



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation  
INSURANCE DIVISION  
1511 Pontiac Ave., Bldg. 69-2  
Cranston, RI 02920

TEL #: (401) 462-9520  
FAX #: (401) 462-9602

November 3, 2009

To: INDIVIDUAL(S) RESPONSIBLE FOR STATE FILINGS

From: Bob Myers  
Insurance Examiner-In-Charge

RE: Summary of Annual and Quarterly Filing Requirements for 2010,  
Life, Accident and Health Insurance (L&H) Companies  
(All companies filing on the NAIC L&H Annual Statement blank)

**Domestic and foreign** L&H Companies should review the following attached pages:

- The NAIC's "General Instructions" for L&H Companies;
- The NAIC's "Life, Accident and Health Insurers Checklist", annotated for filing in R.I.;
- The R.I. Insurance Division's "Notes and Instructions";
- The R.I. Insurance Division's "Special Reporting Requirements" (most L&H Companies need to respond only to Special Report Requirements #2 and #8; note that this year, the absence of a report filed in response to requirement #8 will be deemed to be a "NONE" report; Accredited and Approved Reinsurers may ignore this page totally); and
- The R.I. Insurance Division's "Contracted Producer Report".

**FOREIGN** L&H Companies are required to submit to the R.I. Insurance Division (or to the R.I. Division of Taxation for premium tax payments), on or before the due dates indicated, only those items listed in the Checklist, Section V - State Required Filings.

- Do NOT file a printed copy of the Annual Statement nor any Separate Accounts Statement;
- Do NOT file a PDF-formatted version of those statements on CD-ROM;
- DO send Premium Tax report and payment separately to the Division of Taxation;
- R.I. Renewal/Filing Fees, due 04/01/10, should NOT be included with the above filings; our invoice will be mailed to the company on or about 03/01/10.

**DOMESTIC** L&H Companies are required to submit the following items to the R.I. Insurance Division (or to the R.I. Division of Taxation for premium tax payments), on or before the dates indicated:

- **03/01/10:** A complete Annual Statement, a Separate Account Statement (if appropriate), on paper as well as in PDF format on CD-ROM, and a Risk-Based Capital Report, with original signatures on Jurat Pages; a copy of the Checklist with Column 1 completed; and any NAIC Supplements or R.I.-Required Filings listed in Sections II or V of the Checklist as due on this date.

Send Premium Tax reports and payments to the Division of Taxation.

- **04/01/10:** Any NAIC Supplements, on paper as well as in PDF format on CD-ROM; and any R.I.-Required Filings listed as due on this date, including payment of R.I. Filing Fees due as per our 03/01/08 invoice.
- **05/15/10:** A Quarterly Statement, with original signatures on the Jurat Page, on paper as well as in PDF format on CD-ROM. This filing requirement repeats on **08/15/10** and **11/15/10**.
- **06/01/10:** Audited Financial Statements, on paper as well as in PDF format on CD-ROM; and, if appropriate, a Credit Life, Accident & Health report due on this date.
- Each domestic L&H Company must also file electronically with the NAIC via CD-ROM, diskette, or the Internet as part of the NAIC's total filing requirements.

Whether a domestic or foreign L&H Company, please read "Notes and Instructions" before submitting any material. Thank you in advance for your cooperation. Feel free to contact me directly at (401) 462-9627, or by FAX at (401) 462-9602, or by e-mail at [Robert\\_myers@dbr.state.ri.us](mailto:Robert_myers@dbr.state.ri.us) if you have any questions regarding these filing requirements.

## General Instructions For Companies to Use Checklist

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

**Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.**

### Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

### Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

### Column (3) (Required Filings)

Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The **March .PDF Filing** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The **Risk-Based Capital Electronic Filing** includes all risk-based capital data.

The **Risk -Based Capital .PDF Filing** is the .pdf file for risk-based capital data.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplemental .PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Statement Electronic Filing** includes the complete quarterly statement data.

The **Quarterly Statement .PDF Filing** is the .pdf file for quarterly statement data.

The **Combined Annual Statement Electronic Filing** includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The **Combined Annual Statement .PDF Filing** is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements.

### Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could**

include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

**LIFE, ACCIDENT AND HEALTH INSURERS**

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

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

**REQUIRED FILINGS IN THE STATE OF: RHODE ISLAND Filings Made During the Year 2010**

| (1)<br>Check-list                          | (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 |         |                        |                      |                         |
| <b>I. NAIC FINANCIAL STATEMENTS</b>        |               |   |                          |      |         |                        |                      |                         |
| 1  |               | Annual Statement (8 1/2"x14")   | 1                        | EO   | xxx     | 3/1                    | NAIC                 | Notes G, H & L          |
|  | 1.1           | Printed Investment Schedule detail (Pages E01-E27)  | 1                        | EO   | xxx     | 3/1                    | NAIC                 |                         |
| 2  |               | Quarterly Financial Statement (8 1/2" x 14")  | 1                        | EO   | xxx     | 5/15, 8/15, 11/15      | NAIC                 |                         |
| 3  |               | Separate Accounts Annual Statement (8 1/2"x14")   | 1                        | EO   | xxx     | 3/1                    | NAIC                 |                         |
| <b>II. NAIC SUPPLEMENTS</b>                |               |   |                          |      |         |                        |                      |                         |
| 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 Opinion on X-Factors  | 1                        | EO   | xxx     | 3/1                    | Company              |                         |
| 13   |               | Actuarial Opinion on Separate Accounts Funding  | 1                        | EO   | xxx     | 3/1                    | Company              |                         |
| 14   |               | Actuarial Opinion on Synthetic Guaranteed Investment Contracts  | 1                        | EO   | xxx     | 3/1                    | Company              |                         |
| 15   |               | Credit Insurance Experience Exhibit   | 1                        | EO   | xxx     | 4/1                    | NAIC                 |                         |
| 16   |               | Interest Sensitive Life Insurance Products Report   | 1                        | EO   | xxx     | 4/1                    | NAIC                 |                         |
| 17   |               | Investment Risk Interrogatories   | 1                        | EO   | xxx     | 4/1                    | NAIC                 |                         |
| 18   |               | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit                                | 1                        | EO   | xxx     | 4/1                    | NAIC                 |                         |
| 19   |               | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form                | 1                        | EO   | xxx     | 4/1                    | NAIC                 |                         |
| 20   |               | Long-term Care Experience Reporting Forms   | 1                        | EO   | xxx     | 4/1                    | NAIC                 |                         |
| 21   |               | Management Discussion & Analysis  | 1                        | EO   | xxx     | 4/1                    | Company              |                         |
| 22   |               | Medicare Supplement Insurance Experience Exhibit  | 1                        | EO   | xxx     | 3/1                    | NAIC                 |                         |
| 23   |               | Medicare Part D Coverage Supplement   | 1                        | EO   | xxx     | 3/1, 5/15, 8/15, 11/15 | NAIC                 |                         |
| 24   |               | Reasonableness of Assumptions Certification   | 1                        | EO   | xxx     | 3/1,5/15, 8/15, 11/15  | Company              |                         |
| 25   |               | Reasonableness & Consistency of Assumptions Cert.   | 1                        | EO   | xxx     | 3/1,5/15, 8/15, 11/15  | Company              |                         |
| 26   |               | Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method                                | 1                        | EO   | xxx     | 3/1,5/15, 8/15, 11/15  | Company              |                         |
| 27   |               | Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)                      | 1                        | EO   | xxx     | 3/1,5/15, 8/15, 11/15  | Company              |                         |
| 28   |               | Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)                              | 1                        | EO   | xxx     | 3/1,5/15, 8/15, 11/15  | Company              |                         |
| 29   |               | Risk-Based Capital Report   | 1                        | EO   | xxx     | 3/1                    | NAIC                 |                         |
| 30   |               | RBC Certification required under C-3 Phase I  | 1                        | EO   | xxx     | 3/1                    | Company              |                         |
| 31   |               | RBC Certification required under C-3 Phase II   | 1                        | EO   | xxx     | 3/1                    | Company              |                         |
| 32   |               | Schedule SIS  | 1                        | N/A  | N/A     | 3/1                    | NAIC                 |                         |
| 33   |               | Statement of Actuarial Opinion  | 1                        | EO   | xxx     | 3/1                    | Company              |                         |
| 34   |               | Statement on non-guaranteed elements - Exhibit 5 Int. #3  | 1                        | EO   | xxx     | 3/1                    | Company              |                         |
| 35   |               | Statement on par/non-par policies - Exhibit 5 Int. 1.1  | 1                        | EO   | xxx     | 3/1                    | Company              |                         |
| 36   |               | Supplemental Compensation Exhibit   | 1                        | N/A  | N/A     | 3/1                    | NAIC                 |                         |
| 37   |               | Supplemental Schedule O   | 1                        | EO   | xxx     | 3/1                    | NAIC                 |                         |
| 38   |               | Trusteed Surplus Statement  | 1                        | EO   | xxx     | 3/1, 5/15, 8/15, 11/15 | NAIC                 |                         |
| 39   |               | Workers' Compensation Carve Out Supplement  | 1                        | EO   | xxx     | 3/1                    | NAIC                 |                         |
| <b>III. ELECTRONIC FILING REQUIREMENTS</b> |               |   |                          |      |         |                        |                      |                         |
| 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                 |                         |
| <b>IV. AUDITED FINANCIAL STATEMENTS</b>    |               |   |                          |      |         |                        |                      |                         |
| 71   |               | Accountants Letter of Qualifications  | 1                        | EO   | xxx     | 6/1                    | Company              |                         |
| 72   |               | Audited Financial Statements  | 1                        | EO   | xxx     | 6/1                    | Company              |                         |
| 73   |               | Audited Financial Statements Exemption Affidavit  | 1                        | N/A  | N/A     |                        | Company              |                         |
| 74   |               | Independent CPA   | 1                        | N/A  | N/A     |                        | Company              |                         |
| 75   |               | Notification of Adverse Financial Condition   | 1                        | N/A  | N/A     |                        | Company              |                         |
| 76   |               | Report of Significant Deficiencies in Internal Controls   | 1                        | N/A  | N/A     |                        | Company              |                         |
| 77   |               | Request for Exemption to File   | 1                        | N/A  | N/A     |                        | Company              |                         |
| <b>V. STATE REQUIRED FILINGS</b>           |               |   |                          |      |         |                        |                      |                         |
| 101  |               | Certificate of Compliance   | xxx                      | 0    | 1       | 3/1                    | State                |                         |
| 102  |               | Certificate of Deposit  | xxx                      | 0    | 1       | 3/1                    | State                |                         |
| 103  |               | Certificate of Valuation  | xxx                      | 0    | 1       | 3/1                    | State                |                         |
| 104  |               | Filings Checklist (with Column 1 completed)   | 1                        | 0    | 1       | 3/1                    | State                |                         |
| 105  |               | Premium tax   | 1                        | 0    | 1       | 3/1                    | State                | Note D                  |
| 106  |               | State Filing Fees   | 1                        | 0    | 1       | 4/1                    | State                | Note C                  |
| 107  |               | Signed Jurat  | xxx                      | xxx  | 1       | 3/1                    | NAIC                 | Notes G, H & L          |
| 108  |               | Contracted Insurance Producer Report (R.I.G.L. §27-2.4-4)   | 1                        | 0    | 1       | 3/1                    | Company              |                         |
| 109  |               | Credit Life/Accident & Health Filing (R.I. Ins. Reg. 9)   | 1                        | 0    | 1       | 6/1                    | Company              |                         |

\*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.

|  |   | <b>NOTES AND INSTRUCTIONS<br/>(A-K APPLY TO ALL FILINGS)</b> |   |
|--|---|--|---|
|  | A | Required Filings Contact Person:                             | Matt DiMaio E-mail: <a href="mailto:Mdimai@db.state.ri.us">Mdimai@db.state.ri.us</a><br>Phone: (401) 462-9612<br>Bob Myers E-mail: <a href="mailto:Robert_Myers@db.state.ri.us">Robert_Myers@db.state.ri.us</a><br>Phone: (401) 462-9627    |
|  | B | Mailing Address:   | R.I. Insurance Division<br>1511 Pontiac Avenue, Bldg. 69-2<br>Cranston, RI 02920  |
|  | C | Mailing Address for Filing Fees:                             | <u>Do NOT send fees prior to receipt of renewal invoice.</u><br>Invoices will be mailed on March 1 <sup>st</sup> ; payment is due April 1 <sup>st</sup> .<br>Mailing address is the same as that for Note B.                                |
|  | D | Mailing Address for Premium Tax Payments:                    | R.I. Division of Taxation, Corporate Taxes Section<br>1 Capitol Hill<br>Providence, RI 02908<br>Charles J. Larocque, Chief Revenue Agent<br>E-mail: <a href="mailto:Clarocque@tax.ri.gov">Clarocque@tax.ri.gov</a><br>Phone: (401) 574-8806 |
|  | E | Delivery Instructions:                                       | All items must be postmarked no later than the indicated due date. If that due date falls on a weekend or a holiday, then that due date is extended to the next business day.   |
|  | F | Late Filings:  | Insurance companies will be fined \$100 per day for late filing pursuant to R.I.G.L. §27-12-1(c).   |
|  | G | Original Signatures:   | <u>Domestic</u> insurers: Original signatures required for all filings.<br><u>Foreign</u> insurers: Facsimile signatures accepted as per the NAIC's "Annual Statement Instructions."  |
|  | H | Signature/Notarization/Certification:                        | The CEO/President, Secretary, and Treasurer are expected to sign the Jurat Page; those signatures must be notarized.  |
|  | I | Amended Filings:   | Amended items should be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, same should be followed for any amendment.                       |
|  | J | Exceptions from normal filings:                              | <u>Domestic</u> insurers: Extensions, when necessary, may be requested in accordance with R.I.G.L. §27-12-1(c).<br><u>Foreign</u> insurers: File copy of domestic extension approval.   |
|  | K | Bar Codes (State or NAIC):                                   | Please follow the NAIC's "Annual Statement Instructions."   |
|  | L | Signed Jurat:  | <u>Foreign</u> insurers must complete and file one printed copy for each company; do <b>NOT</b> file a printed copy of the annual statement, nor a PDF-formatted version on CD-ROM.   |
|  | M | NONE Filings:  | Please follow the NAIC's "Annual Statement Instructions."   |
|  | N | State of Rhode Island Information.                           | <u>Foreign</u> insurers: Pursuant to Rhode Island General Law §27-2-1.1, all insurers' doing business in RI are required to provide a toll free number or to accept collect calls from RI Residents.  |
|  | O | Electronic Filing Requirements                               | All annual, quarterly and supplemental filings in .PDF format can be submitted electronically or on CD-ROM.   |
|  |   |  |   |
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**DEPARTMENT OF BUSINESS REGULATION  
INSURANCE DIVISION  
RHODE ISLAND SPECIAL REPORTING REQUIREMENTS**

- Fraternal Organizations should respond to # 2 only.
- Life Insurers should respond to # 2 and # 8 only.
- Property and Casualty Insurers should respond to all reports, #1 through #11.
- Surplus Lines Carriers should respond to #5 only.
- Surplus Line Brokers should respond to #1 and #12 only.
- Health Insurers (aka HMOs, or HMDIs), Risk Retention Groups, Title Companies and Accredited or Approved Reinsurers are exempted from the filing requirements listed on this page.

**NOTES for Reporting Requirements 3 through 9 and 11: Special forms do not exist for those reports. It is suggested that the company file the required report(s) on company letterhead utilizing the guidance enumerated in the Regulations;**

**The absence of a filed report will be deemed to be a “NONE” report, unless a “zero” report is specifically required to be filed as noted below.**

- 1. Lead Liability Coverage Reports** **Due February 1**  
Insurance Regulation 101, Section 10 enumerates the filing requirements. Property and Casualty Insurers shall file reports on an individual company basis utilizing the respective form provided in Exhibit A. Surplus Line Brokers shall file on an individual licensee basis utilizing the respective form provided in Exhibit B. Insurers and surplus line brokers with no reportable business are required to submit a “zero” report to the Department. The reports shall be sent to the attention of Candace Casala, Senior Insurance Rate Analyst who may be reached at 401-462-9607.
- 2. Contracted Insurance Producer Report** **Due March 1**  
Companies contracting with insurance producers are required to file an annual report regarding those producers, and pay appropriate fees. Beginning March 1, 2008 Companies are required to submit the Report electronically. Companies with no reportable business are required to report “zero” to the Department. A Bulletin will soon be issued providing instructions on electronic filing. For any questions, contact Donna Arabian, Administrative Officer at 401-462-9603.
- 3. Professional Liability Insurance Report** **Due March 1**  
Insurers writing liability insurance for health care professionals, dentists, or dental hygienists are required to file an annual report regarding that activity. See R.I.G.L. §42-14-2.1(c) for detailed reporting requirements. Please submit reports to the attention of Raymond Boisse, Insurance Rate Analyst who may be reached at 401-462-9604.
- 4. Assigned Risk Plan Report** **Due April 1**  
Insurers participating in an Automobile Liability and/or Physical Damage Assigned Risk are required by R.I.G.L. §31-33-8 to file an annual report of the total amount of premiums written and total losses incurred during the most recent calendar year in such plan(s). Please reply on an individual company basis, under separate cover to Matt DiMaio, Principal Licensing Insurance Examiner, who may be reached at 401-462-9612.
- 5. Liquor Liability Report** **Due April 1**  
Insurers writing liquor liability insurance are required by R.I.G.L. §3-14-14 to file an annual report of the total number of policies and dollar amount of premiums written, and the number and amount of claims paid under Liquor Liability Insurance policies. Please reply on an individual company basis, under separate cover to Matt DiMaio, Principal Licensing Insurance Examiner, who may be reached at 401-462-9612.
- 6. Workers' Compensation Annual Report (R.I.G.L. §27-7.1-7.2):** **Due May 15**  
R.I. Insurance Regulation 54, Section 4 enumerates filing requirements. Please submit reports on an individual company basis, under separate cover, to the attention of Teresa P. DeLuca, Licensing Aide who may be reached at 401-462-9610.

- 7. Automobile Insurance Annual Report (R.I.G.L. §27-9-55) Due May 15**  
R.I. Insurance Regulation 74, Section 4 enumerates filing requirements. Please submit reports on an individual company basis, under separate cover, to the attention of Teresa P. DeLuca, Licensing Aide who may be reached at 401-462-9610.
- 8. Credit Life/Accident & Health Filing (R.I. Insurance Regulation IX) Due June 1**  
See Regulation 9, Section 9, which enumerates filing requirements. Please submit on an individual company basis, under separate cover, to Phil Sheridan, Senior Insurance Rate Analyst (Life, A & H Section) who may be reached at 401-462-9618.
- 9. Labor Rate Survey Due June 1**  
RIGL 27-29-4.4 and Insurance Regulation 108, section 7 enumerate the filing requirements. Prior to May 1 the Department will publish a Bulletin on its website providing a list of those insurers that are required to submit reports. Please visit the Department's website yearly to determine if your insurer is required to submit a filing based upon market share. Insurers may submit reports on a group basis. For those licensees subject to filing with the Department, please submit reports electronically to the attention of Paula M. Pallozzi, Chief Property & Casualty Insurance Rate Analyst at [paula\\_Pallozzi@dbr.state.ri.us](mailto:paula_Pallozzi@dbr.state.ri.us) who may be reached at 401-462-9616.
- 10. Workers' Compensation & Employers' Liability Excess Profits Report: Due July 1**  
Each insurance group writing workers' compensation and/or employers' liability insurance is required by R.I.G.L. §27-9-51(a) to file an annual excess profit report on the form prescribed by the Department. The form along with pertinent filing information is available through the NCCI. Please submit reports to the attention of Teresa P. DeLuca, Licensing Aide who may be reached at 401-462-9610.
- 11. Professional Liability Claim Settlement Reports Due: See below**  
**Reports due within thirty (30) days** after service of such award or notice of the claim, settlement, judgment, or arbitration award.  
RIGL §42-14-2.1 requires every insurer providing professional liability insurance to licensed physicians, dentists, or dental hygienists shall send a complete report as to any claim, notice, settlement, judgment, or arbitration award of a claim or action for damages for death or personal injury caused by such person's negligence, error, or omission in practice or his or her rendering of unauthorized professional services. Please submit reports to the attention of Raymond Boisse, Insurance Rate Analyst who may be reached at 401-462-9604.
- 12. Surplus Line Broker Annual Reports Due April 1**  
R.I.G.L. §27-3-38 (d) and Insurance Regulation 11, Section 7 requires every licensed surplus line broker to report the total number of policies and premium issued in the preceding calendar year utilizing the form provided in Regulation 11, Exhibit C. Please submit reports to the attention of Teresa P. DeLuca, Licensing Aide who may be reached at 401-462-9610.

**PLEASE FORWARD TO APPROPRIATE AREAS WITHIN YOUR COMPANY**

R.I. Laws are available on-line at: <http://www.rilin.state.ri.us/Statutes/Statutes.html>  
R.I. Insurance Regulations are available at: <http://www.dbr.state.ri.us/rules/index.php#insurance>  
R.I. Insurance Bulletins are available at: <http://www.dbr.state.ri.us/news/index.php#insurance>

## **2009 Annual Contracted Producer Report – due March 1, 2010**

All licensed insurance companies must file an Annual Contracted Producer Report if the company paid an insurance producer(s) \$100.00 or more in commission for Rhode Island business during calendar year 2009. If the company did not pay any insurance producer(s) \$100.00 or more in commission for Rhode Island business then the company must still file a report indicating that they have a “zero” reporting. *This requirement does not apply to approved surplus lines insurers, risk retention groups or approved or accredited reinsurers.*

The instructions for the filing of the report are as follows:

1. The report must list each producer to which \$100.00 or more was paid for Rhode Island business during calendar year 2009 and must be filed by using OPTins.
2. Payment of \$30.00 must be made for each producer listed.
3. Each insurance company within an insurance group must file separately.
4. An insurance company that did not pay any insurance producer \$100.00 or more in commission for Rhode Island business must still file a report listing “zero” by emailing your statement of “zero” filing to [acpr@dbr.state.ri.us](mailto:acpr@dbr.state.ri.us)

This report must be filed by using OPTins which is product provided by the NAIC. If you are not currently setup to use this marketing tool please contact the OPTins marketing team at 816-783-8787.

If you have any questions regarding this bulletin please contact Donna Arabian at (401) 462-9603.