

**PROPERTY & CASUALTY INSURERS**

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF:       Maine       Filings Made During the Year 2017

| (1)<br>Checklist                           | (2)<br>Line # | (3)<br>REQUIRED FILINGS FOR THE ABOVE STATE   | (4)<br>NUMBER OF COPIES* |      |         | (5)<br>DUE DATE        | (6)<br>FORM SOURCE** | (7)<br>APPLICABLE NOTES |
|--|---------------|---|--------------------------|------|---------|------------------------|----------------------|-------------------------|
|  |               |   | Domestic                 |      | Foreign |                        |                      |                         |
|  |               |   | State                    | NAIC | State   |                        |                      |                         |
| <b>I. NAIC FINANCIAL STATEMENTS</b>        |               |   |                          |      |         |                        |                      |                         |
|  | 1             | Annual Statement (8 ½" x 14")   | 2                        | EO   | xxx     | 3/1                    | NAIC                 | I                       |
|  | 1.1           | Printed Investment Schedule detail (Pages E01-E27)  | 1                        | EO   | xxx     | 3/1                    | NAIC                 | I                       |
|  | 2             | Quarterly Financial Statement (8 ½" x 14")  | 1                        | EO   | xxx     | 5/15, 8/15, 11/15      | NAIC                 | I                       |
|  | 3             | Protected Cell Annual Statement   | 1                        | 0    | xxx     | 3/1                    | NAIC                 | I                       |
|  | 4             | Combined Annual Statement (8 ½" x 14")  | 2                        | EO   | xxx     | 5/1                    | NAIC                 | I                       |
| <b>II. NAIC SUPPLEMENTS</b>                |               |   |                          |      |         |                        |                      |                         |
|  | 11            | Accident & Health Policy Experience Exhibit   | 1                        | EO   | xxx     | 4/1                    | NAIC                 |                         |
|  | 12            | Actuarial Opinion   | 1                        | EO   | xxx     | 3/1                    | Company              |                         |
|  | 13            | Actuarial Opinion Summary   | 1                        | N/A  | xxx     | 3/15                   | Company              |                         |
|  | 14            | Bail Bond Supplement  | 1                        | EO   | xxx     | 3/1                    | NAIC                 |                         |
|  | 15            | Combined Insurance Expense Exhibit  | 1                        | EO   | xxx     | 5/1                    | NAIC                 |                         |
|  | 16            | Credit Insurance Experience Exhibit   | 1                        | EO   | xxx     | 4/1                    | NAIC                 |                         |
|  | 17            | Cybersecurity and Identity Theft Insurance Coverage Supplement  | 1                        | EO   | xxx     | 4/1                    | NAIC                 |                         |
|  | 18            | Director and Officer Insurance Coverage Supplement  | 1                        | EO   | xxx     | 3/1, 5/15, 8/15, 11/15 | NAIC                 |                         |
|  | 19            | Financial Guaranty Insurance Exhibit  | 1                        | EO   | xxx     | 3/1                    | NAIC                 |                         |
|  | 20            | Insurance Expense Exhibit   | 1                        | EO   | xxx     | 4/1                    | NAIC                 |                         |
|  | 21            | Long-Term Care Experience Reporting Forms   | 1                        | EO   | xxx     | 4/1                    | NAIC                 |                         |
|  | 22            | Management Discussion & Analysis  | 1                        | EO   | xxx     | 4/1                    | Company              |                         |
|  | 23            | Medicare Part D Coverage Supplement   | 1                        | EO   | xxx     | 3/1, 5/15, 8/15, 11/15 | NAIC                 |                         |
|  | 24            | Medicare Supplement Insurance Experience Exhibit  | 1                        | EO   | xxx     | 3/1                    | NAIC                 |                         |
|  | 25            | Premiums Attributed to Protected Cells Exhibit  | 1                        | EO   | xxx     | 3/1                    | NAIC                 |                         |
|  | 26            | Reinsurance Summary Supplemental  | 1                        | EO   | xxx     | 3/1                    | NAIC                 |                         |
|  | 27            | Reinsurance Attestation Supplement  | 1                        | EO   | xxx     | 3/1                    | Company              |                         |
|  | 28            | Exceptions to Reinsurance Attestation Supplement  | 1                        | N/A  | xxx     | 3/1                    | Company              |                         |
|  | 29            | Risk-Based Capital Report   | 1                        | EO   | xxx     | 3/1                    | NAIC                 |                         |
|  | 30            | Schedule SIS  | 1                        | N/A  | N/A     | 3/1                    | NAIC                 |                         |
|  | 31            | Supplement A to Schedule T  | 1                        | EO   | xxx     | 3/1, 5/15, 8/15, 11/15 | NAIC                 |                         |
|  | 32            | Supplemental Compensation Exhibit   | 1                        | N/A  | N/A     | 3/1                    | NAIC                 |                         |
|  | 33            | Supplemental Health Care Exhibit (Parts 1, 2 and 3)   | 1                        | EO   | xxx     | 4/1                    | NAIC                 |                         |
|  | 34            | Supplemental Health Care Exhibit's Allocation Report Supplement   | 1                        | EO   | xxx     | 4/1                    | NAIC                 |                         |
|  | 35            | Supplemental Investment Risk Interrogatories  | 1                        | EO   | xxx     | 4/1                    | NAIC                 |                         |
|  | 36            | Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts | 1                        | EO   | xxx     | 3/1                    | NAIC                 |                         |
|  | 37            | Trusteed Surplus Statement  | 1                        | EO   | xxx     | 3/1, 5/15, 8/15, 11/15 | NAIC                 |                         |
| <b>III. ELECTRONIC FILING REQUIREMENTS</b> |               |   |                          |      |         |                        |                      |                         |
|  | 61            | Annual Statement Electronic Filing  | xxx                      | EO   | xxx     | 3/1                    | NAIC                 |                         |
|  | 62            | March .PDF Filing   | xxx                      | EO   | xxx     | 3/1                    | NAIC                 |                         |
|  | 63            | Risk-Based Capital Electronic Filing  | xxx                      | EO   | N/A     | 3/1                    | NAIC                 |                         |
|  | 64            | Risk-Based Capital .PDF Filing  | xxx                      | EO   | N/A     | 3/1                    | NAIC                 |                         |
|  | 65            | Combined Annual Statement Electronic Filing   | xxx                      | EO   | xxx     | 5/1                    | NAIC                 |                         |
|  | 66            | Combined Annual Statement .PDF Filing   | xxx                      | EO   | xxx     | 5/1                    | NAIC                 |                         |
|  | 67            | Supplemental Electronic Filing  | xxx                      | EO   | xxx     | 4/1                    | NAIC                 |                         |
|  | 68            | Supplemental .PDF Filing  | xxx                      | EO   | xxx     | 4/1                    | NAIC                 |                         |
|  | 69            | Quarterly Statement Electronic Filing   | xxx                      | EO   | xxx     | 5/15, 8/15, 11/15      | NAIC                 |                         |
|  | 70            | Quarterly .PDF Filing   | xxx                      | EO   | xxx     | 5/15, 8/15, 11/15      | NAIC                 |                         |

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|                  |               |  | Domestic                 |      | Foreign |                          |                      |                         |
|                  |               |  | State                    | NAIC | State   |                          |                      |                         |
|                  | 71            | June .PDF Filing   | xxx                      | EO   | xxx     | 6/1                      | NAIC                 |                         |
|                  |               | <b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>  |                          |      |         |                          |                      |                         |
|                  | 81            | Accountants Letter of Qualifications   | 1                        | EO   | N/A     | 6/1                      | Company              |                         |
|                  | 82            | Audited Financial Reports  | 1                        | EO   |         | 6/1                      | Company              |                         |
|                  | 83            | Audited Financial Reports Exemption Affidavit  | 1                        | N/A  | N/A     |                          | Company              |                         |
|                  | 84            | Communication of Internal Control Related Matters Noted in Audit                               | 1                        | EO   | N/A     | 8/1                      | Company              |                         |
|                  | 85            | Independent CPA (change)   | 1                        | N/A  | N/A     |                          | Company              |                         |
|                  | 86            | Management's Report of Internal Control Over Financial Reporting                               | 1                        | N/A  | N/A     | 8/1                      | Company              |                         |
|                  | 87            | Notification of Adverse Financial Condition  | 1                        | N/A  | N/A     |                          | Company              |                         |
|                  | 88            | Relief from the five-year rotation requirement for lead audit partner                          | 1                        | EO   | N/A     | 3/1                      | Company              |                         |
|                  | 89            | Relief from the one-year cooling off period for independent CPA                                | 1                        | EO   | N/A     | 3/1                      | Company              |                         |
|                  | 90            | Relief from the Requirements for Audit Committees  | 1                        | EO   | N/A     | 3/1                      | Company              |                         |
|                  | 91            | Request to File Consolidated Audited Annual Statements   | 1                        | N/A  | N/A     |                          | Company              |                         |
|                  | 92            | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | 1                        | N/A  | N/A     |                          | Company              |                         |
|                  |               | <b>V. STATE REQUIRED FILINGS***</b>  |                          |      |         |                          |                      |                         |
|                  | 101           | Annual Report Supplement   | 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           | Filings 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           | Form F-Enterprise Risk Report ***  | 1                        | 0    | xxx     | 5/1                      | Company              |                         |
|                  | 110           | Health Insurance Annual Data Report  | 1                        | 0    | 1       | 4/30                     | State                | P                       |
|                  | 111           | Liquor Liability Report  | 1                        | 0    | 1       | 3/1                      | State                | P                       |
|                  | 112           | Maine Fraud and Abuse Report   | 1                        | 0    | 1       | 3/1                      | State                | P                       |
|                  | 113           | Managing General Agent Report  | 1                        | 0    | 1       | 3/1                      | Company              | P                       |
|                  | 114           | Mandated Benefit Experience Report (Bulletin 292)  | 1                        | 0    | 1       | 4/30                     | State                | P                       |
|                  | 115           | ORSA ****  | 1                        | 0    | xxx     |                          | Company              |                         |
|                  | 116           | Premium Tax  | 1                        | 0    | 1       | 3/15                     | State                | E                       |
|                  | 117           | State Filing Fees  | 1                        | 0    | 1       | 8/10                     | State                | C, P                    |
|                  | 118           | Signed Jurat   | 1                        | 0    | xxx     | 3/1, 5/15<br>8/15, 11/15 | NAIC                 |                         |
|                  | 119           | State of Maine Page  | 1                        | 0    | xxx     | 3/1                      | Company              |                         |
|                  | 120           | Supplemental Health Insurance Report (Bulletin 286-A)  | 1                        | 0    | 1       | 4/1                      | State                | P                       |
|                  | 121           | Tick Borne Disease Report  | 1                        | 0    | 1       | 2/1                      | State                | P                       |
|                  | 122           | Worker's Compensation Aggregate Benefits Paid 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.

\*\*\*For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: [http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm)

\*\*\*\*For those states that have adopted the NAIC updated Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. Consistent with the Form B filing requirements, the ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: [http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm)