

Other Health Insurance January 1, 2024 through December 31, 2024

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1-12	If yes, does the contract allow any association/trust to collect	Yes/No
	policy or contract premiums?	
1-13	If yes, does the contract allow any association/trust to collect	Yes/No
	and pay commissions?	
1-14	If yes, please identify which associations/trusts.	Comment
1-15	If yes, does the contract allow any association/trust to	Yes/No
	adjudicate claims?	
1-16	if yes, please identify which associations/trusts.	Comment
1-17	Has the company filed the associations by-laws and articles of	Yes/No
	incorporation in their state of domicile?	
1-18	Has the company filed the association by-laws and articles of	Yes/No
	incorporation and policy forms in the situs state of the	
	association?	
1-19	If yes please provide the state, and the SERFF tracking	Comment
	number, if applicable	
1-20	Has the company filed the association by-laws and articles of	Yes/No
	incorporation in the filing state?	
1-21	Has the company filed the certificate of insurance in the filing	Yes/No
	state, if applicable?	
1-22	Does the company contract with third-party administrators for	Yes/No
	administrative services related to Other Health products?	
1-23	If yes, does the company issue Other Health products through	Yes/No
	administrators/TPAs?	
1-24	If yes, how many administrators/TPAs?	Number
1-25	If yes, list the TPAs and provide their respective National	
	Producer Number (NPN)	
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Association SD	Specified Disease-Limited Benefit/Critical Illness. Purchased through an association/trust
Association H-H/OI	Hospital/Other Indemnity. Purchased through an association/trust
Association H-HSME	Hospital/Surgical/Medical Expense. Purchased through an association/trust
Employer Group H-AO	Accident Only. Purchased through an employer group
Employer Group ADD	Accidental Death and Dismemberment. Purchased through an employer group
Employer Group SD	Specified Disease-Limited Benefit/Critical Illness. Purchased through an employer group
Employer Group H-H/Ol	Hospital/Other Indemnity. Purchased through an employer group
Employer Group H-HSME	Hospital/Surgical/Medical Expense. Purchased through an employer group

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Page 10 of 11 Version 2024.0.5 (Updated 9/54/2024) - The total amount of compensation paid to any individual or entity for their consideration in marketing, selling, and attracting potential insureds, by whatever means this compensation is provided. Do not include monetary valuables paid to any individual or entity that is generally not able to be converted into actual money. NOTE: For products related to the actual sale of a contract, do not include any amounts paid for the specific purpose of marketing, encouraging or promoting. Do not include any fees or other compensation paid for outsourced services.

By completing the attestation information, those named understand, agree, and certify on behalf of the named company that:

- 1. They are authorized to submit the Market Conduct Annual Statement on behalf of the named company and to bind the company to the statements in this attestation;
- 2. They are knowledgeable of the information required to be provided in the Market Conduct Annual Statement filed by this company and have reviewed this filing;
- 3. To the best of their knowledge and belief, this filing represents a full and accurate statement of the information required to be provided in the Market Conduct Annual Statement pursuant to the applicable instructions; and
- 4. They are aware that the state insurance department(s) receiving the data may initiate regulatory action as authorized by law in a specific jurisdiction if the data submitted in the MCAS is inaccurate, incomplete, or found to be materially false, misleading or omissive.
- 5. They affirm that the company is able to accurately trace the data as reported to its source within the company and if necessary, recreate the MCAS results as reported in this filing.

NOTE: The company must provide the name for at least two individuals who are able to attest that the criteria listed above have been met and attest to the overall accuracy of the MCAS filing. Both attestors should have participated in the review and validation of the filing. We recommend that one person be the individual with operational responsibility for the source data such as a responsible individual from claims, underwriting or compliance. We recommend that the second person should be a responsible IT person that participated in the creation of the data in the filing.