



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 9, 2012
(amended January 10, 2013)

To: INDIVIDUAL(S) RESPONSIBLE FOR STATE FILINGS

From: Bob Myers
Insurance Examiner-In-Charge

RE: Summary of Annual and Quarterly Filing Requirements for 2013,
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" (New for 2012 – Health Supplement, Note P);
- The R.I. Insurance Division's "Special Reporting Requirements" (most L&H Companies need to respond only to Special Report Requirements #2 and #4; note that this year, the absence of a report filed in response to requirement #4 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 04/01/13, should NOT be included with the above filings; our invoice will be mailed to the company on or about 03/01/13.

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:

- **03/01/13:** 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.

- **04/01/13:** 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 03/01/12 invoice.
- **05/15/13:** 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 **08/15/13** and **11/15/13**.
- **06/01/13:** 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.ri.gov if you have any questions regarding these filing requirements.

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 **2013**

(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 ½"x14")	1	EO	xxx	3/1	NAIC	Note G, H. & L
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 ½"x14")	1	EO	xxx	3/1	NAIC	
		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	3/1	Company	
	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	4/1	NAIC	
	23	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	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	NAIC	
	31	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	32	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	33	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	34	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	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	3/1,5/15, 8/15, 11/15	Company	
	40	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	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	EO	xxx	3/1	Company	

	43	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	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	EO	xxx	3/1	Company	
	46	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	47	Supplemental Schedule O	1	EO	xxx	3/1	NAIC	
	48	Trusted Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	49	Workers' Compensation Carve-Out Supplement	1	EO	xxx	3/1	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	51	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	Note O
	52	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	Note O
	54	Separate Accounts Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	55	Separate Accounts .PDF Filing	xxx	EO	xxx	3/1	NAIC	Note O
	56	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	57	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	Note O
	58	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	59	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	Note O
	60	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	Note O
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	72	Audited Financial Reports	1	EO	xxx	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	xxx	3/1	Company	
	80	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	
	81	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	
		V. STATE REQUIRED FILINGS***						
	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	0	1	3/1	NAIC	Note 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	
	110	RI Health Statement Supplement	1	0	1	4/1	State	Note 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.

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	Bob Myers E-mail: Robert_Myers@dbr.ri.gov Phone: (401) 462-9627
	B	Mailing Address:	R.I. Insurance Division 1511 Pontiac Avenue, Bldg. 69-2 Cranston, RI 02920
	C	Mailing Address for Filing Fees:	<u>Do NOT send fees prior to receipt of renewal invoice.</u> Invoices will be mailed on March 1 st ; payment is due April 1 st . 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 1 Capitol Hill Providence, RI 02908 Charles J. Larocque, Chief Revenue Agent E-mail: Clarocque@tax.ri.gov 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. <u>Foreign</u> insurers: Facsimile signatures accepted as per the NAIC's "Annual Statement Instructions."
	H	Signature/Notarization/Certification:	The CEO/President and Secretary/Legal Counsel , 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). <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 NOT 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.
	P	RI Health Supplement Filing	Special health statement filing – link is as follows: instructions and forms .

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 be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM 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 **Separate Accounts Electronic Filing** includes the separate accounts annual statement and investment schedule detail.

The **Separate Accounts .PDF Filing** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

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

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

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

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

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

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.

DEPARTMENT OF BUSINESS REGULATION
INSURANCE DIVISION
1511 Pontiac Ave., Bldg 69-2
Cranston, RI 02920
www.dbr.ri.gov

~ RHODE ISLAND SPECIAL REPORTING REQUIREMENTS ~

RESPOND ACCORDINGLY

Fraternal Organizations #2 only
Life Insurers #2 and #4 only
Property and Casualty Insurers #1 through #7
Surplus Line Insurers #3 and #7 only
Surplus Line Brokers #1 and #8 only

INSURERS WHO DO NOT HAVE TO RESPOND:

Health Insurers (HMO's or HMDI's)
Risk Retention Groups
Title Companies
Accredited or Approved Reinsurers

INSTRUCTIONS FOR FILING EACH REPORT IS DETAILED BELOW

New for 2013: Zero reports are NO longer required, except for report #2.

- #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. Exhibit A and Exhibit B are now form-fillable; when done completing, save a copy to your computer and then email the saved copy. The reports shall be submitted electronically to specialreports@dbr.ri.gov. **If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a “none” report.**
- #2 Contracted Insurance Producer Report** **Due March 1**
Insurers contracting with insurance producers are required to file an annual report regarding those producers, and pay appropriate fees. Insurers are required to submit the Report electronically through [OPTins](#). Insurers with no reportable business are required to report “zero” to the Department. Further instructions may be found on the Department’s website. For any questions, contact Donna Arabian, Administrative Officer at 401-462-9603 or acpr@dbr.ri.gov.
- #3 Professional Liability Annual Report** **Due March 1**
All entities, including self-insured entities, providing professional liability insurance coverage to licensed healthcare professionals or licensed healthcare facilities are required to submit annual reports. [R.I. Gen. Laws § 42-14-2.1\(c\)](#) enumerates the filing requirements. Please submit reports electronically to specialreports@dbr.ri.gov. There is no specific form required for this report. The Department suggests that the report be filed on company letterhead utilizing the guidance enumerated in the statute and/or Regulation. **If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a “none” report.**
- #4 Credit Life/Accident & Health Filing (R.I. Insurance Regulation 9)** **Due June 1**
[Insurance Regulation 9](#), Section 9 enumerates the filing requirements. Please submit on an individual company basis, under separate cover, electronically to specialreports@dbr.ri.gov. There is no specific form required for this report. The Department suggests that the report be filed on company letterhead utilizing the guidance enumerated in the statute and/or Regulation. **If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a “none” report.**

- #5 Labor Rate Survey** **Due Sept 1**
[R.I. Gen. Laws § 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 drww@dbr.ri.gov. A hard copy must also be submitted to Ms Pallozzi's attention at the address noted above.
- #6 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. Gen. Laws § 27-9-51\(a\)](#) to file an annual excess profit report on the form prescribed by the Department. Please submit reports electronically to specialreports@dbr.ri.gov. The form along with pertinent filing information is available through the NCCI. **If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a “none” report.**
- #7 Professional Liability Claim Settlement Reports** **Due: See below**
Requires all entities, including self-insured entities, providing professional liability insurance coverage to licensed healthcare professionals or licensed healthcare facilities to report within thirty (30) days after notice of the claim, settlement, judgment or arbitration award. Please see [R.I. Gen. Law § 42-14-2.1\(a\)](#) for detailed reporting requirements. Please submit reports electronically to specialreports@dbr.ri.gov. There is no specific form required for this report. The Department suggests that the report be filed on company letterhead utilizing the guidance enumerated in the statute and/or Regulation. **If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a “none” report.**
- #8 Surplus Line Broker Annual Reports** **Due April 1**
[R.I. Gen. Laws §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 B. Exhibit B is now form-fillable; when done completing, save a copy to your computer and then email the saved copy. Please submit reports electronically to specialreports@dbr.ri.gov. **If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a “none” report.** Do not send Form T-71A to the Department of Business Regulation. This form is required by the RI Division of Taxation and should be sent to that agency for proper reporting/filing.

PLEASE FORWARD TO APPROPRIATE AREAS WITHIN YOUR COMPANY

2012 Annual Contracted Producer Report – due March 1, 2013

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 2012. 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 2012 and must be filed by using OPTins. 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.
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.ri.gov

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