Travel
January 1, 2024 through December 31, 2024
April 30, 2025

MCAS Administrator	The person responsible for assigning who may view and input company data.
MCAS Contact	The person most knowledgeable about the submitted MCAS data. This person can be the same as the MCAS Administrator.
MCAS Attestor	The person who attests to the completeness and accuracy of the MCAS data.

ID	Description	Response
1-01	Were there policies/certificates in force during the reporting period that provide travel insurance coverage?	Yes/No
1-02	Has the company had a significant event/business strategy that would affect data for this reporting period?	Yes/No
1-03	If yes, add additional comments	Comment
1-04	Has this block of business or part of this block of business been sold, closed or moved to another company during the reporting period?	Yes/No
1-05	If yes, add additional comments	Comment
1-06	How does the company treat subsequent supplemental or additional payments on previously closed claims?	Comment
1-07	Does the company use third party administrators (TPAs) for purposes of supporting the travel insurance business being reported?	Yes/No
1-08	If yes, provide the names and functions of each TPA.	Comment
1-09	Does the company use managing general agents (MGAs) for purposes of supporting the travel insurance business being reported?	Yes/No
1-10	If yes, provide the names and functions of each MGA.	Comment
1-11	Does the company use travel administrators for purposes of supporting the travel insurance business being reported?	Yes/No
1-12	If yes, provide the names and functions of each travel administrator.	Comment

3-31	Number of lawsuits opened during the period
3-32	Number of lawsuits closed during the period
3-33	Number of lawsuits open at the end of the period
3-34	Number of lawsuits closed with consideration for the consumer
3-35	Number of complaints received directly from the DOI
3-36	Number of complaints received directly from any person or entity other than the DOI

ID	Description
4-37	

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.

5-48	First Attestor Information (First Name, Middle Name, Last Name, Suffix, Title)
5-49	Second Attestor Information (First Name, Middle Name, Last Name, Suffix, Title)
5-50	Overall Comments for the Period

In determining what business to report for a particular jurisdiction, unless otherwise indicated in these instructions, all companies should follow the same methodology/definitions used to file the Financial Annual Statement (FAS) and its corresponding state pages. Specifically, the business to be reported is the direct business of the reporting company. Reinsurance ceded is not deducted and reinsurance assumed is not included.

– Claims closed with payment where the claim was closed during the reporting period regardless of the date of loss or when the claim was received. The number of days to closure, however, should be measured as the difference between the date of the final payment and the date the claim was reported or between the date of the final payment and the date the request for supplemental payment was received. *See also "Date of Final Payment."*

Exclude:

- x Claims where payment was made for company loss adjustment

A demand for payment for which it was determined that no relevant policy/certificate was in-force at the time of the loss if a claim file was set up and the loss was investigated.

Claims that are closed because the amount claimed is below the insured's deductible.

Claims closed because primary coverage was available elsewhere.

any written communication that expresses dissatisfaction with a specific person or entity subject to regulation under the jurisdiction's insurance laws.