

PROPERTY & CASUALTY 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 (postmarked)	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2" x 14")	2	EO	XXX	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	XXX	3/1	NAIC	I
	2	Quarterly Financial Statement (8 1/2" x 14")	1	0	XXX	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	1	EO	XXX	5/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	2	EO	XXX	3/1	NAIC	I
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	1	EO	XXX	4/1	NAIC	
	11	Actuarial Opinion	1	EO	XXX	3/1	Company	
	12	Actuarial Opinion Summary	1	N/A	XXX	3/15	Company	
	13	Bail Bond Supplement	1	EO	XXX	3/1	NAIC	
	14	Combined Insurance Expense Exhibit	1	EO	XXX	5/1	NAIC	
	15	Credit Insurance Experience Exhibit	1	EO	XXX	4/1	NAIC	
	16	Director and Officer Insurance Coverage Supplement	1	EO	XXX	5/15, 8/15, 11/15	NAIC	P
	17	Exceptions to Reinsurance Attestation Supplement	1	N/A	XXX	3/1	Company	
	18	Financial Guaranty Insurance Exhibit	1	EO	XXX	3/1	NAIC	
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	XXX	4/1	NAIC	
	20	Health Care Exhibit's Allocation Report Supplement	1	EO	XXX	4/1	NAIC	
	21	Investment Risk Interrogatories	1	EO	XXX	4/1	NAIC	
	22	Insurance Expense Exhibit	1	EO	XXX	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	1	EO	XXX	4/1	NAIC	
	24	Management Discussion & Analysis	1	EO	XXX	4/1	Company	
	25	Medicare Supplement Insurance Experience Exhibit	1	EO	XXX	3/1	NAIC	
	26	Medicare Part D Coverage Supplement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	1	EO	XXX	3/1	NAIC	
	28	Reinsurance Attestation Supplement	1	EO	XXX	3/1	Company	
	29	Reinsurance Summary Supplemental	1	EO	XXX	3/1	NAIC	
	30	Risk-Based Capital Report	1	EO	XXX	3/1	NAIC	
	31	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	32	Supplement A to Schedule T	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	33	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	P
	34	Trusted Surplus Statement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	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	Combined Annual Statement Electronic Filing	XXX	1	XXX	5/1	NAIC	
	55	Combined Annual Statement .PDF Filing	XXX	1	XXX	5/1	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		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	6/1	Company	
	78	Request for Exemption to File	1	N/A	N/A	6/1	Company	
	79	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	6/1	Company	
	80	Relief from the five-year rotation requirement for lead audit partner	1	N/A	N/A	6/1	Company	
	81	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	6/1	Company	
	82	Relief from the Requirements for Audit Committees	1	EO	N/A	6/1	Company	
		V. STATE REQUIRED FILINGS						
	101	Annual Report Supplement (Rule 945)	1	0	1	3/1	State	P
	102	Carrier Reporting Form	1	0	1	2/1	State	P
	103	Certificate of Compliance	1	0	XXX	3/1	State	
	104	Certificate of Deposit	1	0	XXX	3/1	State	P
	105	Consumer Complaint Contact Update	1	0	1	3/1	State	P
	106	Exam Assessment Fee	1	0	XXX	3/1	State	C,D
	107	Filing Checklist (with Column 1 completed)	1	0	XXX	3/1	State	
	108	Form B Holding Company Registration Statement	1	0	XXX	5/1	Company	H,J
	109	Liquor Liability Report	1	0	1	3/1	State	P
	110	Maine Fraud and Abuse Annual Report	1	0	1	3/1	State	P
	111	Managing General Agent Report	1	0	1	3/1	Company	P
	112	Mandated Benefit Experience Report (Bulletin 292)	1	0	1	4/30	State	P
	113	Premium Tax	1	0	1	3/15	State	E
	114	Signed Jurat Page	1	0	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	115	State Filing Fees	1	XXX	1	8/10	State	C,P
	116	State of Maine Page	1	0	XXX	3/1	Company	
	117	Supplemental Health Insurance Report (Bulletin 286A)	1	0	1	4/1	State	P
	118	Tick-Borne Disease Report	XXX	0	0	2/1	State	P
	119	Workers Compensation Benefits Report	1	0	1	3/1	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.