	Company	
	36	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	XXX	3/1,5/15, 8/15, 11/15	Company	
	37	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	1	EO	XXX	3/1,5/15, 8/15, 11/15	Company	
	38	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	1	EO	XXX	3/1,5/15, 8/15, 11/15	Company	
	39	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	1	EO	XXX	3/1	NAIC	
	40	Risk-Based Capital Report	1	EO	XXX	3/1	Company	
	41	RBC Certification required under C-3 Phase I	1	EO	XXX	3/1	Company	
	42	RBC Certification required under C-3 Phase II	1	N/A	N/A	3/1	NAIC	
	43	Schedule SIS	1	EO	XXX	3/1	Company	

	44	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	EO	XXX	3/1	Company	
	45	Statement on par/non-par policies – Exhibit 5 Int. 1&2	1	N/A	N/A	3/1	NAIC	
	46	Supplemental Compensation Exhibit	1	EO	XXX	3/1	NAIC	P
	47	Supplemental Schedule O	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	48	Trusted Surplus Statement	1	EO	XXX	3/1	NAIC	
	49	Workers' Compensation Carve-Out Supplement	1	EO	XXX	3/1	NAIC	
		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	Separate Accounts Electronic Filing	xxx	1	XXX	3/1	NAIC	
	55	Separate Accounts .PDF Filing	xxx	1	XXX	3/1	NAIC	
	56	Supplemental Electronic Filing	xxx	1	XXX	4/1	NAIC	
	57	Supplemental .PDF Filing	xxx	1	XXX	4/1	NAIC	
	58	Quarterly Statement Electronic Filing	xxx	1	XXX	5/15, 8/15, 11/15	NAIC	
	59	Quarterly .PDF Filing	xxx	1	XXX	5/15, 8/15, 11/15	NAIC	
	60	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	6/1	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	6/1	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	6/1	Company	
	78	Request for Exemption to File	1	N/A	N/A	3/1	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	N/A	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	XXX	3/1	State	
	106	Certificate of Deposit	1	0	XXX	3/1	State	P
	107	Certificate of Valuation	1	0	XXX	3/1	State	
	108	Consumer Complaint Contact Update	1	0	1	3/1	Company	P
	109	Exam Assessment Fee	1	0	0	3/1	State	C,D
	110	Filing Checklist (with Column 1 Completed)	1	0	XXX	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	Signed Jurat Page	1	XXX	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	119	State Filing Fees	1	0	1	8/10	State	C,P
	120	State Page for Maine	1	0	XXX	3/1	Company	
	121	Supplemental Health Insurance Report (Bulletin 286A)	1	0	1	4/1	State	P
	122	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.