



1-16      If yes, do you have a contractual relationship with each Association?      Yes/No

1-41	Does your company distribute its product through independent agents?	Yes/No
1-42	Does your company distribute its products through captive agents?	Yes/No
1-43	Does your company distribute its products through its employees?	Yes/No
1-44	What triggers a pre-existing exclusion review (dollar, diagnosis, prescription, other)	Comment
1-45	Additional State Specific Comments (optional)	Comment

STLD <=90	Short-Term Limited Duration Insurance not sold through an Association with a term less than or equal to 90 days
STLD 91-180	Short-Term Limited Duration Insurance not sold through an Association with a term greater than 90 and less than or equal to 180 days
STLD 181 - 364	Short-Term Limited Duration Insurance not sold through an Association with a term greater than 180 days and less than 364 days
STLD Not Sitused <=90	Short-Term Limited Duration Insurance sold through an Association not sitused in this state with a term less than or equal to 90 days
STLD Not Sitused 91-180	Short-Term Limited Duration Insurance sold through an Association not sitused in this state with a term greater than 90 and less than or equal to 180 days
STLD Not Sitused 181 - 364	Short-Term Limited Duration Insurance sold through an Association not sitused in this state with a term greater than 180 days and less than 364 days

STLD Sitused <=90



2-68	Number of Policies/Certificates Cancelled by Insurer for Any Reason Other Than Non-Payment of Premium During the Period
2-69	Number of Policies/Certificates Cancelled by Insurer Following Filing of a Claim or Prior Authorization Request by the policyholder/certificateholder During the Period
2-70	Number of Lives on Policies/Certificates Cancelled by Insurer Following Filing of a Claim or Prior Authorization Request by the policyholder/certificateholder During the Period
2-71	Number of rescissions
2-72	Number of insured lives impacted on terminations and cancellations initiated by the policyholder/certificateholder
2-73	Number of insured lives impacted on terminations and cancellations due to nonpayment
2-74	Number of insured lives impacted by rescissions
2-75	Number of Policies/Certificates in Force at the End of the Period
2-76	Number of Covered Lives on Policies/Certificates in Force at the End of the Period

ID	Description
3-77	Number of Prior Authorization Requests Pending at the Beginning of the Period
3-78	Number of prior authorizations requested during period
3-79	Number of prior authorizations approved during period



ID	Description
6-119	Number of Individual Applications Pending at the Beginning of the Period
6-120	Number of applications received
6-121	Number of Renewal/Reissue Individual Applications Received During the Period
6-122	Number of New Individual 1 0 0 1 7412 Tf1 0 0 1 125.06 614.02 Tm0 (N)-2(ur

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.

ID	Description
7-142	First Attestor Information (First Name, Middle Name, Last Name, Suffix, Title)
7-143	Second Attestor Information (First Name, Middle Name, Last Name, Suffix, Title)
7-144	Overall Comments for the Period

All companies licensed and reporting at least \$50,000 of Short-Term Limited Duration Insurance (STLD) premium for all coverages reportable in MCAS within any of the participating MCAS jurisdictions. (This threshold is subject to individual jurisdiction requirements.)

: This MCAS blank is designed to collect data from the perspective of individual insureds in each state that the form is marketed in. When reporting for forms issued to discretionary groups, associations, or trusts – data should be provided on each state of residence of the insureds, rather than only where the discretionary group, association or trust is situated.



- Health coverage provided pursuant to a contract with an issuer that has an expiration date specified in the contract that is less than 12 months after the original effective date of the contract. (state and federal government guidelines may have renewal duration limitations)

For purposes of this MCAS blank, a non-employer group that secures benefits for its members.





lawsuit closed during the reporting period in which a court order, jury verdi.BT/F2 12 Tf1 0 0 1 203.21