P4#yIS1

Market Conduct Annual Statement

Data File Instruction Guide

2023 Data Year Filings

National Association of Insurance Commissioners

2023

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| --- |
| ***Summary of Changes for 2023:***   * View the Summary of Changes document (https://content.naic.org/sites/default/files/inline-files/MCAS%20Summary%20of%20Changes%202023.0.0\_1.pdf).   As the NAIC Market Regulation and Consumer Affairs (D) Committee approves data changes they will be available on the MCAS website. (<https://content.naic.org/cmte_d.htm>) |

# Overview

This manual is a supplement to the MCAS Industry User Guide that provides all the details for working with the MCAS on-line system. This Data File Instruction Guide is limited to information about the creation and upload of an MCAS .csv data (upload) file. Use of an upload file is an option for those companies not wanting to utilize the data entry screens as the primary vehicle for entering line of business data elements. All other data (i.e., attestation information, company-wide comments, waiver and extension requests) are accepted through the online application exclusively. For specific information about what data to submit, please refer to the appropriate line of business Data Call and Definitions document available on the MCAS website ([https://content.naic.org/mcas-2023.htm](https://content.naic.org/mcas-2022.htm))

# Data File Specifications

The record layout for any given line of business follows the format of the corresponding data entry screen. Each line on the data entry screen translates into a separate record in the data file. Because each record in the file has a unique identifier, it is acceptable to include records for multiple states and lines of business in a single data file. However, each upload file is limited to data for a single company code. Furthermore, it is acceptable, but not necessary, to exclude records for which there is no data to report.

# How a Data File is Processed

Every uploaded file immediately undergoes a comprehensive virus scan which might take a minute or two to complete. If any problems are encountered the file is rejected without further processing and an error message is displayed. If no virus is detected, then basic validations are performed on the data. These validations include a check that all records contain the same NAIC company code and data year, the form designation is spelled and formatted correctly, and there are no duplicate records. Uploaded files are either accepted or rejected in their entirety. In other words, a single record in error will cause the entire file to be rejected by the system without processing. The company must correct or remove the unacceptable record(s) before resubmitting the file. Once the file is accepted the line of business screens are populated with the data based on the State, Form and Line Number fields in each record. From this point, the submission process is the same as if the data had been entered into the screens manually. The Filing Matrix status shows the In Progress status for all state/line of business combinations affected by the uploaded data. Detailed instructions regarding validating and submitting a filing are contained in the MCAS Industry User Guide which is available on the MCAS webpage.

# CSV Basics

Data for upload must be in a .csv file format. This type of format uses commas to separate the fields from one another within each record. The easiest way to create a .csv file is through a spreadsheet application such as Microsoft Excel®. Once the data is entered with a field in each column and a row for each record, the file may be saved in the .csv file format which inserts a comma between each field automatically. It is advisable to examine the resulting .csv file in a text format by opening it using Wordpad or Notepad to verify the records look like the Sample records provided at the end of this manual.

When creating a .csv file from scratch there are formatting rules that must be followed. Below are formatting rules with examples to illustrate.

|  |  |
| --- | --- |
| Rule 1 | Each field is delimited with a comma except the last field in a row.  Ex: Field1,Field2,Field3,Field4,Field5 🡨 no comma at end |
| Rule 2 | Fields within a record are positional which means they are expected in a given order. Consequently, if one of the fields contains no data (null), it must be noted as empty in its correct position within the record. This is done by ending the field with a comma, as usual, but with no data between the previous field’s comma and the ending comma for the no-data field. In the following example, note that Field 4 and Field 6 contain no data.  Ex: Field1,Field2,Field3,,Field5, 🡨 ending comma = Field6 |
| Rule 3 | Any data that is between two commas is considered a field even if it contains spaces (with the exception of commas that are found between a matching beginning double-quote and ending double-quote – see Rule 4).  Ex: Field1,Field2,This is a comment,0,YES |
| Rule 4 | A field with embedded commas must start and end with double-quote characters in order to keep the field together.  Ex: Ginger,”We have a happy, healthy dog”,tan,female,8 |
| Rule 5 | A record must not contain an <Enter> key character anywhere within it, even within a long text field surrounded by double-quote characters. |
| Rule 6 | It is acceptable to enclose fields within double-quote characters even when not necessary otherwise.  Ex: Field1,Field2,”Field3”,Field4,Field5,”Field6” |

**Sample records are included at the end of this manual.**

# CSV Assistant

The CSV Assistant tool provides users with the option to enter their MCAS data in a Microsoft Excel file, which is then converted to a correctly formatted CSV file for uploading to the MCAS site. Each line of business collected will have an accompanying Excel file. Any updates/changes to the tool will be posted on the NAIC [MCAS Homepage](http://www.naic.org/industry_market_conduct_statement.htm?123) under “Resources”. **Record Layouts**

## Life

The Life line of business consists of five types of records:

Interrogatory – 19 records with 7 columns per record

Data – 29 records with 7 columns per record

Life Accelerated Underwriting – 7 records with 9 columns per record  
Attestation – 3 records with 11 columns per record

|  |  |
| --- | --- |
| ***Note:*** | *All CAPS are required for state abbreviations and where indicated in the* Contents *column acceptable values.* |

### Life Interrogatories

Life Record 1

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | LIFEINT |
| E. Line number | Numeric | 1 |
| **Indiv Life Cash Value: Does company have data to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Life Record 2

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 2 |
| **Indiv Life Non-Cash Value: Does company have data to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Life Record 3

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 3 |
| **Is there a reason that the reported Individual Life Cash Value information may identify the company as an outlier or be substantially different from previously reported data (such as assuming, selling or closing blocks of business; shifting market strategies; underwriting changes, etc)?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Life Record 4

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 4 |
| **Indiv Life Cash Value: If Record 3 = Y, explain** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Life Record 5

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 5 |
| **Is there a reason that the reported Individual Life Non-Cash Value information may identify the company as an outlier or be substantially different from previously reported data (such as assuming, selling or closing blocks of business; shifting market strategies; underwriting changes, etc)?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Life Record 6

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 6 |
| **Indiv Life Non-Cash Value: If Record 5 = Y, explain** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Life Record 7

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 7 |
| **Does the company use third party administrators (TPAs) for purposes of supporting the individual life business being reported?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Life Record 8

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 8 |
| **If Record 7 = Y, provide the names and functions of each TPA** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Life Record 9

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 9 |
| **Did the company use MCAS accelerated underwiting during the reporting period? If yes, complete the MCAS Accelerated Underwriting** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Life Record 10

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 10 |
| **Did the company use MCAS accelerated underwriting for 1-Cash Value, 2-Non-Cash Value, or 3-Both Cash Value and Non-Cash Value products?** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Numeric | No commas, signs, or periods |

Life Record 11

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 11 |
| **Did the company utilize Application Data as inputs in its MCAS accelerated underwriting algorithm (excluding application data used only for purposes of identifying a consumer to obtain thirdparty data) for 1- Cash Value, 2-Non-Cash Value, 3-Both Cash and Non-Cash Value products or 4-Not used?** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Numeric | No commas, signs, or periods |

Life Record 12

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 12 |
| **Did the company utilize Medical Data in its MCAS accelerated underwriting for 1-Cash Value, 2-Non-Cash Value, 3-Both Cash Value and Non-Cash Value products or 4-Not Used?** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Numeric | No commas, signs, or periods |

Life Record 13

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 13 |
| **If 1, 2, or 3 list the data categories and sources of data associated with Medical Data** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs, or periods |

Life Record 14

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 10 | | |
| E. Line number | Numeric | 14 |
| **Did the company utilize FCRA compliant non-medical third-party data in its MCAS accelerated underwriting for 1-Cash Value, 2-Non-Cash Value, 3-Both Cash Value and Non-Cash Value products or 4-Not Used?** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Numeric | No commas, signs, or periods |

Life Record 15

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 15 |
| **If 1, 2, or 3 list the data categories and sources of data associated with FCR compliant non medical third-party data** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs, or periods |

Life Record 16

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 16 |
| **Did the company utilize other non-medical third-party data in its MCAS accelerated underwriting for 1-Cash Value, 2-Non-Cash Value, 3-Both Cash Value and Non-Cash Value products or 4-Not Used** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Numeric | No commas, signs, or periods |

Life Record 17

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 17 |
| **If 1, 2, or 3 list the data categories and sources of data associated with other no- medical third-party data** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs, or periods |

Life Record 18

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 17 |
| **Additional state specific Individual Life Cash Value comments (optional)** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs, or periods |

Life Record 19

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 1 | | |
| E. Line number | Numeric | 17 |
| **Additional state specific Individual Life Non-Cash Value comments (optional)** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs, or periods |

### Life Questions

Life Record 20

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | LIFEINT |
| E. Line number | Numeric | 20 |
| **Number of replacement policies issued during the period** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 21

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 21 |
| **Number of internal replacements issued during the period** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 22

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 22 |
| **Number of external replacements of unaffiliated company policies issued during the period** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 23

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 23 |
| **Number of external replacements of affiliated company policies issued during the period** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 24

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 24 |
| **Number of policies replaced where age of insured at replacement was < 65** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |

Life Record 25

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 25 |
| **Number of policies replaced where age of insured at replacement was age 65 and over** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |

Life Record 26

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 26 |
| **Number of policies surrendered under 2 years from policy issue** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |

Life Record 27

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 27 |
| **Number of policies surrendered between 2 years and 5 years from policy issue** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |

Life Record 28

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 28 |
| **Number of policies surrendered between 6 and 10 years from policy issue** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |

Life Record 29

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 29 |
| **Number of policies surrendered more than 10 years from policy issue** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |

Life Record 30

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 29 |
| **Total number of policies surrendered during the period** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |

Life Record 31

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 31 |
| **Number of policies surrendered with a surrender fee** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |

Life Record 32

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 32 |
| **Number of new policies issued during the period where age of insured at issue was < 65.** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |

Life Record 33

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 33 |
| **Number of new policies issued during the period where age of insured at issue was age 65 and over** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |

Life Record 34

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 34 |
| **Number of complaints received directly from any person or entity other than the DOI** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 35

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 35 |
| **Number of death claims closed with payment, during the period, within 30 days from the date the claim was received (Include claims where the final decision was payment in full, and was made within 30 days from when the claim was received)** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 36

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 36 |
| **Number of death claims closed with payment, during the period, within 31-60 days from the date the claim was received (Include claims where the final decision was payment in full, and full payment was made within 31-60 days from when the claim was received)** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 37

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 37 |
| **Number of death claims closed with payment, during the period, beyond 60 days from the date the claim was received (Include claims where the final decision was payment in full, and full payment was NOT made within 60 days from when the claim was received)** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 38

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 38 |
| **Number of death claims closed with payment, during the period, within 30 days from the date of due proof of loss (Include claims where the final decision was payment in full, and full payment, was made within 30 days from when the date of due proof of loss occurred)** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 39

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 39 |
| **Number of death claims closed with payment, during the period, within 31-60 days from the date of due proof of loss (Include claims where the final decision was payment in full, and full payment, was made within 31-60 days from when the date of due proof of loss occurred)** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 40

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 40 |
| **Number of death claims closed with payment, during the period, beyond days from the date of due proof of loss (Include claims where the final decision was payment in full, and full payment, was made beyond days from when the date of due proof of loss occurred)** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 41

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 41 |
| **Number of death claims denied, resisted, or compromised during the period.** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 42

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 42 |
| **Number of death claims closed with payment during the period which occurred within the contestability period.** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 43

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 43 |
| **Number of death claims denied during the period which occurred within the contestability period.** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 44

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 44 |
| **Number of death claims received during the period** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 45

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 45 |
| **Number of lawsuits open at the beginning of the period** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 46

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 46 |
| **Number of lawsuits opened during the period** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 47

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 47 |
| **Number of lawsuits closed during the period** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 48

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 48 |
| **Number of lawsuits closed during the period with consideration for the customer** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

Life Record 49

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 20 | | |
| E. Line number | Numeric | 49 |
| **Number of number of lawsuits open at the end of the period** | | |
| F. Indiv Life Cash Value | Numeric | No commas, signs or decimals |
| G. Indiv Life Non-Cash Value | Numeric | No commas, signs or decimals |

### Life Accelerated Underwriting

Life Record 50

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | LIFEAUW |
| E. Line number | Numeric | 50 |
| **Total number of new policies issued by the company during the period.** | | |
| **Individual Life Cash Value** | | |
| 1. MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| 1. Other than MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| **Individual Life Non-Cash Value** | | |
| 1. MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| 1. Other than MCAS Accelerated UW | Numeric | No commas, signs or decimals |

Life Record 51

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 50 | | |
| E. Line number | Numeric | 51 |
| **Number of new policies applied for during the period** | | |
| **Individual Life Cash Value** | | |
| 1. MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| 1. Other than MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| **Individual Life Non-Cash Value** | | |
| 1. MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| 1. Other than MCAS Accelerated UW | Numeric | No commas, signs or decimals |

Life Record 52

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 50 | | |
| E. Line number | Numeric | 52 |
| **Number of free looks during the period** | | |
| **Individual Life Cash Value** | | |
| 1. MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| 1. Other than MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| **Individual Life Non-Cash Value** | | |
| 1. MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| 1. Other than MCAS Accelerated UW | Numeric | No commas, signs or decimals |

Life Record 53

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 50 | | |
| E. Line number | Numeric | 53 |
| **Number of policies in force at the end of the period** | | |
| **Individual Life Cash Value** | | |
| 1. MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| 1. Other than MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| **Individual Life Non-Cash Value** | | |
| 1. MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| 1. Other than MCAS Accelerated UW | Numeric | No commas, signs or decimals |

Life Record 54

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 50 | | |
| E. Line number | Numeric | 54 |
| **Dollar amount of direct premium during the period** | | |
| **Individual Life Cash Value** | | |
| 1. MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| 1. Other than MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| **Individual Life Non-Cash Value** | | |
| 1. MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| 1. Other than MCAS Accelerated UW | Numeric | No commas, signs or decimals |

Life Record 55

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 50 | | |
| E. Line number | Numeric | 55 |
| **Dollar amount of insurance issued during the period (Face Amount)** | | |
| **Individual Life Cash Value** | | |
| 1. MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| 1. Other than MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| **Individual Life Non-Cash Value** | | |
| 1. MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| 1. Other than MCAS Accelerated UW | Numeric | No commas, signs or decimals |

Life Record 56

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 50 | | |
| E. Line number | Numeric | 56 |
| **Dollar amount of insurance in force at the end of the period (Face Amount)** | | |
| **Individual Life Cash Value** | | |
| 1. MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| 1. Other than MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| **Individual Life Non-Cash Value** | | |
| 1. MCAS Accelerated UW | Numeric | No commas, signs or decimals |
| 1. Other than MCAS Accelerated UW | Numeric | No commas, signs or decimals |

### Life Attestation

Life Record 57

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | LIFEATT |
| E. Line number | Numeric | 57 |
| **First Attestor Information** | | |
| F. First Name | Text | Text |
| G. Middle Name | Text | Text |
| H. Last Name | Text | Text |
| I. Suffix | Text | Text |
| J. Title | Text | Text |
| K. (no data required) |  | Leave blank |

Life Record 58

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 57 | | |
| E. Line number | Numeric | 58 |
| **Second Attestor Information** | | |
| F. First Name | Text | Text |
| G. Middle Name | Text | Text |
| H. Last Name | Text | Text |
| I. Suffix | Text | Text |
| J. Title | Text | Text |
| K. (no data required) |  | Leave blank |

Life Record 59

|  |  |  |
| --- | --- | --- |
| A. through D. same as Life Record 57 | | |
| E. Line number | Numeric | 59 |
| **Overall Comments for the Filing Period** | | |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. (no data required) |  | Leave blank |
| K. (no data required) | Text | Text |

### 

## Annuities

The Annuities line of business consists of two types of records:

Interrogatory – 12 records with 7 columns per record

Data – 28 records with 9 columns per record

Attestation – 3 records with 11 columns per record

|  |  |
| --- | --- |
| ***Note:*** | *All CAPS are required for state abbreviations and where indicated in the* Contents *column acceptable values.* |

### Annuities Interrogatories

Annuities Record 1

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | ANNUITIESINT |
| E. Line number | Numeric | 1 |
| **Indiv Indexed Fixed Annuities: Does company have data to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Annuities Record 2

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 1 | | |
| E. Line number | Numeric | 2 |
| **Indiv Other Fixed Annuities: Does company have data to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Annuities Record 3

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 1 | | |
| E. Line number | Numeric | 3 |
| **Indiv Indexed Variable Annuities: Does company have data to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Annuities Record 4

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 1 | | |
| E. Line number | Numeric | 4 |
| **Indiv Other Variable Annuities: Does company have data to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Annuities Record 5

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 1 | | |
| E. Line number | Numeric | 5 |
| **Indiv (Indexed or Other) Fixed Annuities: Is the data reported substantially different than previously reported?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Annuities Record 6

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 1 | | |
| E. Line number | Numeric | 6 |
| **Indiv Fixed Annuities: If Record 5 = Y, explain** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Annuities Record 7

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 1 | | |
| E. Line number | Numeric | 7 |
| **Indiv Variable (Indexed or Other) Annuities: Is the data reported substantially different than previously reported?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Annuities Record 8

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 1 | | |
| E. Line number | Numeric | 8 |
| **Indiv Variable Annuities: If Record 7 = Y, explain** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Annuities Record 9

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 1 | | |
| E. Line number | Numeric | 9 |
| **Does the company use TPAs?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Annuities Record 10

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 1 | | |
| E. Line number | Numeric | 10 |
| **If Record 9 = Y, provide the names and functions of each TPA** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Annuities Record 11

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 1 | | |
| E. Line number | Numeric | 11 |
| **Indiv Fixed Annuities: Additional state specific comments** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Annuities Record 12

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 1 | | |
| E. Line number | Numeric | 12 |
| **Indiv Variable Annuities: Additional state specific comments** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

### Annuities Data

Annuities Record 13

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | ANNUITIES |
| E. Line number | Numeric | 13 |
| **Replacement contracts issued** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 14

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 14 |
| **Internal replacement contracts issued** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 15

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 15 |
| **External replacements of unaffiliated company contracts issued** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 16

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 16 |
| **External replacements of affiliated company contracts issued** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 17

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 17 |
| **Contracts replaced where annuitant age < 65** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 18

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 18 |
| **Contracts replaced where annuitant age => 65 through 80** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 19

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 19 |
| **Contracts replaced where annuitant age > 80** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 20

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 20 |
| **New immediate contracts issued** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 21

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 21 |
| **Deferred contracts issued where annuitant age < 65** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 22

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 22 |
| **Deferred contracts issued where annuitant age => 65 through 80** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 23

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 23 |
| **Deferred contracts issued where annuitant age > 80** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 24

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 24 |
| **Deferred contracts issued** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 25

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 25 |
| **Contracts surrendered < 2 yrs from policy issue** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 26

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 26 |
| **Contracts surrendered => 2 yrs and =< 5 yrs from policy issue** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 27

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 27 |
| **Contracts surrendered => 6 yrs and =< 10 yrs from policy issue** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 28

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 28 |
| **Contracts surrendered > 10 yrs from policy issue** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 29

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 29 |
| **Contracts surrendered** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 30

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 30 |
| **Contracts surrendered with a surrender fee** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 31

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 31 |
| **Contracts applied for** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 32

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 32 |
| **Free looks** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 33

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 33 |
| **Contracts in force** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 34

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 34 |
| **Dollar amount of annuity consideration** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 35

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 35 |
| **Consumer complaints** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 36

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 36 |
| **Number of lawsuits open at the beginning of the period** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 37

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 37 |
| **Number of lawsuits opened during the period** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 38

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 38 |
| **Number of lawsuits closed during the period** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 39

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 39 |
| **Number of lawsuits closed with consideration for the customer** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

Annuities Record 40

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 13 | | |
| E. Line number | Numeric | 40 |
| **Number of lawsuits open at the end of the period** | | |
| F. Indiv Indexed Fixed Annuity | Numeric | No commas, signs or decimals |
| G. Indiv Other Fixed Annuity | Numeric | No commas, signs or decimals |
| H. Indiv Indexed Variable Annuity | Numeric | No commas, signs or decimals |
| I. Indiv Other Variable Annuity | Numeric | No commas, signs or decimals |

### Annuity Attestation

Annuities Record 41

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | ANNUITIESATT |
| E. Line number | Numeric | 41 |
| **First Attestor Information** | | |
| F. First Name | Text | Text |
| G. Middle Name | Text | Text |
| H. Last Name | Text | Text |
| I. Suffix | Text | Text |
| J. Title | Text | Text |
| K. (no data required) |  | Leave blank |

Annuities Record 42

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 41 | | |
| E. Line number | Numeric | 42 |
| **Second Attestor Information** | | |
| F. First Name | Text | Text |
| G. Middle Name | Text | Text |
| H. Last Name | Text | Text |
| I. Suffix | Text | Text |
| J. Title | Text | Text |
| K. (no data required) |  | Leave blank |

Annuities Record 43

|  |  |  |
| --- | --- | --- |
| A. through D. same as Annuities Record 41 | | |
| E. Line number | Numeric | 43 |
| **Overall Comments for the Filing Period** | | |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. (no data required) |  | Leave blank |
| K. (no data required) | Text | Text |

## Private Passenger Auto

The Private Passenger Auto line of business consists of four types of records:

Interrogatory – 27 records with 7 columns per record

Claims – 18 records with 26 columns per record

Underwriting – 11 records with 6 columns per record

Lawsuit Activity – 5 records with 9 columns per record

Attestation – 3 records with 11 columns per record

|  |  |
| --- | --- |
| ***Note:*** | *All CAPS are required for state abbreviations and where indicated in the* Contents *column acceptable values.* |

### PPA Interrogatories

PPA Record 1

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | PPAINT |
| E. Line number | Numeric | 1 |
| **Data to report for Collision?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 2

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 2 |
| **Data to report for Comprehensive?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 3

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 3 |
| **Data to report for Bodily Injury?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 4

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 4 |
| **Data to report for Property Damage?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 5

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 5 |
| **Data to report for UMBI & UIMBI?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 6

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 6 |
| **Data to report for UMPD & UIMPD?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 7

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 7 |
| **Data to report for Med Payments?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 8

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 8 |
| **Data to report for Combined Single Limits?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 9

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 9 |
| **Data to report for Personal Injury Protection?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 10

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 10 |
| **Actively writing policies in state at year-end?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 11

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 11 |
| **Does the company write in the non-standard market?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 12

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 12 |
| **If Record 11 = Y, what percentage is non-standard?** | | |
| 1. Response |  | Leave blank |
| 1. Explanation | Numeric | No commas, signs or decimals |

PPA Record 13

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 13 |
| **If Record 11 = Y, how does the company define non-standard?** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

PPA Record 14

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 14 |
| **Significant event or strategy change affecting reported data?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 15

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 15 |
| **If Record 14 = Y, explain** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

PPA Record 16

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 16 |
| **All or part of business sold, closed, or moved during the reporting period?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 17

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 17 |
| **If Record 16 = Y, explain** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

PPA Record 18

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 18 |
| **How are supplemental or additional payments on previously reported claims treated?** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

PPA Record 19

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 19 |
| **Does the company use Managing General Agents (MGAs)?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 20

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 20 |
| **If Record 19 = Y, List the names** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

PPA Record 21

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 21 |
| **Does the company use Third Party Administrators (TPAs)?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 22

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 22 |
| **If Record 21 = Y, List the names** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

PPA Record 23

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 23 |
| **Does the company use telematics or usage-based data?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 24

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 24 |
| **Does the company used digital claim settlement?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

PPA Record 25

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 25 |
| **If Record 24 = Y, list the names of the vendors providing third-party data and algorithms used in the digital claim settlement process.** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

PPA Record 26

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 26 |
| **Additional state specific Claims comments (optional)** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

PPA Record 27

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 1 | | |
| E. Line number | Numeric | 27 |
| **Additional state specific Underwriting comments (optional)** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

### PPA Claims

PPA Record 28

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | PPACLMS |
| E. Line number | Numeric | 28 |
| **Number of claims open at the beginning of the period** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 29

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 29 |
| **Number of claims opened during the period** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |

PPA Record 30

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 30 |
| **Number of claims closed with payment during the period** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 31

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 31 |
| **Number of claims closed without payment during the period** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required)) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required)l |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 32

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 32 |
| **Number of claims closed during the period, without payment, because the amount claimed is below the insured’s deductible.** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 33

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 33 |
| **Number of claims remaining open at the end of the period** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 34

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 34 |
| **Median days to final payment** | | |
| **Collision** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. All | Numeric | No commas, signs or decimals |
| **Comprehensive** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. All | Numeric | No commas, signs or decimals |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. All | Numeric | No commas, signs or decimals |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 35

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 35 |
| **Number of claims closed with payment within 0-30 days** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required)l |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 36

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 36 |
| **Number of claims closed with payment within 31-60 days** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 37

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 37 |
| **Number of claims closed with payment within 61-90 days** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 38

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 38 |
| **Number of claims closed with payment within 91-180 days** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 39

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 39 |
| **Number of claims closed with payment within 181-365 days** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 40

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 40 |
| **Number of claims closed with payment beyond 365 days** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 41

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 41 |
| **Number of claims closed without payment within 0-30 days** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 42

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 42 |
| **Number of claims closed without payment within 31-60 days** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 43

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 43 |
| **Number of claims closed without payment within 61-90 days** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 44

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 44 |
| **Number of claims closed without payment within 91-180 days** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 45

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 45 |
| **Number of claims closed without payment within 181-365 days** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

PPA Record 46

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 28 | | |
| E. Line number | Numeric | 46 |
| **Number of claims closed without payment within 365 days** | | |
| **Collision** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Comprehensive** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Bodily Injury** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Property Damage** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **UMBI and UIMBI** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **UMPD & UIMPD** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Combined Single Limits** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Personal Injury Protection** | | |
| 1. All | Numeric | No commas, signs or decimals |

### PPA Underwriting

PPA Record 47

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | PPAUNDACT |
| E. Line number | Numeric | 47 |
| F. **Number of autos which have policies in force at the end of the period** | Numeric | No commas, signs or decimals |

PPA Record 48

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 47 | | |
| E. Line number | Numeric | 48 |
| F. **Number of policies in force at the end of the period** | Numeric | No commas, signs or decimals |

PPA Record 49

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 47 | | |
| E. Line number | Numeric | 49 |
| F. **Number of new policies written during the period** | Numeric | No commas, signs or decimals |

PPA Record 50

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 47 | | |
| E. Line number | Numeric | 50 |
| F. **Dollar amount of direct written premium during the period** | Numeric | No commas, signs or decimals |

PPA Record 51

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 47 | | |
| E. Line number | Numeric | 51 |
| F. **number of company-initiated non-renewals during the period** | Numeric | No commas, signs or decimals |

PPA Record 52

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 47 | | |
| E. Line number | Numeric | 52 |
| F. **Number of cancellations for non-pay or non-sufficient funds** | Numeric | No commas, signs or decimals |

PPA Record 53

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 47 | | |
| E. Line number | Numeric | 53 |
| F. **Number of cancellations at the insured’s request** | Numeric | No commas, signs or decimals |

PPA Record 54

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 47 | | |
| E. Line number | Numeric | 54 |
| F. **Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to a related company** | Numeric | No commas, signs or decimals |

PPA Record 55

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 47 | | |
| E. Line number | Numeric | 55 |
| F. **Number of company-initiated cancellations that occur 60-90 days after effective date, excluding rewrites to a related company.** | Numeric | No commas, signs or decimals |

PPA Record 56

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 47 | | |
| E. Line number | Numeric | 56 |
| F. **Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to a related company** | Numeric | No commas, signs or decimals |

PPA Record 57

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 47 | | |
| E. Line number | Numeric | 57 |
| F. **Number of complaints received directly from any person or entity other than the DOI** | Numeric | No commas, signs or decimals |

### PPA Lawsuit Activity

PPA Record 58

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | PPALAW |
| E. Line number | Numeric | 58 |
| **Number of lawsuits open at the beginning of the period** | | |
| F. Collision | Numeric | No commas, signs or decimals |
| G. Comprehensive | Numeric | No commas, signs or decimals |
| H. Bodily Injury | Numeric | No commas, signs or decimals |
| I. Property Damage | Numeric | No commas, signs or decimals |
| 1. UMBI and UIMBI | Numeric | No commas, signs or decimals |
| 1. UMPD and UIMPD | Numeric | No commas, signs or decimals |
| 1. Medical Payments | Numeric | No commas, signs or decimals |
| 1. Combined Single Limits | Numeric | No commas, signs or decimals |
| 1. Non-Claim Related Lawsuits | Numeric | No commas, signs or decimals |

PPA Record 59

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 58 | | |
| E. Line number | Numeric | 59 |
| **Number of lawsuits opened during the period** | | |
| 1. Collision | Numeric | No commas, signs or decimals |
| 1. Comprehensive | Numeric | No commas, signs or decimals |
| 1. Bodily Injury | Numeric | No commas, signs or decimals |
| 1. Property Damage | Numeric | No commas, signs or decimals |
| 1. UMBI and UIMBI | Numeric | No commas, signs or decimals |
| 1. UMPD and UIMPD | Numeric | No commas, signs or decimals |
| 1. Medical Payments | Numeric | No commas, signs or decimals |
| 1. Combined Single Limits | Numeric | No commas, signs or decimals |
| 1. Non-Claim Related Lawsuits | Numeric | No commas, signs or decimals |

PPA Record 60

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 58 | | |
| E. Line number | Numeric | 60 |
| **Number of lawsuits closed during the period** | | |
| 1. Collision | Numeric | No commas, signs or decimals |
| 1. Comprehensive | Numeric | No commas, signs or decimals |
| 1. Bodily Injury | Numeric | No commas, signs or decimals |
| 1. Property Damage | Numeric | No commas, signs or decimals |
| 1. UMBI and UIMBI | Numeric | No commas, signs or decimals |
| 1. UMPD and UIMPD | Numeric | No commas, signs or decimals |
| 1. Medical Payments | Numeric | No commas, signs or decimals |
| 1. Combined Single Limits | Numeric | No commas, signs or decimals |
| 1. Non-Claim Related Lawsuits | Numeric | No commas, signs or decimals |

PPA Record 61

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 58 | | |
| E. Line number | Numeric | 61 |
| **Number of lawsuits open at the end of the period.** | | |
| 1. Collision | Numeric | No commas, signs or decimals |
| 1. Comprehensive | Numeric | No commas, signs or decimals |
| 1. Bodily Injury | Numeric | No commas, signs or decimals |
| 1. Property Damage | Numeric | No commas, signs or decimals |
| 1. UMBI and UIMBI | Numeric | No commas, signs or decimals |
| 1. UMPD and UIMPD | Numeric | No commas, signs or decimals |
| 1. Medical Payments | Numeric | No commas, signs or decimals |
| 1. Combined Single Limits | Numeric | No commas, signs or decimals |
| 1. Non-Claim Related Lawsuits | Numeric | No commas, signs or decimals |

PPA Record 62

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 58 | | |
| E. Line number | Numeric | 62 |
| **Number of lawsuits closed with consideration for the consumer** | | |
| 1. Collision | Numeric | No commas, signs or decimals |
| 1. Comprehensive | Numeric | No commas, signs or decimals |
| 1. Bodily Injury | Numeric | No commas, signs or decimals |
| 1. Property Damage | Numeric | No commas, signs or decimals |
| 1. UMBI and UIMBI | Numeric | No commas, signs or decimals |
| 1. UMPD and UIMPD | Numeric | No commas, signs or decimals |
| 1. Medical Payments | Numeric | No commas, signs or decimals |
| 1. Combined Single Limits | Numeric | No commas, signs or decimals |
| 1. Non-Claim Related Lawsuits | Numeric | No commas, signs or decimals |

### PPA Attestation

PPA Record 63

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | PPAATT |
| E. Line number | Numeric | 63 |
| **First Attestor Information** | | |
| F. First Name | Text | Text |
| G. Middle Name | Text | Text |
| H. Last Name | Text | Text |
| I. Suffix | Text | Text |
| J. Title | Text | Text |
| K. (no data required) |  | Leave blank |

PPA Record 64

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 63 | | |
| E. Line number | Numeric | 62 |
| **Second Attestor Information** | | |
| F. First Name | Text | Text |
| G. Middle Name | Text | Text |
| H. Last Name | Text | Text |
| I. Suffix | Text | Text |
| J. Title | Text | Text |
| K. (no data required) |  | Leave blank |

PPA Record 65

|  |  |  |
| --- | --- | --- |
| A. through D. same as PPA Record 63 | | |
| E. Line number | Numeric | 65 |
| **Overall Comments for the Filing Period** | | |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. (no data required) |  | Leave blank |
| K. (no data required) | Text | Text |

## Homeowners

The Homeowners line of business consists of four types of records:

Interrogatory – 22 records with 7 columns per record

Claims – 18 records with 16 columns per record

Underwriting – 14 records with 6 columns per record

Lawsuit Activity 5 records with 11 columns per record

Attestation – 3 records with 11 columns per record

|  |  |
| --- | --- |
| ***Note:*** | *All CAPS are required for state abbreviations and where indicated in the* Contents *column acceptable values.* |

### Homeowners Interrogatories

HO Record 1

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | HOINT |
| E. Line number | Numeric | 1 |
| **Data to report for Dwelling?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

HO Record 2

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 2 |
| **Data to report for Personal Property?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

HO Record 3

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 3 |
| **Data to report for Liability?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

HO Record 4

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 4 |
| **Data to report for Med Payments?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

HO Record 5

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 5 |
| **Data to report for Loss of Use?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

HO Record 6

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 6 |
| **Actively writing policies in state at year-end?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

HO Record 7

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 7 |
| **Does the company write in the non-standard market?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

HO Record 8

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 8 |
| **If Record 7 = Y, what percentage is non-standard?** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Numeric | No commas, signs or decimals |

HO Record 9

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 9 |
| **If Record 7 = Y, how does the company define non-standard?** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

HO Record 10

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 10 |
| **Significant event or strategy change affecting reported data?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

HO Record 11

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 11 |
| **If Record 10 = Y, explain** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

HO Record 12

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 12 |
| **All or part of business sold, closed, or moved during the reporting period?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

HO Record 13

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 13 |
| **If Record 12 = Y, explain** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

HO Record 14

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 14 |
| **How are supplemental or additional payments on previously reported claims treated?** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

HO Record 15

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 15 |
| **Does the company use Managing General Agents (MGAs)?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

HO Record 16

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 16 |
| **If Record 15 = Y, List the names** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

HO Record 17

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 17 |
| **Does the company use Third Party Administrators?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

HO Record 18

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 18 |
| **If Record 17 = Y, List the names** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

HO Record 19

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 19 |
| **Does the company use digital claim settlement?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

HO Record 20

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 20 |
| **If Record 19 = Y, list names and the vendors providing third-party data and algorithms used in the digital claim settlement process.** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

HO Record 21

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 21 |
| **Additional state specific Claims comments (optional)** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

HO Record 22

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 1 | | |
| E. Line number | Numeric | 22 |
| **Additional state specific Underwriting comments (optional)** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

### Homeowners Claims

HO Record 23

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | HOCLMS |
| E. Line number | Numeric | 23 |
| **Number of claims open at the beginning of the period** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 24

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 24 |
| **Number of claims opened during the period** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 25

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | Numeric | 2023 |
| E. Line number | Numeric | 25 |
| **Number of claims closed with payment during the period** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 26

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | Numeric | 2023 |
| E. Line number | Numeric | 26 |
| **Number of claims closed without payment during the period** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 27

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 27 |
| **Number of claims open at the end of the period** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 28

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 28 |
| **Median days to final payment** | | |
| **Dwelling** | | |
| 1. (No data required) |  | Leave Blank |
| 1. (No data required) |  | Leave Blank |
| 1. (No data required) |  | Leave Blank |
| 1. Digital | Numeric | No commas, signs or decimals |
| **Personal Property** | | |
| 1. (No data required) |  | Leave Blank |
| 1. (No data required) |  | Leave Blank |
| 1. (No data required) |  | Leave Blank |
| 1. Digital | Numeric | No commas, signs or decimals |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 29

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 29 |
| **Number of claims closed with payment within 0-30 days** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 30

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 30 |
| **Number of claims closed with payment within 31-60 days** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 31

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 31 |
| **Number of claims closed with payment within 61-90 days** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 32

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 32 |
| **Number of claims closed with payment within 91-180** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 33

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 33 |
| **Number of claims closed with payment within 181-365** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 34

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 34 |
| **Number of claims closed with payment beyond 365 days** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 35

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 35 |
| **Number of claims closed without payment within 0-30 days.** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 36

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 36 |
| **Number of claims without payment within 31-60 days.** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 37

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 37 |
| **Number of claims closed without payment within 61-90 days** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 38

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 38 |
| **Number of claims closed without payment within 91-180 days** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 39

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 39 |
| **Number of claims closed without payment 181-365 days** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

HO Record 40

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 23 | | |
| E. Line number | Numeric | 40 |
| **Number of claims closed without payment beyond 365 days** | | |
| **Dwelling** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave Blank |
| **Personal Property** | | |
| 1. Digital | Numeric | No commas, signs or decimals |
| 1. Hybrid | Numeric | No commas, signs or decimals |
| 1. Non-Digital | Numeric | No commas, signs or decimals |
| 1. (No data required) |  | Leave Blank |
| **Liability** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Medical Payments** | | |
| 1. All | Numeric | No commas, signs or decimals |
| **Loss of Use** | | |
| 1. All | Numeric | No commas, signs or decimals |

### Homeowners Underwriting

HO Record 41

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | HOUNDACT |
| E. Line number | Numeric | 41 |
| F. **Number of dwellings which have policies in force at the end of the period** | Numeric | No commas, signs or decimals |

HO Record 42

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 41 | | |
| E. Line number | Numeric | 42 |
| F. **Number of dwellings which have policies in force at the end of the period** | Numeric | No commas, signs or decimals |

HO Record 43

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 41 | | |
| E. Line number | Numeric | 43 |
| F. **Number of homeowner policies in force at the end of the period** | Numeric | No commas, signs or decimals |

HO Record 44

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 41 | | |
| E. Line number | Numeric | 44 |
| F. **Number of tenant/renter/condo policies in force at the end of the period.** | Numeric | No commas, signs or decimals |

HO Record 45

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 41 | | |
| E. Line number | Numeric | 45 |
| F. **Number of all other residential property policies in force at the end of the period** | Numeric | No commas, signs or decimals |

HO Record 46

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 41 | | |
| E. Line number | Numeric | 46 |
| F. **Number of new business policies written during the period** | Numeric | No commas, signs or decimals |

HO Record 47

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 41 | | |
| E. Line number | Numeric | 47 |
| F. **Dollar amount of direct premium written during the period** | Numeric | No commas, signs or decimals |

HO Record 48

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 41 | | |
| E. Line number | Numeric | 48 |
| F. **Number of company-initiated non-renewals during the period** | Numeric | No commas, signs or decimals |

HO Record 49

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 41 | | |
| E. Line number | Numeric | 49 |
| F. **Number of company-initiated non-renewals during the period** | Numeric | No commas, signs or decimals |

HO Record 50

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 41 | | |
| E. Line number | Numeric | 50 |
| F. **Number of cancellations at the insured’s request** | Numeric | No commas, signs or decimals |

HO Record 51

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 41 | | |
| E. Line number | Numeric | 51 |
| F. **Number of company-initiated cancellations that occur in the first 59 days after the effective date, excluding rewrites to a related company** | Numeric | No commas, signs or decimals |

HO Record 52

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 41 | | |
| E. Line number | Numeric | 52 |
| F. **Number of company-initiated cancellations that occur 60 to 90 days after effective date, excluding rewrites to a related company** | Numeric | No commas, signs or decimals |

HO Record 53

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 41 | | |
| E. Line number | Numeric | 53 |
| F. **Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to a related company** | Numeric | No commas, signs or decimals |

HO Record 54

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 41 | | |
| E. Line number | Numeric | 54 |
| F. **Number of complaints received directly from any person or entity other than the DOI** | Numeric | No commas, signs or decimals |

### Homeowners Lawsuit Activity

HO Record 55

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | HOLAW |
| E. Line number | Numeric | 55 |
| **Number of lawsuits open at the beginning of the period** | | |
| 1. Dwelling | Numeric | No commas, signs or decimals |
| 1. Personal Property | Numeric | No commas, signs or decimals |
| 1. Liability | Numeric | No commas, signs or decimals |
| 1. Medical Payments | Numeric | No commas, signs or decimals |
| 1. Loss of Use | Numeric | No commas, signs or decimals |
| 1. Non-Claim Related Lawsuits | Numeric | No commas, signs or decimals |

HO Record 56

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO record 55 |  |  |
| E. Line number | Numeric | 56 |
| **Number of lawsuits opened during the period** | | |
| 1. Dwelling | Numeric | No commas, signs or decimals |
| 1. Personal Property | Numeric | No commas, signs or decimals |
| 1. Liability | Numeric | No commas, signs or decimals |
| 1. Medical Payments | Numeric | No commas, signs or decimals |
| 1. Loss of Use | Numeric | No commas, signs or decimals |
| 1. Non-Claim Related Lawsuits | Numeric | No commas, signs or decimals |

HO Record 57

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO record 55 |  |  |
| E. Line number | Numeric | 57 |
| **Number of lawsuits closed during the period** | | |
| 1. Dwelling | Numeric | No commas, signs or decimals |
| 1. Personal Property | Numeric | No commas, signs or decimals |
| 1. Liability | Numeric | No commas, signs or decimals |
| 1. Medical Payments | Numeric | No commas, signs or decimals |
| 1. Loss of Use | Numeric | No commas, signs or decimals |
| 1. Non-Claim Related Lawsuits | Numeric | No commas, signs or decimals |

HO Record 58

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO record 55 |  |  |
| E. Line number | Numeric | 58 |
| **Number of lawsuits open at the end of the period** | | |
| 1. Dwelling | Numeric | No commas, signs or decimals |
| 1. Personal Property | Numeric | No commas, signs or decimals |
| 1. Liability | Numeric | No commas, signs or decimals |
| 1. Medical Payments | Numeric | No commas, signs or decimals |
| 1. Loss of Use | Numeric | No commas, signs or decimals |
| 1. Non-Claim Related Lawsuits | Numeric | No commas, signs or decimals |

HO Record 59

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO record 55 |  |  |
| E. Line number | Numeric | 59 |
| **Number of lawsuits closed with consideration for the consumer** | | |
| 1. Dwelling | Numeric | No commas, signs or decimals |
| 1. Personal Property | Numeric | No commas, signs or decimals |
| 1. Liability | Numeric | No commas, signs or decimals |
| 1. Medical Payments | Numeric | No commas, signs or decimals |
| 1. Loss of Use | Numeric | No commas, signs or decimals |
| 1. Non-Claim Related Lawsuits | Numeric | No commas, signs or decimals |

### HO Attestation

HO Record 60

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | HOATT |
| E. Line number | Numeric | 60 |
| **First Attestor Information** | | |
| F. First Name | Text | Text |
| G. Middle Name | Text | Text |
| H. Last Name | Text | Text |
| I. Suffix | Text | Text |
| J. Title | Text | Text |
| K. (no data required) |  | Leave blank |

HO Record 61

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 60 | | |
| E. Line number | Numeric | 61 |
| **Second Attestor Information** | | |
| F. First Name | Text | Text |
| G. Middle Name | Text | Text |
| H. Last Name | Text | Text |
| I. Suffix | Text | Text |
| J. Title | Text | Text |
| K. (no data required) |  | Leave blank |

HO Record 62

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 60 | | |
| E. Line number | Numeric | 62 |
| **Overall Comments for the Filing Period** | | |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. (no data required) |  | Leave blank |
| K. (no data required) | Text | Text |

## Long-Term Care

The Long-Term Care line of business consists of five types of records:

Interrogatory – 18 records with 7 columns per record

General Information – 12 records with 8 columns per record

Claimants – 16 records with 8 columns per record

Benefits – 12 records with 8 columns per record

Lawsuits – 5 records with 8 columns per record

Attestation – 3 records with 11 columns per record

|  |  |
| --- | --- |
| ***Note:*** | *All CAPS are required for state abbreviations and where indicated in the* Contents *column acceptable values.* |

### Long-Term Care Interrogatories

LTC Record 1

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | LTCINT |
| E. Line number | Numeric | 1 |
| **Stand-Alone LTC: Does company have data to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

LTC Record 2

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 2 |
| **Life LTC Hybrid: Does company have data to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

LTC Record 3

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 3 |
| **Annuity LTC Hybrid: Does company have data to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

LTC Record 4

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 4 |
| **Stand-Alone LTC: Significant event or strategy change affecting reported data?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

LTC Record 5

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 5 |
| **If Record 4 = Y, explain** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

LTC Record 6

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 6 |
| **Life LTC Hybrid: Significant event or strategy change affecting reported data?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

LTC Record 7

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 7 |
| **If Record 6 = Y, explain** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

LTC Record 8

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 8 |
| **Annuity LTC Hybrid: Significant event or strategy change affecting reported data?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

LTC Record 9

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 9 |
| **If Record 8 = Y, explain** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

LTC Record 10

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 10 |
| **Stand-Alone LTC: All or part of business sold, closed, or moved during the year?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

LTC Record 11

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 11 |
| **If Record 10 = Y, explain** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

LTC Record 12

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 12 |
| **Life LTC Hybrid: All or part of business sold, closed, or moved during the year?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

LTC Record 13

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 13 |
| **If Record 12 = Y, explain** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

LTC Record 14

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 14 |
| **Annuity LTC Hybrid: All or part of business sold, closed, or moved during the year?** | | |
| 1. Response | Text | Y or N |
| 1. (no data required) |  | Leave blank |

LTC Record 15

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 15 |
| **If Record 14 = Y, explain** | | |
| 1. (no data required) |  | Leave blank |
| 1. Explanation | Text | Text |

LTC Record 16

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 16 |
| **Stand-Alone LTC: Additional state specific comments** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

LTC Record 17

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 17 |
| **Life LTC Hybrid: Additional state specific comments** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

LTC Record 18

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 1 | | |
| E. Line number | Numeric | 18 |
| **Annuity LTC Hybrid: Additional state specific comments** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

### Long-Term Care General Information

LTC Record 19

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | LTCGENINFO |
| E. Line number | Numeric | 19 |
| **Number of policies/contracts in force as of the beginning of the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 20

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 19 | | |
| E. Line number | Numeric | 20 |
| **Number of new business policies/contracts issued during the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 21

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 19 | | |
| E. Line number | Numeric | 21 |
| **Number of free look cancellations during the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 22

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 19 | | |
| E. Line number | Numeric | 22 |
| **Number of lapses during the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 23

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 19 | | |
| E. Line number | Numeric | 23 |
| **Number of rescissions during the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 24

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 19 | | |
| E. Line number | Numeric | 24 |
| **Number of policies/contracts in force as of the end of the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 25

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 19 | | |
| E. Line number | Numeric | 25 |
| **Number of internal replacements during the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 26

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 19 | | |
| E. Line number | Numeric | 26 |
| **Number of external replacements during the year** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 27

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 19 | | |
| E. Line number | Numeric | 27 |
| **Number of policies/contracts replaced where the age of the insured was < 65** | | |
| 1. (no data required) |  | Leave blank |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 28

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 19 | | |
| E. Line number | Numeric | 28 |
| **Number of policies/contracts replaced where the age of the insured was between 65 & 80** | | |
| 1. (no data required) |  | Leave blank |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 29

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 19 | | |
| E. Line number | Numeric | 29 |
| **Number of policies/contracts replaced where the age of the insured was > 80** | | |
| 1. (no data required) |  | Leave blank |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 30

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 19 | | |
| E. Line number | Numeric | 30 |
| **Number of complaints received directly from consumers** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

### Long-Term Care Claimant

LTC Record 31

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | LTCCLMNT |
| E. Line number | Numeric | 31 |
| **Number of claimants approved for benefits as of the beginning of the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 32

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 32 |
| **Number of claimants with pending claimant request determinations – beginning period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 33

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 33 |
| **Number of new claimants during the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 34

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 34 |
| **Number of claimants with pending claimant request determinations – end of period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 35

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 35 |
| **Number of claimants approved for benefits as of the end of the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 36

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 36 |
| **Number of claimants denied or not paid because claimant did not pursue** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 37

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 37 |
| **Number of claimants denied or not paid due to pre-existing condition exclusion** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 38

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 38 |
| **Number of claimants denied or not paid due to elimination or waiting period not met** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 39

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 39 |
| **Number of claimants denied or not paid because service provided not covered** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 40

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 40 |
| **Number of claimants denied or not paid because provider or facility not qualified** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 41

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 41 |
| **Number of claimants denied or not paid because benefits eligibility criteria not met** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 42

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 42 |
| **All other claimant requests denied or closed without payment** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 43

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 43 |
| **Number of claim request determinations made within 0 - 30 days** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 44

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 44 |
| **Number of claim request determinations made within 31 - 60 days** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 45

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 45 |
| **Number of claim request determinations made within 61 - 90 days** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 46

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 31 | | |
| E. Line number | Numeric | 46 |
| **Number of claim request determinations made beyond 90 days** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

### Long-Term Benefits

LTC Record 47

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | LTCBENEPAY |
| E. Line number | Numeric | 47 |
| **Number of benefit payment requests pending as of the beginning of the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 48

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 47 | | |
| E. Line number | Numeric | 48 |
| **Number of benefit payment requests received during the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 49

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 47 | | |
| E. Line number | Numeric | 49 |
| **Number of benefit payment requests denied or not paid during the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 50

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 47 | | |
| E. Line number | Numeric | 50 |
| **Number of benefit payment requests pending as of the end of period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 51

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 47 | | |
| E. Line number | Numeric | 51 |
| **Number of benefit payment requests paid within 0 - 30 days** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 52

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 47 | | |
| E. Line number | Numeric | 52 |
| **Number of benefit payment requests paid within 31 - 60 days** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 53

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 47 | | |
| E. Line number | Numeric | 53 |
| **Number of benefit payment requests paid within 61 - 90 days** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 54

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 47 | | |
| E. Line number | Numeric | 54 |
| **Number of benefit payment requests paid beyond 90 days** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 55

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 47 | | |
| E. Line number | Numeric | 55 |
| **Number of benefit payment requests denied or not paid within 0 - 30 days** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 56

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 47 | | |
| E. Line number | Numeric | 56 |
| **Number of benefit payment requests denied or not paid within 31 - 60 days** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 57

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 47 | | |
| E. Line number | Numeric | 57 |
| **Number of benefit payment requests denied or not paid within 61 - 90 days** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 58

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 47 | | |
| E. Line number | Numeric | 58 |
| **Number of benefit payment requests denied or not paid beyond 90 days** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

### Long-Term Care Lawsuits

LTC Record 59

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | LTCLAW |
| E. Line number | Numeric | 59 |
| **Number of lawsuits open as of the beginning of the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 60

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 59 | | |
| E. Line number | Numeric | 60 |
| **Number of lawsuits opened during the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 61

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 59 | | |
| E. Line number | Numeric | 61 |
| **Number of lawsuits closed during the period—Total** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 62

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 59 | | |
| E. Line number | Numeric | 62 |
| **Number of lawsuits closed during the period with consideration for the consumer** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

LTC Record 63

|  |  |  |
| --- | --- | --- |
| A. through D. same as LTC Record 59 | | |
| E. Line number | Numeric | 63 |
| **Number of lawsuits open as of the end of the period** | | |
| 1. Stand-Alone LTC | Numeric | No commas, signs or decimals |
| 1. Life LTC Hybrid | Numeric | No commas, signs or decimals |
| 1. Annuity LTC Hybrid | Numeric | No commas, signs or decimals |

### Long-Term Care Attestation

LTC Record 64

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | LTCATT |
| E. Line number | Numeric | 64 |
| **First Attestor Information** | | |
| F. First Name | Text | Text |
| G. Middle Name | Text | Text |
| H. Last Name | Text | Text |
| I. Suffix | Text | Text |
| J. Title | Text | Text |
| K. (no data required) |  | Leave blank |

LTC Record 65

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 58 | | |
| E. Line number | Numeric | 65 |
| **Second Attestor Information** | | |
| F. First Name | Text | Text |
| G. Middle Name | Text | Text |
| H. Last Name | Text | Text |
| I. Suffix | Text | Text |
| J. Title | Text | Text |
| K. (no data required) |  | Leave blank |

LTC Record 66

|  |  |  |
| --- | --- | --- |
| A. through D. same as HO Record 58 | | |
| E. Line number | Numeric | 66 |
| **Overall Comments for the Filing Period** | | |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. (no data required) |  | Leave blank |
| K. (no data required) | Text | Text |

## Health

The Health line of business consists of 12 types of records, including both In-Exchange and Out-of-Exchange information reported:

In-Exchange and Out-of-Exchange

Interrogatory – 18 records with 7 columns per record

In-Exchange

Individual Health – 73 records with 10 columns

Small Group Health – 73 records with 10 columns

Catastrophic – 73 records with 6 columns

Multi-State Individual Health – 73 records with 10 columns

Multi-State Group Health – 73 records with 10 columns

Out-of-Exchange

Individual Health – 73 records with 10 columns

Small Group Health – 73 records with 10 columns

Grandfathered – 73 records with 9 columns

Catastrophic – 73 records with 6 columns

Large Group – 73 records with 6 columns

Student Coverage – 73 records with 6 columns  
 Attestation – 3 records with 11 columns

|  |  |
| --- | --- |
| ***Note:*** | *All CAPS are required for state abbreviations and where indicated in the* Contents *column acceptable values.* |

### In-Exchange and Out-of-Exchange Health Interrogatories

Health Record 1

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | HLTHINT |
| E. Line number | Numeric | 1 |
| **In-Exchange - Does the company have Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic, or student data to report? (Y/N)** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Health Record 2

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 2 |
| **In-Exchange - Does the company have Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies data to report? (Y/N)** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Health Record 3

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 3 |
| **In-Exchange - Does the company have Catastrophic data to report? (Y/N)** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Health Record 4

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 4 |
| **In-Exchange - Does the company have Multi-State (Individual) data to report? (Y/N)** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Health Record 5

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 5 |
| **In-Exchange - Does the company have Multi-State (Small Group) data to report? (Y/N)** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Health Record 6

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 6 |
| **In-Exchange - Number of small groups in-force at the end of the reporting period.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Numeric | No commas, signs or decimals |

Health Record 7

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 7 |
| **In-Exchange - Does the company have an additional voluntary level of review for grievances? (Y/N)** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Health Record 8

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 8 |
| **In-Exchange Comments.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Health Record 9

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 9 |
| **Out-of-Exchange - Does the company have Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic, or student data to report? (Y/N)** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Health Record 10

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 10 |
| **Out-of-Exchange - Does the company have Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies data to report? (Y/N)** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Health Record 11

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 11 |
| **Out-of-Exchange - Does the company have Grandfathered or Transitional plan data to report? (Y/N)** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Health Record 12

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 12 |
| **Out-of-Exchange - Does the company have Catastrophic data to report? (Y/N)** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Health Record 13

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 13 |
| **Out-of-Exchange - Does the company have Large Group Comprehensive Major Medical and Managed Care (minimum essential coverage policies) data to report? (Y/N)** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Health Record 14

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 14 |
| **Out-of-Exchange - Does the company have Student Coverage data to report? (Y/N)** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Health Record 15

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 15 |
| **Out-of-Exchange - Number of small groups in-force at the end of the reporting period.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Numeric | No commas, signs or decimals |

Health Record 16

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 16 |
| **Out-of-Exchange - Number of large groups in-force at the end of the reporting period.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Numeric | No commas, signs or decimals |

Health Record 17

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 17 |
| **Out-of-Exchange - Does the company have an additional voluntary level of review for grievances? (Y/N)** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Health Record 18

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 1 | | |
| E. Line number | Numeric | 18 |
| **Out-of-Exchange Comments.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

### In-Exchange Individual Health Administration Questions

Health Record 19 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | IEXINDIV |
| E. Line number | Numeric | 19 |
| **Earned premiums for Reporting Year.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 20 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 20 |
| **Number of new policies issued during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 21 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 21 |
| **Number of policies renewed during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 22 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 22 |
| **Member months for policies issued during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 23 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 23 |
| **Member months for policies renewed during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 24 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 24 |
| **Number of policy terminations and cancellations initiated by the policyholder.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 25 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 25 |
| **Number of policy terminations and cancellations due to non-payment of premium.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 26 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 26 |
| **Number of insured lives impacted on terminations and cancellations initiated by the policyholder.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 27 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 27 |
| **Number of insured lives impacted on policies terminated and cancelled due to non-payment.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 28 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 28 |
| **Number of rescissions.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 29 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 29 |
| **Number of insured lives impacted by rescissions.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 30 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 30 |
| **Number of prior authorizations requested. (Excluding Pharmacy)** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 31 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 31 |
| **Number of prior authorizations approved (Excluding Pharmacy).** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 32 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 32 |
| **Number of prior authorizations denied (Excluding Pharmacy).** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 33 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 33 |
| **Number of prior authorizations requested for mental health benefits, behavioral benefits, and substance use disorders.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 34 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 34 |
| **Number of prior authorizations for mental health benefits, behavioral benefits, and substance use disorders denied.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 35 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 35 |
| **Number of prior authorizations for mental health benefits, behavioral benefits, and substance use disorders approved.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 36 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 36 |
| **Number of prior authorizations requested (Pharmacy Only).** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 37 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 37 |
| **Number of prior authorizations approved (Pharmacy Only).** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 38 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 38 |
| **Number of prior authorizations denied (Pharmacy Only).** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 39 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 39 |
| **Number of claims received.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 40 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 40 |
| **Number of claims submitted by network providers.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 41– IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 41 |
| **Number of claims submitted for by out-of-network providers.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 42 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 42 |
| **Number of claim denials for in-network claims.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 43 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 43 |
| **In-network claims denied within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 44 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 44 |
| **In-network Claims denied within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 45 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 45 |
| **In-network Claims denied within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 46 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 46 |
| **In-network Claims denied beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 47 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 47 |
| **In-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 48 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 48 |
| **In-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 49 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 49 |
| **In-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 50 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 50 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 51 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 51 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 52 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 52 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 53 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 53 |
| **Out-of-network claims denied within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 54 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 54 |
| **Out-of-network Claims denied within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 55 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 55 |
| **Out-of-network Claims denied within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 56 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 56 |
| **Out-of-network Claims denied beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 57 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 57 |
| **Out-of-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 58 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 58 |
| **Out-of-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 59 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 59 |
| **Out-of-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 60 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 60 |
| **Out-of-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 61 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 61 |
| **Out-of-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 62 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 62 |
| **Number of paid claims for in-network services.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 63 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 63 |
| **In-network claims paid within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 64 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 64 |
| **In-network claims paid 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 65 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 65 |
| **In-network claims paid 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 66 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 66 |
| **In-network claims paid beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 67 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 67 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 68 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 68 |
| **Out-of-network claims paid within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 69 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 69 |
| **Out-of-network claims paid within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 70 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 70 |
| **Out-of-network claims paid within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 71 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 71 |
| **Out-of-network claims paid beyond 90 days** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 72 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 72 |
| **Claims Paid** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 73 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 73 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 74 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 74 |
| **Insured coinsurance responsibility** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 75 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 75 |
| **Insured deductible responsibility.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 76 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 76 |
| **Number of claims received.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 77 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 77 |
| **Number of claim denials for in-network claims.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 78 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 78 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 79 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 79 |
| **Number of paid claims for in-network services.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 80 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 80 |
| **Number of paid claims for out-of-network services.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 81 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 81 |
| **Claims Paid.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 82 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 82 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 83 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 83 |
| **Insured coinsurance responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 84 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 84 |
| **Insured deductible responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 85 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 85 |
| **Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 86 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 86 |
| **Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 87 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 87 |
| **Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 88 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 88 |
| **Number of customer requests for internal reviews of grievances not involving adverse determinations.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 89 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 89 |
| **Number of customer requested appeals on final adverse determinations to an external review organization.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 90 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 90 |
| **Number of final adverse determinations upheld upon request for external review.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 91 – IEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXINDIV Table | | |
| E. Line number | Numeric | 91 |
| **Number of final adverse determinations overturned upon request for external review.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

**In-Exchange Small Group Health Administration Questions**

Health Record 19 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | IEXSMGRP |
| E. Line number | Numeric | 19 |
| **Earned premiums for Reporting Year.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 20 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 20 |
| **Number of new policies issued during the period.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Health Record 21 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 21 |
| **Number of policies renewed during the period.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Health Record 22 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 22 |
| **Member months for policies issued during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 23 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 23 |
| **Member months for policies renewed during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 24 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 24 |
| **Number of policy terminations and cancellations initiated by the policyholder.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Health Record 25 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 25 |
| **Number of policy terminations and cancellations due to non-payment of premium.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Health Record 26 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 26 |
| **Number of insured lives impacted on terminations and cancellations initiated by the policyholder.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 27 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 27 |
| **Number of insured lives impacted on policies terminated and cancelled due to non-payment.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 28 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 28 |
| **Number of rescissions.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 29 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 29 |
| **Number of insured lives impacted by rescissions.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 30 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 30 |
| **Number of prior authorizations requested.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 31 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 31 |
| **Number of prior authorizations approved.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 32 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 32 |
| **Number of prior authorizations denied.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 33 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 33 |
| **Number of prior authorizations requested for mental health benefits, behavioral benefits, and substance use disorders.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 34 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 34 |
| **Number of prior authorizations for mental health benefits, behavioral benefits, and substance use disorders denied.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 35 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 35 |
| **Number of prior authorizations for mental health benefits, behavioral benefits, and substance use disorders approved.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 36 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 36 |
| **Number of prior authorizations requested (Pharmacy Only).** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 37 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 37 |
| **Number of prior authorizations approved (Pharmacy Only).** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 38 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 38 |
| **Number of prior authorizations denied (Pharmacy Only).** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 39 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 39 |
| **Number of claims received.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 40 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 40 |
| **Number of claims submitted by network providers.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 41– IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 41 |
| **Number of claims submitted for by out-of-network providers.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 42 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 42 |
| **Number of claim denials for in-network claims.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 43 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 43 |
| **In-network claims denied within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 44 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 44 |
| **In-network Claims denied within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 45 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 45 |
| **In-network Claims denied within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 46 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 46 |
| **In-network Claims denied beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 47 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 47 |
| **In-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 48 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 48 |
| **In-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 49 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 49 |
| **In-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 50 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 50 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 51 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 51 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 52 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 52 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 53 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 53 |
| **Out-of-network claims denied within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 54 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 54 |
| **Out-of-network Claims denied within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 55 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 55 |
| **Out-of-network Claims denied within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 56 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 56 |
| **Out-of-network Claims denied beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 57 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 57 |
| **Out-of-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 58 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 58 |
| **Out-of-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 59 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 59 |
| **Out-of-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 60 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 60 |
| **Out-of-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 61 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 61 |
| **Out-of-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 62 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 62 |
| **Number of paid claims for in-network services.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 63 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 63 |
| **In-network claims paid within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 64 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 64 |
| **In-network claims paid 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 65 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 65 |
| **In-network claims paid 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 66 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 66 |
| **In-network claims paid beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 67 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 67 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 68 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 68 |
| **Out-of-network claims paid within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 69 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 69 |
| **Out-of-network claims paid within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 70 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 70 |
| **Out-of-network claims paid within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 71 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 71 |
| **Out-of-network claims paid beyond 90 days** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 72 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 72 |
| **Claims Paid** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 73 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 73 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 74 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 74 |
| **Insured coinsurance responsibility** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 75 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 75 |
| **Insured deductible responsibility.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 76 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 76 |
| **Number of claims received.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 77 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 77 |
| **Number of claim denials for in-network claims.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 78 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 78 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 79 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 79 |
| **Number of paid claims for in-network services.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 80 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 80 |
| **Number of paid claims for out-of-network services.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 81 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 81 |
| **Claims Paid.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 82 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 82 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 83 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 83 |
| **Insured coinsurance responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 84 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 84 |
| **Insured deductible responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 85 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 85 |
| **Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 86 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 86 |
| **Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 87 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 87 |
| **Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 88 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 88 |
| **Number of customer requests for internal reviews of grievances not involving adverse determinations.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 89 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 89 |
| **Number of customer requested appeals on final adverse determinations to an external review organization.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 90 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 90 |
| **Number of final adverse determinations upheld upon request for external review.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 91 – IEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXSMGRP Table | | |
| E. Line number | Numeric | 91 |
| **Number of final adverse determinations overturned upon request for external review.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

### In-Exchange Catastrophic Health Administration Questions

Health Record 19 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | IEXCAT |
| E. Line number | Numeric | 19 |
| **Earned premiums for Reporting Year.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 20 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 20 |
| **Number of new policies issued during the period.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 21 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 21 |
| **Number of policies renewed during the period.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 22 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 22 |
| **Member months for policies issued during the period.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 23 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 23 |
| **Member months for policies renewed during the period.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 24 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 24 |
| **Number of policy terminations and cancellations initiated by the policyholder.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 25 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 25 |
| **Number of policy terminations and cancellations due to non-payment of premium.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 26 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 26 |
| **Number of insured lives impacted on terminations and cancellations initiated by the policyholder.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 27 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 27 |
| **Number of insured lives impacted on policies terminated and cancelled due to non-payment.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 28 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 28 |
| **Number of rescissions.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 29 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 29 |
| **Number of insured lives impacted by rescissions.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 30 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 30 |
| **Number of prior authorizations requested.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 31 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 31 |
| **Number of prior authorizations approved.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 32 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 32 |
| **Number of prior authorizations denied.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 33 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 33 |
| **Number of prior authorizations requested for mental health benefits, behavioral benefits, and substance use disorders.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 34 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 34 |
| **Number of prior authorizations for mental health benefits, behavioral benefits, and substance use disorders denied.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 35 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 35 |
| **Number of prior authorizations for mental health benefits, behavioral benefits, and substance use disorders approved.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 36 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 36 |
| **Number of prior authorizations requested (Pharmacy Only).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 37 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 37 |
| **Number of prior authorizations approved (Pharmacy Only).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 38 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 38 |
| **Number of prior authorizations denied (Pharmacy Only).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 39 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 39 |
| **Number of claims received.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 40 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 40 |
| **Number of claims submitted by network providers.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 41– IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 41 |
| **Number of claims submitted for by out-of-network providers.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 42 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 42 |
| **Number of claim denials for in-network claims.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 43 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 43 |
| **In-network claims denied within 0-30 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 44 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 44 |
| **In-network Claims denied within 31-60 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 45 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 45 |
| **In-network Claims denied within 61-90 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 46 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 46 |
| **In-network Claims denied beyond 90 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 47 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 47 |
| **In-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 48 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 48 |
| **In-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 49 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 49 |
| **In-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 50 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 50 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 51 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 51 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 52 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 52 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 53 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 53 |
| **Out-of-network claims denied within 0-30 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 54 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 54 |
| **Out-of-network Claims denied within 31-60 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 55 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 55 |
| **Out-of-network Claims denied within 61-90 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 56 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 56 |
| **Out-of-network Claims denied beyond 90 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 57 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 57 |
| **Out-of-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 58 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 58 |
| **Out-of-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 59 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 59 |
| **Out-of-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 60 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 60 |
| **Out-of-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 61 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 61 |
| **Out-of-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 62 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 62 |
| **Number of paid claims for in-network services.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 63 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 63 |
| **In-network claims paid within 0-30 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 64 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 64 |
| **In-network claims paid 31-60 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 65 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 65 |
| **In-network claims paid 61-90 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 66 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 66 |
| **In-network claims paid beyond 90 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 67 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 67 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 68 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 68 |
| **Out-of-network claims paid within 0-30 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 69 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 69 |
| **Out-of-network claims paid within 31-60 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 70 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 70 |
| **Out-of-network claims paid within 61-90 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 71 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 71 |
| **Out-of-network claims paid beyond 90 days** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 72 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 72 |
| **Claims Paid** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 73 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 73 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 74 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 74 |
| **Insured coinsurance responsibility** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 75 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 75 |
| **Insured deductible responsibility.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 76 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 76 |
| **Number of claims received.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 77 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 77 |
| **Number of claim denials for in-network claims.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 78 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 78 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 79 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 79 |
| **Number of paid claims for in-network services.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 80 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 80 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 81 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 81 |
| **Claims Paid.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 82 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 82 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 83 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 83 |
| **Insured coinsurance responsibility.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 84 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 84 |
| **Insured deductible responsibility.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 85 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 85 |
| **Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 86 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 86 |
| **Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 87 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 87 |
| **Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 88 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 88 |
| **Number of customer requests for internal reviews of grievances not involving adverse determinations.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 89 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 89 |
| **Number of customer requested appeals on final adverse determinations to an external review organization.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 90 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 90 |
| **Number of final adverse determinations upheld upon request for external review.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 91 – IEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXCAT Table | | |
| E. Line number | Numeric | 91 |
| **Number of final adverse determinations overturned upon request for external review.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

### In-Exchange Multi-State Individual Health Administration Questions

Health Record 19 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | IEXMSIND |
| E. Line number | Numeric | 19 |
| **Earned premiums for Reporting Year.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 20 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 20 |
| **Number of new policies issued during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 21 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 21 |
| **Number of policies renewed during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 22 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 22 |
| **Member months for policies issued during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 23 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 23 |
| **Member months for policies renewed during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 24 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 24 |
| **Number of policy terminations and cancellations initiated by the policyholder.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 25 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 25 |
| **Number of policy terminations and cancellations due to non-payment of premium.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 26 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 26 |
| **Number of insured lives impacted on terminations and cancellations initiated by the policyholder.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 27 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 27 |
| **Number of insured lives impacted on policies terminated and cancelled due to non-payment.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 28 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 28 |
| **Number of rescissions.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 29 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 29 |
| **Number of insured lives impacted by rescissions.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 30 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 30 |
| **Number of prior authorizations requested.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 31 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 31 |
| **Number of prior authorizations approved.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 32 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 32 |
| **Number of prior authorizations denied.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 33 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 33 |
| **Number of prior authorizations requested for mental health benefits, behavioral benefits, and substance use disorders.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 34 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 34 |
| **Number of prior authorizations for mental health benefits, behavioral benefits, and substance use disorders denied.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 35 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 35 |
| **Number of prior authorizations for mental health benefits, behavioral benefits, and substance use disorders approved.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 36 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 36 |
| **Number of prior authorizations requested (Pharmacy Only).** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 37 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 37 |
| **Number of prior authorizations approved (Pharmacy Only).** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 38 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 38 |
| **Number of prior authorizations denied (Pharmacy Only).** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 39 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 39 |
| **Number of claims received.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 40 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 40 |
| **Number of claims submitted by network providers.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 41– IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 41 |
| **Number of claims submitted for by out-of-network providers.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 42 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 42 |
| **Number of claim denials for in-network claims.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 43 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 43 |
| **In-network claims denied within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 44 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 44 |
| **In-network Claims denied within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 45 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 45 |
| **In-network Claims denied within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 46 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 46 |
| **In-network Claims denied beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 47 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 47 |
| **In-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 48 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 48 |
| **In-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 49 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 49 |
| **In-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 50 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 50 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 51 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 51 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 52 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 52 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 53 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 53 |
| **Out-of-network claims denied within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 54 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 54 |
| **Out-of-network Claims denied within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 55 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 55 |
| **Out-of-network Claims denied within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 56 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 56 |
| **Out-of-network Claims denied beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 57 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 57 |
| **Out-of-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 58 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 58 |
| **Out-of-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 59 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 59 |
| **Out-of-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 60 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 60 |
| **Out-of-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 61 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 61 |
| **Out-of-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 62 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 62 |
| **Number of paid claims for in-network services.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 63 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 63 |
| **In-network claims paid within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 64 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 64 |
| **In-network claims paid 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 65 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 65 |
| **In-network claims paid 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 66 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 66 |
| **In-network claims paid beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 67 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 67 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 68 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 68 |
| **Out-of-network claims paid within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 69 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 69 |
| **Out-of-network claims paid within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 70 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 70 |
| **Out-of-network claims paid within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 71 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 71 |
| **Out-of-network claims paid beyond 90 days** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 72 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 72 |
| **Claims Paid** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 73 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 73 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 74 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 74 |
| **Insured coinsurance responsibility** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 75 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 75 |
| **Insured deductible responsibility.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 76 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 76 |
| **Number of claims received.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 77 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 77 |
| **Number of claim denials for in-network claims.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 78 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 78 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 79 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 79 |
| **Number of paid claims for in-network services.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 80 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 80 |
| **Number of paid claims for out-of-network services.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 81 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 81 |
| **Claims Paid.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 82 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 82 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 83 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 83 |
| **Insured coinsurance responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 84 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 84 |
| **Insured deductible responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 85 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 85 |
| **Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 86 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 86 |
| **Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 87 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table – IEXMSIND Table | | |
| E. Line number | Numeric | 87 |
| **Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 88 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 | | |
| E. Line number | Numeric | 88 |
| **Number of customer requests for internal reviews of grievances not involving adverse determinations.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 89 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 89 |
| **Number of customer requested appeals on final adverse determinations to an external review organization.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 90 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 90 |
| **Number of final adverse determinations upheld upon request for external review.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 91 – IEXMSIND Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSIND Table | | |
| E. Line number | Numeric | 91 |
| **Number of final adverse determinations overturned upon request for external review.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

### In-Exchange Multi-State Small Group Health Administration Questions

Health Record 19 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | IEXMSSGRP |
| E. Line number | Numeric | 19 |
| **Earned premiums for Reporting Year.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 20 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 20 |
| **Number of new policies issued during the period.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Health Record 21 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 21 |
| **Number of policies renewed during the period.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Health Record 22 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 22 |
| **Member months for policies issued during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 23 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 23 |
| **Member months for policies renewed during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 24 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 24 |
| **Number of policy terminations and cancellations initiated by the policyholder.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Health Record 25 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 25 |
| **Number of policy terminations and cancellations due to non-payment of premium.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Health Record 26 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 26 |
| **Number of insured lives impacted on terminations and cancellations initiated by the policyholder.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 27 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 27 |
| **Number of insured lives impacted on policies terminated and cancelled due to non-payment.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 28 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 28 |
| **Number of rescissions.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 29 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 29 |
| **Number of insured lives impacted by rescissions.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 30 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 30 |
| **Number of prior authorizations requested.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 31 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 31 |
| **Number of prior authorizations approved.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 32 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 32 |
| **Number of prior authorizations denied.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 33 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 33 |
| **Number of prior authorizations requested for mental health benefits, behavioral benefits, and substance use disorders.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 34 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 34 |
| **Number of prior authorizations for mental health benefits, behavioral benefits, and substance use disorders denied.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 35 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 35 |
| **Number of prior authorizations for mental health benefits, behavioral benefits, and substance use disorders approved.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 36 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 36 |
| **Number of prior authorizations requested (Pharmacy Only).** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 37 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 37 |
| **Number of prior authorizations approved (Pharmacy Only).** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 38 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 38 |
| **Number of prior authorizations denied (Pharmacy Only).** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 39 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 39 |
| **Number of claims received.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 40 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 40 |
| **Number of claims submitted by network providers.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 41– IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 41 |
| **Number of claims submitted for by out-of-network providers.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 42 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 42 |
| **Number of claim denials for in-network claims.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 43 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 43 |
| **In-network claims denied within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 44 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 44 |
| **In-network Claims denied within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 45 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 45 |
| **In-network Claims denied within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 46 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 46 |
| **In-network Claims denied beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 47 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 47 |
| **In-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 48 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 48 |
| **In-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 49 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 49 |
| **In-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 50 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 50 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 51 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 51 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 52 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 52 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 53 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 53 |
| **Out-of-network claims denied within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 54 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 54 |
| **Out-of-network Claims denied within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 55 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 55 |
| **Out-of-network Claims denied within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 56 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 56 |
| **Out-of-network Claims denied beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 57 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 57 |
| **Out-of-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 58 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 58 |
| **Out-of-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 59 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 59 |
| **Out-of-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 60 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 60 |
| **Out-of-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 61 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 61 |
| **Out-of-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 62 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 62 |
| **Number of paid claims for in-network services.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 63 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 63 |
| **In-network claims paid within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 64 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 64 |
| **In-network claims paid 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 65 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 65 |
| **In-network claims paid 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 66 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 66 |
| **In-network claims paid beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 67 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 67 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 68 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 68 |
| **Out-of-network claims paid within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 69 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 69 |
| **Out-of-network claims paid within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 70 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 70 |
| **Out-of-network claims paid within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 71 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 71 |
| **Out-of-network claims paid beyond 90 days** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 72 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 72 |
| **Claims Paid** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 73 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 73 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 74 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 74 |
| **Insured coinsurance responsibility** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 75 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 75 |
| **Insured deductible responsibility.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 76 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 76 |
| **Number of claims received.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 77 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 77 |
| **Number of claim denials for in-network claims.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 78 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 78 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 79 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 79 |
| **Number of paid claims for in-network services.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 80 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 80 |
| **Number of paid claims for out-of-network services.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 81 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 81 |
| **Claims Paid.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 82 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 82 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 83 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 83 |
| **Insured coinsurance responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 84 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 84 |
| **Insured deductible responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 85 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 85 |
| **Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 86 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 86 |
| **Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 87 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 87 |
| **Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 88 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 88 |
| **Number of customer requests for internal reviews of grievances not involving adverse determinations.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 89 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 89 |
| **Number of customer requested appeals on final adverse determinations to an external review organization.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 90 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 90 |
| **Number of final adverse determinations upheld upon request for external review.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 91 – IEXMSSGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 19 – IEXMSSGRP Table | | |
| E. Line number | Numeric | 91 |
| **Number of final adverse determinations overturned upon request for external review.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

### Out-of-Exchange Individual Health Administration Questions

Health Record 92 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | OEXINDIV |
| E. Line number | Numeric | 92 |
| **Earned premiums for Reporting Year.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 93 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 93 |
| **Number of new policies issued during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 94 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 94 |
| **Number of policies renewed during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 95 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 95 |
| **Member months for policies issued during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 96 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 96 |
| **Member months for policies renewed during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 97 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 97 |
| **Number of policy terminations and cancellations initiated by the policyholder.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 98 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 98 |
| **Number of policy terminations and cancellations due to non-payment of premium.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 99 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 99 |
| **Number of insured lives impacted on terminations and cancellations initiated by the policyholder.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 100 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 100 |
| **Number of insured lives impacted on policies terminated and cancelled due to non-payment.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 101 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 101 |
| **Number of rescissions.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 102 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 102 |
| **Number of insured lives impacted by rescissions.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 103 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 103 |
| **Number of prior authorizations requested. (Excluding Pharmacy)** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 104 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 104 |
| **Number of prior authorizations approved. (Excluding Pharmacy)** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 105 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 105 |
| **Number of prior authorizations denied. (Excluding Pharmacy)** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 106 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 106 |
| **Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 107 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 107 |
| **Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders denied.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 108 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 108 |
| **Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders approved.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 109 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 109 |
| **Number of prior authorizations requested. (Pharmacy Only)** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 110 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 110 |
| **Number of prior authorizations approved. (Pharmacy Only)** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 111 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 111 |
| **Number of prior authorizations denied. (Pharmacy Only)** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 112 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 112 |
| **Number of claims received.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 113 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 113 |
| **Number of claims submitted by network providers.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 114 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 114 |
| **Number of claims submitted for by out-of-network providers.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 115 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 115 |
| **Number of claim denials for in-network claims.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 116 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 116 |
| **In-network claims denied within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 117 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 117 |
| **In-network Claims denied within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 118 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 118 |
| **In-network Claims denied within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 119 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 119 |
| **In-network Claims denied beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 120 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 120 |
| **In-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 121 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 121 |
| **In-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 122 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 122 |
| **In-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 123 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 123 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 124 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 124 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 125 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 125 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 126 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 126 |
| **Out-of-network claims denied within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 127 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 127 |
| **Out-of-network Claims denied within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 128 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 128 |
| **Out-of-network Claims denied within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 129 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 129 |
| **Out-of-network Claims denied beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 130 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 130 |
| **Out-of-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 131 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 131 |
| **Out-of-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 132 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 132 |
| **In-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 133 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 133 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 134 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 134 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 135 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 135 |
| **Number of paid claims for in-network services.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 136 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 136 |
| **In-network claims paid within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 137 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 137 |
| **In-network claims paid 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 138 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 138 |
| **In-network claims paid 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 139 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 139 |
| **In-network claims paid beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 140 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 140 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 141 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 141 |
| **Out-of-network claims paid within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 142 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 142 |
| **Out-of-network claims paid within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 143 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 143 |
| **Out-of-network claims paid within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 144 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 144 |
| **Out-of-network claims paid beyond 90 days** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 145 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 145 |
| **Claims Paid** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 146 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 146 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 147 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 147 |
| **Insured coinsurance responsibility** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 148 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 148 |
| **Insured deductible responsibility.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 149 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 149 |
| **Number of claims received.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 150 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 150 |
| **Number of claim denials for in-network claims.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 151 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 151 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 152 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 152 |
| **Number of paid claims for in-network services.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 153 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 153 |
| **Number of paid claims for out-of-network services.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 154 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 154 |
| **Claims Paid.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 155 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 155 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 156 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 156 |
| **Insured coinsurance responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 157 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 157 |
| **Insured deductible responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 158 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 158 |
| **Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 159 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 159 |
| **Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 160 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 160 |
| **Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 161 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 161 |
| **Number of customer requests for internal reviews of grievances not involving adverse determinations.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 162 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 162 |
| **Number of customer requested appeals on final adverse determinations to an external review organization.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 163 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 163 |
| **Number of final adverse determinations upheld upon request for external review.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 164 – OEXINDIV Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXINDIV Table | | |
| E. Line number | Numeric | 164 |
| **Number of final adverse determinations overturned upon request for external review.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

### Out-of-Exchange Small Group Health Administration Questions

Health Record 92 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | OEXSMGRP |
| E. Line number | Numeric | 92 |
| **Earned premiums for Reporting Year.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 93 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 93 |
| **Number of new policies issued during the period.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Health Record 94 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 94 |
| **Number of policies renewed during the period.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Health Record 95 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 95 |
| **Member months for policies issued during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 96 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 96 |
| **Member months for policies renewed during the period.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 97 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 97 |
| **Number of policy terminations and cancellations initiated by the policyholder.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Health Record 98 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 98 |
| **Number of policy terminations and cancellations due to non-payment of premium.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Health Record 99 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 99 |
| **Number of insured lives impacted on terminations and cancellations initiated by the policyholder.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 100 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 100 |
| **Number of insured lives impacted on policies terminated and cancelled due to non-payment.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 101 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 101 |
| **Number of rescissions.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 102 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 102 |
| **Number of insured lives impacted by rescissions.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 103 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 103 |
| **Number of prior authorizations requested.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 104 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 104 |
| **Number of prior authorizations approved.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 105 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 105 |
| **Number of prior authorizations denied.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 106 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 106 |
| **Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 107 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 107 |
| **Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders denied.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 108 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 108 |
| **Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders approved.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 109 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 109 |
| **Number of prior authorizations requested. (Pharmacy Only)** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 110 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 110 |
| **Number of prior authorizations approved. (Pharmacy Only)** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 111 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 111 |
| **Number of prior authorizations denied. (Pharmacy Only)** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 112 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 112 |
| **Number of claims received.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 113 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 113 |
| **Number of claims submitted by network providers.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 114 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 114 |
| **Number of claims submitted for by out-of-network providers.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 115 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 115 |
| **Number of claim denials for in-network claims.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 116 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 116 |
| **In-network claims denied within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 117 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 117 |
| **In-network Claims denied within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 118 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 118 |
| **In-network Claims denied within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 192 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 119 |
| **In-network Claims denied beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 120 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 120 |
| **In-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 121 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 121 |
| **In-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 122 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 122 |
| **In-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 123 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 123 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 124 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 124 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 125 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 125 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 126 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 126 |
| **Out-of-network claims denied within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 127 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 127 |
| **Out-of-network Claims denied within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 128 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 128 |
| **Out-of-network Claims denied within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 129 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 129 |
| **Out-of-network Claims denied beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 130 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 130 |
| **Out-of-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 131 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 131 |
| **Out-of-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 132 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 132 |
| **In-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 133 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 133 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 134 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 134 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 135 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 135 |
| **Number of paid claims for in-network services.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 136 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 136 |
| **In-network claims paid within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 137 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 137 |
| **In-network claims paid 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 138 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 138 |
| **In-network claims paid 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 139 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 139 |
| **In-network claims paid beyond 90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 140 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 140 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 141 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 141 |
| **Out-of-network claims paid within 0-30 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 142 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 142 |
| **Out-of-network claims paid within 31-60 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 143 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 143 |
| **Out-of-network claims paid within 61-90 days.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 144 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 144 |
| **Out-of-network claims paid beyond 90 days** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 145 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 145 |
| **Claims Paid** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 146 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 146 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 147 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 147 |
| **Insured coinsurance responsibility** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 148 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 148 |
| **Insured deductible responsibility.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 149 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 149 |
| **Number of claims received.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 150 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 150 |
| **Number of claim denials for in-network claims.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 151 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 151 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 152 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 152 |
| **Number of paid claims for in-network services.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 153 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 153 |
| **Number of paid claims for out-of-network services.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 154 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 154 |
| **Claims Paid.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 155 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 155 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 156 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 156 |
| **Insured coinsurance responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 157 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 157 |
| **Insured deductible responsibility.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 158 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 158 |
| **Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 159 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 159 |
| **Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 160 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 160 |
| **Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 161 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 161 |
| **Number of customer requests for internal reviews of grievances not involving adverse determinations.** | | |
| 1. Bronze | Numeric | No commas, signs or decimals |
| 1. Silver | Numeric | No commas, signs or decimals |
| 1. Gold | Numeric | No commas, signs or decimals |
| 1. Platinum | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 162 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 162 |
| **Number of customer requested appeals on final adverse determinations to an external review organization.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 163 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 163 |
| **Number of final adverse determinations upheld upon request for external review.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 164 – OEXSMGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92– OEXSMGRP Table | | |
| E. Line number | Numeric | 164 |
| **Number of final adverse determinations overturned upon request for external review.** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. Total | Numeric | No commas, signs or decimals |

**Out-of-Exchange Grandfathered Health Administration Questions**

Health Record 92 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | OEXGRFTHD |
| E. Line number | Numeric | 92 |
| **Earned premiums for Reporting Year.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 93 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 93 |
| **Number of new policies issued during the period.** | | |
| 1. Large Group |  | No commas, signs or decimals |
| 1. Small Group |  | Leave blank |
| 1. Individual |  | No commas, signs or decimals |
| 1. Total |  | Leave blank |

Health Record 94 OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 94 |
| **Number of policies renewed during the period.** | | |
| 1. Large Group |  | No commas, signs or decimals |
| 1. Small Group |  | Leave blank |
| 1. Individual |  | No commas, signs or decimals |
| 1. Total |  | Leave blank |

Health Record 95 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 95 |
| **Member months for policies issued during the period.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 96 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 96 |
| **Member months for policies renewed during the period.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 97 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 97 |
| **Number of policy terminations and cancellations initiated by the policyholder.** | | |
| 1. Large Group |  | No commas, signs or decimals |
| 1. Small Group |  | Leave blank |
| 1. Individual |  | No commas, signs or decimals |
| 1. Total |  | Leave blank |

Health Record 98 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 98 |
| **Number of policy terminations and cancellations due to non-payment of premium.** | | |
| 1. Large Group |  | No commas, signs or decimals |
| 1. Small Group |  | Leave blank |
| 1. Individual |  | No commas, signs or decimals |
| 1. Total |  | Leave blank |

Health Record 99 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 99 |
| **Number of insured lives impacted on terminations and cancellations initiated by the policyholder.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 100 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 100 |
| **Number of insured lives impacted on policies terminated and cancelled due to non-payment.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 101 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 101 |
| **Number of rescissions.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 102 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 102 |
| **Number of insured lives impacted by rescissions.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 103 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 103 |
| **Number of prior authorizations requested.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 104 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 104 |
| **Number of prior authorizations approved.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 105 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 105 |
| **Number of prior authorizations denied.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 106 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 106 |
| **Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 107 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 107 |
| **Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders denied.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 108 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 108 |
| **Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders approved.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 109 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 109 |
| **Number of prior authorizations requested. (Pharmacy Only)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 110 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 110 |
| **Number of prior authorizations approved. (Pharmacy Only)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 111 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 111 |
| **Number of prior authorizations denied. (Pharmacy Only)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 112 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 112 |
| **Number of claims received.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 113 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 113 |
| **Number of claims submitted by network providers.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 114 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 114 |
| **Number of claims submitted for by out-of-network providers.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 115 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 115 |
| **Number of claim denials for in-network claims.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 116 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 116 |
| **In-network claims denied within 0-30 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 117 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 117 |
| **In-network Claims denied within 31-60 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 118 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 118 |
| **In-network Claims denied within 61-90 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 192 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 | | |
| E. Line number | Numeric | 119 |
| **In-network Claims denied beyond 90 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 120 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 120 |
| **In-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 121 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 121 |
| **In-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 122 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 122 |
| **In-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 123 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 123 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 124 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 124 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 125 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 125 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 126 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 126 |
| **Out-of-network claims denied within 0-30 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 127 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 127 |
| **Out-of-network Claims denied within 31-60 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 128 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 128 |
| **Out-of-network Claims denied within 61-90 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 129 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 129 |
| **Out-of-network Claims denied beyond 90 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 130 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 130 |
| **Out-of-network Claims denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 131 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 131 |
| **Out-of-network Claims denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 132 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 132 |
| **In-network Claims denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 133 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 133 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 134 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 134 |
| **In-network Claims denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 135 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 135 |
| **Number of paid claims for in-network services.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 136 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 136 |
| **In-network claims paid within 0-30 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 137 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 137 |
| **In-network claims paid 31-60 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 138 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 138 |
| **In-network claims paid 61-90 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 139 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 139 |
| **In-network claims paid beyond 90 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 140 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 140 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 141 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 141 |
| **Out-of-network claims paid within 0-30 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 142 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 142 |
| **Out-of-network claims paid within 31-60 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 143 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 143 |
| **Out-of-network claims paid within 61-90 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 144 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 144 |
| **Out-of-network claims paid beyond 90 days** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 145 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 145 |
| **Claims Paid** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 146 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 146 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 147 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 147 |
| **Insured coinsurance responsibility** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 148 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 148 |
| **Insured deductible responsibility.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 149 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 149 |
| **Number of claims received.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 150 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 150 |
| **Number of claim denials for in-network claims.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 151 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 151 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 152 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 152 |
| **Number of paid claims for in-network services.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 153 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 153 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 154 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 154 |
| **Claims Paid.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 155 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 155 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 156 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 156 |
| **Insured coinsurance responsibility.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 157 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 157 |
| **Insured deductible responsibility.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 158 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 158 |
| **Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 159 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 159 |
| **Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 160 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 160 |
| **Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 161 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 161 |
| **Number of customer requests for internal reviews of grievances not involving adverse determinations.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 162 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 162 |
| **Number of customer requested appeals on final adverse determinations to an external review organization.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 163 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 163 |
| **Number of final adverse determinations upheld upon request for external review.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

Health Record 164 – OEXGRFTHD Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXGRFTHD Table | | |
| E. Line number | Numeric | 164 |
| **Number of final adverse determinations overturned upon request for external review.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |
| 1. Small Group | Numeric | No commas, signs or decimals |
| 1. Individual | Numeric | No commas, signs or decimals |
| 1. Total | Numeric | No commas, signs or decimals |

### Out-of-Exchange Catastrophic Health Administration Questions

Health Record 92 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | OEXCAT |
| E. Line number | Numeric | 92 |
| **Earned premiums for Reporting Year.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 93 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 93 |
| **Number of new policies issued during the period.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 94 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 94 |
| **Number of policies renewed during the period.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 95 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 95 |
| **Member months for policies issued during the period.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 96 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 96 |
| **Member months for policies renewed during the period.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 97 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 97 |
| **Number of policy terminations and cancellations initiated by the policyholder.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 98 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 98 |
| **Number of policy terminations and cancellations due to non-payment of premium.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 99 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 99 |
| **Number of insured lives impacted on terminations and cancellations initiated by the policyholder.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 100 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 100 |
| **Number of insured lives impacted on policies terminated and cancelled due to non-payment.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 101 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 101 |
| **Number of rescissions.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 102 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 102 |
| **Number of insured lives impacted by rescissions.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 103 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 103 |
| **Number of prior authorizations requested. (Excluding Pharmacy)** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 104 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 104 |
| **Number of prior authorizations approved. (Excluding Pharmacy)** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 105 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 105 |
| **Number of prior authorizations denied. (Excluding Pharmacy)** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 106 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 106 |
| **Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 107 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 107 |
| **Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders denied.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 108 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 108 |
| **Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders approved.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 109 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 109 |
| **Number of prior authorizations requested. (Pharmacy Only)** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 110 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 110 |
| **Number of prior authorizations approved. (Pharmacy Only)** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 111 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 111 |
| **Number of prior authorizations denied. (Pharmacy Only)** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 112 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 112 |
| **Number of claims received.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 113 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 113 |
| **Number of claims submitted by network providers.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 114 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 114 |
| **Number of claims submitted for by out-of-network providers.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 115 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 115 |
| **Number of claim denials for in-network claims.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 116 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 116 |
| **In-network claims denied within 0-30 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 117 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 117 |
| **In-network Claims denied within 31-60 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 118 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 118 |
| **In-network Claims denied within 61-90 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 119 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 119 |
| **In-network Claims denied beyond 90 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 120 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 120 |
| **Number of in-network denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 121 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 121 |
| **Number of in-network denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 122 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 122 |
| **Number of in-network denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 123 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 123 |
| **Number of in-network denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 124 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 124 |
| **Number of in-network denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 125 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 125 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 126 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 126 |
| **Out-of-network claims denied within 0-30 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 127 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 127 |
| **Out-of-network Claims denied within 31-60 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 128 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 128 |
| **Out-of-network Claims denied within 61-90 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 129 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 129 |
| **Out-of-network Claims denied beyond 90 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 130 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 130 |
| **Number of out-of-network denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 131 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 131 |
| **Number of out-of-network denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 132 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 132 |
| **Number of out-of-network denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 133 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 133 |
| **Number of out-of-network denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 134 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 134 |
| **Number of out-of-network denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 135 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 135 |
| **Number of paid claims for in-network services.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 136 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 136 |
| **In-network claims paid within 0-30 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 137 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 137 |
| **In-network claims paid 31-60 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 138 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 138 |
| **In-network claims paid 61-90 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 139 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 139 |
| **In-network claims paid beyond 90 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 140 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 140 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 141 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 141 |
| **Out-of-network claims paid within 0-30 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 142 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 142 |
| **Out-of-network claims paid within 31-60 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 143 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 143 |
| **Out-of-network claims paid within 61-90 days.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 144 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 144 |
| **Out-of-network claims paid beyond 90 days** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 145 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 145 |
| **Claims Paid** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 146 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 146 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 147 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 147 |
| **Insured coinsurance responsibility** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 148 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 148 |
| **Insured deductible responsibility.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 149 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 149 |
| **Number of claims received.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 150 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 150 |
| **Number of claim denials for in-network claims.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 151 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 151 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 152 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 152 |
| **Number of paid claims for in-network services.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 153 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 153 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 154 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 154 |
| **Claims Paid.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 155 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 155 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 156 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 156 |
| **Insured coinsurance responsibility.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 157 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 157 |
| **Insured deductible responsibility.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 158 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 158 |
| **Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 159 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 159 |
| **Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 160 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 160 |
| **Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 161 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 161 |
| **Number of customer requests for internal reviews of grievances not involving adverse determinations.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 162 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 162 |
| **Number of customer requested appeals on final adverse determinations to an external review organization.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 163 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 163 |
| **Number of final adverse determinations upheld upon request for external review.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

Health Record 164 – OEXCAT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXCAT Table | | |
| E. Line number | Numeric | 164 |
| **Number of final adverse determinations overturned upon request for external review.** | | |
| 1. Catastrophic | Numeric | No commas, signs or decimals |

### Out-of-Exchange Large Group Health Administration Questions

Health Record 92 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | OEXLGGRP |
| E. Line number | Numeric | 92 |
| **Earned premiums for Reporting Year.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 93 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 93 |
| **Number of new policies issued during the period.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 94 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 94 |
| **Number of policies renewed during the period.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 95 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 95 |
| **Member months for policies issued during the period.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 96 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 96 |
| **Member months for policies renewed during the period.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 97 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 97 |
| **Number of policy terminations and cancellations initiated by the policyholder.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 98 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 98 |
| **Number of policy terminations and cancellations due to non-payment of premium.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 99 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 99 |
| **Number of insured lives impacted on terminations and cancellations initiated by the policyholder.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 100 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 100 |
| **Number of insured lives impacted on policies terminated and cancelled due to non-payment.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 101 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 101 |
| **Number of rescissions.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 102 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 102 |
| **Number of insured lives impacted by rescissions.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 103 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 103 |
| **Number of prior authorizations requested. (Excluding Pharmacy)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 104 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 104 |
| **Number of prior authorizations approved. (Excluding Pharmacy)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 105 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 105 |
| **Number of prior authorizations denied. (Excluding Pharmacy)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 106 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 106 |
| **Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 107 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 107 |
| **Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders denied.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 108 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 108 |
| **Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders approved.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 109 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 109 |
| **Number of prior authorizations requested. (Pharmacy Only)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 110 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 110 |
| **Number of prior authorizations approved. (Pharmacy Only)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 111 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 111 |
| **Number of prior authorizations denied. (Pharmacy Only)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 112 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 112 |
| **Number of claims received.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 113 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 113 |
| **Number of claims submitted by network providers.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 114 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 114 |
| **Number of claims submitted for by out-of-network providers.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 115 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 115 |
| **Number of claim denials for in-network claims.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 116 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 116 |
| **In-network claims denied within 0-30 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 117 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 117 |
| **In-network Claims denied within 31-60 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 118 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 118 |
| **In-network Claims denied within 61-90 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 119 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 119 |
| **In-network Claims denied beyond 90 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 120 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 120 |
| **Number of in-network denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 121 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 121 |
| **Number of in-network denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 122 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 122 |
| **Number of in-network denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 123 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 123 |
| **Number of in-network denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 124 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 124 |
| **Number of in-network denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 125 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 125 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 126 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 126 |
| **Out-of-network claims denied within 0-30 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 127 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 127 |
| **Out-of-network Claims denied within 31-60 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 128 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 128 |
| **Out-of-network Claims denied within 61-90 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 129 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 129 |
| **Out-of-network Claims denied beyond 90 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 130 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 130 |
| **Number of out-of-network denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 131 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 131 |
| **Number of out-of-network denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 132 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 132 |
| **Number of out-of-network denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 133 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 133 |
| **Number of out-of-network denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 134 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 134 |
| **Number of out-of-network denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 135 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 135 |
| **Number of paid claims for in-network services.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 136 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 136 |
| **In-network claims paid within 0-30 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 137 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 137 |
| **In-network claims paid 31-60 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 138 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 138 |
| **In-network claims paid 61-90 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 139 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 139 |
| **In-network claims paid beyond 90 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 140 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 140 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 141 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 141 |
| **Out-of-network claims paid within 0-30 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 142 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 142 |
| **Out-of-network claims paid within 31-60 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 143 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 143 |
| **Out-of-network claims paid within 61-90 days.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 144 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 144 |
| **Out-of-network claims paid beyond 90 days** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 145 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 145 |
| **Claims Paid** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 146 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 146 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 147 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 147 |
| **Insured coinsurance responsibility** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 148 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 148 |
| **Insured deductible responsibility.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 149 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 149 |
| **Number of claims received.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 150 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 150 |
| **Number of claim denials for in-network claims.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 151 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 151 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 152 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 152 |
| **Number of paid claims for in-network services.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 153 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 153 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 154 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 154 |
| **Claims Paid.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 155 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 155 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 156 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 156 |
| **Insured coinsurance responsibility.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 157 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 157 |
| **Insured deductible responsibility.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 158 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 158 |
| **Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 159 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 159 |
| **Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 160 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 160 |
| **Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 161 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 161 |
| **Number of customer requests for internal reviews of grievances not involving adverse determinations.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 162 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 162 |
| **Number of customer requested appeals on final adverse determinations to an external review organization.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 163 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 163 |
| **Number of final adverse determinations upheld upon request for external review.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

Health Record 164 – OEXLGGRP Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXLGGRP Table | | |
| E. Line number | Numeric | 164 |
| **Number of final adverse determinations overturned upon request for external review.** | | |
| 1. Large Group | Numeric | No commas, signs or decimals |

### Out-of-Exchange Student Health Administration Questions

Health Record 92 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | OEXSTDNT |
| E. Line number | Numeric | 92 |
| **Earned premiums for Reporting Year.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 93 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 93 |
| **Number of new policies issued during the period.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 94 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 94 |
| **Number of policies renewed during the period.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 95 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 95 |
| **Member months for policies issued during the period.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 96 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 96 |
| **Member months for policies renewed during the period.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 97 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 97 |
| **Number of policy terminations and cancellations initiated by the policyholder.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 98 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 98 |
| **Number of policy terminations and cancellations due to non-payment of premium.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 99 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 99 |
| **Number of insured lives impacted on terminations and cancellations initiated by the policyholder.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 100 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 100 |
| **Number of insured lives impacted on policies terminated and cancelled due to non-payment.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 101 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 101 |
| **Number of rescissions.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 102 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 102 |
| **Number of insured lives impacted by rescissions.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 103 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 103 |
| **Number of prior authorizations requested. (Excluding Pharmacy)** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 104 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 104 |
| **Number of prior authorizations approved. (Excluding Pharmacy)** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 105 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 105 |
| **Number of prior authorizations denied. (Excluding Pharmacy)** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 106 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 106 |
| **Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 107 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 107 |
| **Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders denied.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 108 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 108 |
| **Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders approved.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 109 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 109 |
| **Number of prior authorizations requested. (Pharmacy Only)** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 110 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 110 |
| **Number of prior authorizations approved. (Pharmacy Only)** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 111 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 111 |
| **Number of prior authorizations denied. (Pharmacy Only)** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 112 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 112 |
| **Number of claims received.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 113 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 113 |
| **Number of claims submitted by network providers.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 114 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 114 |
| **Number of claims submitted for by out-of-network providers.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 115 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 115 |
| **Number of claim denials for in-network claims.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 116 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 116 |
| **In-network claims denied within 0-30 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 117 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 117 |
| **In-network Claims denied within 31-60 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 118 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 118 |
| **In-network Claims denied within 61-90 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 119 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 119 |
| **In-network Claims denied beyond 90 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 120 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 120 |
| **Number of in-network denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 121 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 121 |
| **Number of in-network denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 122 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 122 |
| **Number of in-network denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 123 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 123 |
| **Number of in-network denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 124 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 124 |
| **Number of in-network denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 125 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 125 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 126 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 126 |
| **Out-of-network claims denied within 0-30 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 127 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 127 |
| **Out-of-network Claims denied within 31-60 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 128 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 128 |
| **Out-of-network Claims denied within 61-90 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 129 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 129 |
| **Out-of-network Claims denied beyond 90 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 130 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 130 |
| **Number of out-of-network denied, rejected or returned – Claims Submission Coding Error(s).** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 131 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 131 |
| **Number of out-of-network denied, rejected or returned – Prior Authorization Needed.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 132 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 132 |
| **Number of out-of-network denied, rejected or returned – Non-Covered Benefit or Benefit Limitation.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 133 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 133 |
| **Number of out-of-network denied, rejected or returned – Not Medically Necessary (Excluding Behavioral Health Benefits).** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 134 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 134 |
| **Number of out-of-network denied, rejected or returned – Not Medically Necessary (Behavioral Health Benefits Only).** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 135 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 135 |
| **Number of paid claims for in-network services.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 136 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 136 |
| **In-network claims paid within 0-30 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 137 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 137 |
| **In-network claims paid 31-60 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 138 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 138 |
| **In-network claims paid 61-90 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 139 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 139 |
| **In-network claims paid beyond 90 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 140 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 140 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 141 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 141 |
| **Out-of-network claims paid within 0-30 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 142 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 142 |
| **Out-of-network claims paid within 31-60 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 143 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 143 |
| **Out-of-network claims paid within 61-90 days.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 144 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 144 |
| **Out-of-network claims paid beyond 90 days** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 145 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 145 |
| **Claims Paid** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 146 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 146 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 147 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 147 |
| **Insured coinsurance responsibility** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 148 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 148 |
| **Insured deductible responsibility.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 149 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 149 |
| **Number of claims received.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 150 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 150 |
| **Number of claim denials for in-network claims.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 151 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 151 |
| **Number of claim denials for out-of-network claims.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 152 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 152 |
| **Number of paid claims for in-network services.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 153 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 153 |
| **Number of paid claims for out-of-network services.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 154 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 154 |
| **Claims Paid.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 155 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 155 |
| **Insured/beneficiary co-payment responsibility.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 156 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 156 |
| **Insured coinsurance responsibility.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 157 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 157 |
| **Insured deductible responsibility.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 158 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 158 |
| **Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 159 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 159 |
| **Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 160 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 160 |
| **Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 161 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 161 |
| **Number of customer requests for internal reviews of grievances not involving adverse determinations.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 162 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 162 |
| **Number of customer requested appeals on final adverse determinations to an external review organization.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 163 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 163 |
| **Number of final adverse determinations upheld upon request for external review.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

Health Record 164 – OEXSTDNT Table

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 92 – OEXSTDNT Table | | |
| E. Line number | Numeric | 164 |
| **Number of final adverse determinations overturned upon request for external review.** | | |
| 1. Student Coverage | Numeric | No commas, signs or decimals |

### Health Attestation

Health Record 165

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | HLTHATT |
| E. Line number | Numeric | 165 |
| **First Attestor Information** | | |
| F. First Name | Text | Text |
| G. Middle Name | Text | Text |
| H. Last Name | Text | Text |
| I. Suffix | Text | Text |
| J. Title | Text | Text |
| K. (no data required) |  | Leave blank |

Health Record 166

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 165 | | |
| E. Line number | Numeric | 166 |
| **Second Attestor Information** | | |
| F. First Name | Text | Text |
| G. Middle Name | Text | Text |
| H. Last Name | Text | Text |
| I. Suffix | Text | Text |
| J. Title | Text | Text |
| K. (no data required) |  | Leave blank |

Health Record 167

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 165 | | |
| E. Line number | Numeric | 167 |
| **Overall Comments for the Filing Period** | | |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. (no data required) |  | Leave blank |
| K. (no data required) | Text | Text |

## Lender Placed Insurance (Home and Auto)

The Lender Placed Insurance line of business consists of three types of records:

Interrogatory – 30 records with 7 columns per record

Claims – 23 records with 15 columns per record

Underwriting – 29 records with 15 columns per record

Attestation – 3 records with 11 columns per record

|  |  |
| --- | --- |
| ***Note:*** | *All CAPS are required for state abbreviations and where indicated in the* Contents *column acceptable values.* |

### Lender Placed Interrogatories

Lender Placed Record 1

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | LPIINT |
| E. Line number | Numeric | 1 |
| **Single-interest lender-placed auto coverage - Were there policies/certificates in-force during the period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 2

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 2 |
| **Single-interest lender-placed auto coverage – If yes, enter the percentage of all lender-placed auto policies/certificates issued during the period which were single-interest lender-placed auto.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Lender Placed Record 3

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 3 |
| **Dual-interest lender-placed auto coverage - Were there policies/certificates in-force during the period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 4

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 4 |
| **Dual-interest lender-placed auto coverage – If yes, enter the percentage of all lender-placed auto policies/certificates issued during the period which were dual-interest lender-placed auto.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Lender Placed Record 5

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 5 |
| **Single-interest lender-placed homeowners hazard coverage - Were there policies/certificates in-force during the period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 6

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 6 |
| **Single-interest lender-placed homeowners hazard coverage – If yes, enter the percentage of all lender-placed home policies/certificates issued during the period which were single-interest lender-placed homeowners hazard coverage.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Lender Placed Record 7

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 7 |
| **Dual-interest lender-placed homeowners hazard coverage - Were there policies/certificates in-force during the period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 8

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 8 |
| **Dual-interest lender-placed homeowners hazard coverage – If yes, enter the percentage of all lender-placed home policies/certificates issued during the period which were dual-interest lender-placed homeowners hazard coverage.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Lender Placed Record 9

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 9 |
| **Single-interest lender-placed homeowners flood coverage - Were there policies/certificates in-force during the period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 10

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 10 |
| **Single-interest lender-placed homeowners flood coverage – If yes, enter the percentage of all lender-placed home policies/certificates issued during the period which were single-interest lender-placed homeowners flood coverage.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Lender Placed Record 11

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 11 |
| **Dual-interest lender-placed homeowners flood coverage - Were there policies/certificates in-force during the period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 12

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 12 |
| **Dual-interest lender-placed homeowners flood coverage – If yes, enter the percentage of all lender-placed home policies/certificates issued during the period which were dual-interest lender-placed homeowners flood coverage.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Lender Placed Record 13

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 13 |
| **Single-interest lender-placed homeowners wind-only coverage - Were there policies/certificates in-force during the period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 14

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 14 |
| **Single-interest lender-placed homeowners wind-only coverage – If yes, enter the percentage of all lender-placed home policies/certificates issued during the period which were single-interest lender-placed homeowners wind-only coverage.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Lender Placed Record 15

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 15 |
| **Dual-interest lender-placed homeowners wind-only coverage - Were there policies/certificates in-force during the period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 16

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 16 |
| **Dual-interest lender-placed homeowners wind-only coverage – If yes, enter the percentage of all lender-placed home policies/certificates issued during the period which were dual-interest lender-placed homeowners wind-only coverage.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Lender Placed Record 17

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 17 |
| **Were there policies in-force during the reporting period that provided blanket vendor single-interest auto (vehicle) coverage?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 18

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 18 |
| **Were there policies in-force during the reporting period that provided blanket vendor single-interest home (residential property) coverage?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 19

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 19 |
| **Was the company still actively writing policies/certificates in the state at hear end?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 20

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 20 |
| **Has the company had a significant event/business strategy that would affect data for this reporting period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 21

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 21 |
| **Significant event/business strategy - If yes, add additional comments** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Lender Placed Record 22

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 22 |
| **Has all or part of this block of business been sold, closed or moved to another company during the year?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 23

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 23 |
| **Block of business sold, closed or moved - If yes, add additional comments** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Lender Placed Record 24

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 24 |
| **How does the company treat subsequent supplemental payments on previously closed claims (or additional payments on a previously reported claim)?** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Lender Placed Record 25

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 25 |
| **Does the company require third parties it contracts with to forward insurance-related complaints to the company so the company may report the complaints in its complaints logs?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 26

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 26 |
| **Contracts with third parties – Additional comments if desired** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Lender Placed Record 27

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 27 |
| **Does the company monitor third parties it contracts with to ensure insurance complaints are forwarded to the company?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Lender Placed Record 28

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 28 |
| **Monitoring third parties – Additional comments if desired** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Lender Placed Record 29

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 29 |
| **Additional state specific claims comments (optional):** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Lender Placed Record 30

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 1 | | |
| E. Line number | Numeric | 30 |
| **Additional state specific underwriting comments (optional):** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

### Lender Placed Claims

Lender Placed Record 31

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | LPICLMS |
| E. Line number | Numeric | 31 |
| **Number of claims open at the beginning of the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 32

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 32 |
| **Number of claims opened during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 33

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 33 |
| **Number of claims closed during the period, with payment.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 34

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 34 |
| **Number of claims closed during the period, without payment.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 35

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 35 |
| **Number of claims remaining open at the end of the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 36

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 36 |
| **Number of claims closed with payment within 0-30 days.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 37

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 37 |
| **Number of claims closed with payment within 31-60 days.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 38

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 38 |
| **Number of claims closed with payment within 61-90 days.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 39

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 39 |
| **Number of claims closed with payment within 91-180 days.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 40

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 40 |
| **Number of claims closed with payment within 181-365 days.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 41

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 41 |
| **Number of claims closed with payment beyond 365 days.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 42

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 42 |
| **Number of claims closed without payment within 0-30 days.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 43

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 43 |
| **Number of claims closed without payment within 31-60 days.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 44

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 44 |
| **Number of claims closed without payment within 61-90 days.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 45

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 45 |
| **Number of claims closed without payment within 91-180 days.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 46

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 46 |
| **Number of claims closed without payment within 181-365 days.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 47

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 47 |
| **Number of claims closed without payment beyond 365 days.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 48

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 48 |
| **Median days to final payment.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 49

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 49 |
| **Number of suits open at beginning of the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 50

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 50 |
| **Number of suits opened during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 51

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 51 |
| **Number of suits closed during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 52

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 52 |
| **Number of suits closed during the period with consideration for the borrower.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 53

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 31 | | |
| E. Line number | Numeric | 53 |
| **Number of suits open at end of period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

### Lender Placed Underwriting Activity

Lender Placed Record 54

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | LPIUNDACT |
| E. Line number | Numeric | 54 |
| **Number of master policies in-force at beginning of the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 55

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 55 |
| **Number of master policies added during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 56

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 56 |
| **Number of master policies cancelled for any reason during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 57

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 57 |
| **Number of master policies in-force at the end of the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 58

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 58 |
| **Number of certificates in-force at the beginning of the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 59

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 59 |
| **Number of certificates written during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 60

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 60 |
| **Number of certificates in-force at the end of the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 61

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 61 |
| **Number of certificates flat-cancelled during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 62

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 62 |
| **Number of certificates cancelled for reasons other than flat cancellations during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 63

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 63 |
| **Number of flat cancellations on certificates within 45 days of placement.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 64

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 64 |
| **Number of flat cancellations on certificates within 45-90 days of placement.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 65

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 65 |
| **Number of flat cancellations on certificates after 90 days from placement.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 66

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 66 |
| **Number of individual policies in-force at the beginning of the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 67

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 67 |
| **Number of individual policies written during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 68

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 68 |
| **Number of individual policies in-force at the end of the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 69

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 69 |
| **Number of individual policies cancelled for reasons other than flat cancellations during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 70

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 70 |
| **Number of individual policies flat-cancelled during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 71

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 71 |
| **Number of flat cancellations on individual policies within 45 days of placement.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 72

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 72 |
| **Number of flat cancellations on individual policies within 45-90 days of placement.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 73

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 73 |
| **Number of flat cancellations on individual policies after 90 days from placement.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 74

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 74 |
| **Average gross placement rate during period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto |  | Leave blank |
| 1. Blanket Vndr Single-Interest Home |  | Leave blank |

Lender Placed Record 75

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 75 |
| **Dollar amount of gross written premium during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 76

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 76 |
| **Dollar amount of net written premium during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 77

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 77 |
| **Net written premium during period for policies/certificates for which no separate charge is made to the borrower.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 78

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 78 |
| **Dollar amount of premium earned during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 79

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 79 |
| **Dollars of claims paid during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 80

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 80 |
| **Dollars of claims incurred during the period.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 81

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 81 |
| **Number of complaints received directly from the DOI.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

Lender Placed Record 82

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Lender Placed Record 54 | | |
| E. Line number | Numeric | 82 |
| **Number of complaints received directly from any person or entity other than the DOI.** | | |
| 1. Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Hazard | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Flood | Numeric | No commas, signs or decimals |
| 1. Single-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Dual-Interest Home Wind-Only | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Auto | Numeric | No commas, signs or decimals |
| 1. Blanket Vndr Single-Interest Home | Numeric | No commas, signs or decimals |

### Lender Placed Attestation

Lender Placed Record 83

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | LPIATT |
| E. Line number | Numeric | 83 |
| **First Attestor Information** | | |
| F. First Name | Text | Text |
| G. Middle Name | Text | Text |
| H. Last Name | Text | Text |
| I. Suffix | Text | Text |
| J. Title | Text | Text |
| K. (no data required) |  | Leave blank |

Lender Placed Record 84

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 83 | | |
| E. Line number | Numeric | 84 |
| **Second Attestor Information** | | |
| F. First Name | Text | Text |
| G. Middle Name | Text | Text |
| H. Last Name | Text | Text |
| I. Suffix | Text | Text |
| J. Title | Text | Text |
| K. (no data required) |  | Leave blank |

Lender Placed Record 85

|  |  |  |
| --- | --- | --- |
| A. through D. same as Lender Placed Record 83 | | |
| E. Line number | Numeric | 85 |
| **Overall Comments for the Filing Period** | | |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. (no data required) |  | Leave blank |
| K. Comments | Text | Text |

## Disability Income

The Disability Income line of business consists of three types of records:

Interrogatory - 16 records with 7 columns per record

Claims - 50 records with 13 columns per record

Underwriting - 22 records with 13 columns per record Attestation - 3 records with 11 columns per record

***Note:***  *All CAPS are required for state abbreviations and where indicated in the Contents column acceptable values.*

### Disability Income Interrogatory

Disability Income Record 1

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | DIINT |
| E. Line Number | Numeric | 1 |
| **Does the company have Individual Voluntary Short-Term coverage to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Disability Income Record 2

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | | |
| E. Line number | Numeric | 2 |
| **Does the company have Individual Voluntary Long-Term coverage to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Disability Income Record 3

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | | |
| E. Line number | Numeric | 3 |
| **Does the company have Individual Employer-Paid Short-Term coverage to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Disability Income Record 4

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | | |
| E. Line number | Numeric | 4 |
| **Does the company have Individual Employer-Paid Long-Term coverage to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Disability Income Record 5

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | | |
| E. Line number | Numeric | 5 |
| **Does the company have Group Voluntary Short-Term coverage to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Disability Income Record 6

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | | |
| E. Line number | Numeric | 6 |
| **Does the company have Group Voluntary Long-Term coverage to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Disability Income Record 7

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | | |
| E. Line number | Numeric | 7 |
| **Does the company have Group Employer-Paid Short-Term coverage to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Disability Income Record 8

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | | |
| E. Line number | Numeric | 8 |
| **Does the company have Group Employer-Paid Long-Term coverage to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Disability Income Record 9

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | | |
| E. Line number | Numeric | 9 |
| **Did the reporting entity have a significant event or business strategy change that would affect the data for this reporting period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Disability Income Record 10

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | |  |
| E. Line number | Numeric | 10 |
| **Significant event or business strategy - If yes, explain.** | |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Disability Income Record 11

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | | |
| E. Line number | Numeric | 11 |
| **Has all or part of the reporting entity's disability income protection business been sold, closed or moved to another insurer during the reporting period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Disability Income Record 12

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | |  |
| E. Line number | Numeric | 12 |
| **Disability income protection business - If yes, explain.** | |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Disability Income Record 13

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | |  |
| E. Line number | Numeric | 13 |
| **Number of class action lawsuits?** | |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Disability Income Record 14

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | | |
| E. Line number | Numeric | 14 |
| **Additional state specific Underwriting comments (optional):** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Disability Income Record 15

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | |  |
| E. Line number | Numeric | 15 |
| **Additional state specific claims comments (optional):** | |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Disability Income Record 16

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 1 | |  |
| E. Line number | Numeric | 16 |
| **Additional comments (optional):** | |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

### Disability Income Claims

Disability Income Record 17

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | DICLMS |
| E. Line Number | Numeric | 17 |
| **Pending benefit determinations, beginning of reporting period.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 18

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 18 |
| **Active paid claims, beginning of reporting period.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 19

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 19 |
| **Claims received during reporting period.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 20

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 20 |
| **New paid claim determinations during reporting period.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 21

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 21 |
| **Claim denials during reporting period.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 22

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 22 |
| **Paid claims closed during reporting period.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 23

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 23 |
| **Pending benefit determinations, end of reporting period.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 24

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 24 |
| **Active paid claims, end of reporting period.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 25

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 25 |
| **Number of claims processed with initial claim decision within 1-14 days.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. (no data required) |  | Leave blank |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. (no data required) |  | Leave blank |

Disability Income Record 26

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 26 |
| **Number of claims processed with initial claim decision within 15-30 days.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. (no data required) |  | Leave blank |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. (no data required) |  | Leave blank |

Disability Income Record 27

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 27 |
| **Number of claims processed with initial claim decision within 31-45 days.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. (no data required) |  | Leave blank |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. (no data required) |  | Leave blank |

Disability Income Record 28

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 28 |
| **Number of claims processed with initial claim decision over 45 days.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. (no data required) |  | Leave blank |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. (no data required) |  | Leave blank |

Disability Income Record 29

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 29 |
| **Median Processing Time: The median processing time for claims resulting in payments reported in lines 25 through 28.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. (no data required) |  | Leave blank |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. (no data required) |  | Leave blank |

Disability Income Record 30

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 30 |
| **Number of claims processed with initial claim decision within 1-30 days.** | | |
| F. (no data required) |  | Leave blank |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. (no data required) |  | Leave blank |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. (no data required) |  | Leave blank |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. (no data required) |  | Leave blank |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 31

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 31 |
| **Number of claims processed with initial claim decision within 31-60 days.** | | |
| F. (no data required) |  | Leave blank |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. (no data required) |  | Leave blank |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. (no data required) |  | Leave blank |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. (no data required) |  | Leave blank |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 32

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 32 |
| **Number of claims processed with initial claim decision within 61-90 days.** | | |
| F. (no data required) |  | Leave blank |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. (no data required) |  | Leave blank |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. (no data required) |  | Leave blank |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. (no data required) |  | Leave blank |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 33

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 33 |
| **Number of claims processed with initial claim decision over 90 days.** | | |
| F. (no data required) |  | Leave blank |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. (no data required) |  | Leave blank |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. (no data required) |  | Leave blank |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. (no data required) |  | Leave blank |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 34

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 34 |
| **Median Processing Time: The median processing time for claims resulting in payments reported in lines 30 through 33.** | | |
| F. (no data required) |  | Leave blank |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. (no data required) |  | Leave blank |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. (no data required) |  | Leave blank |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. (no data required) |  | Leave blank |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 35

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 35 |
| **Number of claims closed without payment within 1-14 days.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. (no data required) |  | Leave blank |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. (no data required) |  | Leave blank |

Disability Income Record 36

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 36 |
| **Number of claims closed without payment within 15-30 days.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. (no data required) |  | Leave blank |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. (no data required) |  | Leave blank |

Disability Income Record 37

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 37 |
| **Number of claims closed without payment within 31-45 days.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. (no data required) |  | Leave blank |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. (no data required) |  | Leave blank |

Disability Income Record 38

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 38 |
| **Number of claims closed without payment over 45 days.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. (no data required) |  | Leave blank |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. (no data required) |  | Leave blank |

Disability Income Record 39

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 39 |
| **Median Processing Time: The median processing time for claims closed without payment reported in lines 35 through 38.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. (no data required) |  | Leave blank |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. (no data required) |  | Leave blank |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. (no data required) |  | Leave blank |

Disability Income Record 40

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 40 |
| **Number of claims closed without payment within 1-30 days.** | | |
| F. (no data required) |  | Leave blank |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. (no data required) |  | Leave blank |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. (no data required) |  | Leave blank |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. (no data required) |  | Leave blank |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 41

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 41 |
| **Number of claims closed without payment within 31-60 days.** | | |
| F. (no data required) |  | Leave blank |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. (no data required) |  | Leave blank |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. (no data required) |  | Leave blank |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. (no data required) |  | Leave blank |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 42

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 42 |
| **Number of claims closed without payment within 61-90 days.** | | |
| F. (no data required) |  | Leave blank |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. (no data required) |  | Leave blank |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. (no data required) |  | Leave blank |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. (no data required) |  | Leave blank |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 43

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 43 |
| **Number of claims closed without payment over 90 days.** | | |
| F. (no data required) |  | Leave blank |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. (no data required) |  | Leave blank |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. (no data required) |  | Leave blank |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. (no data required) |  | Leave blank |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 44

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 44 |
| **Median Processing Time: The median processing time for claims closed without payment reported in lines 40 through 43.** | | |
| F. (no data required) |  | Leave blank |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. (no data required) |  | Leave blank |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. (no data required) |  | Leave blank |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. (no data required) |  | Leave blank |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 45

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 45 |
| **Claimant not covered under the policy as of date of disability onset.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 46

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 46 |
| **Claimant returned to work during elimination period.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 47

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 47 |
| **Pre-existing condition.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 48

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 48 |
| **Claimant not disabled under the policy definition of disabled.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 49

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 49 |
| **Lack of documentation.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 50

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 50 |
| **Disability arising from diagnosis excluded under the policy.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 51

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 51 |
| **Disability due to work-related injury or condition excluded under the policy.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 52

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 52 |
| **Disability caused by excluded circumstance other than a work-related injury.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 53

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 53 |
| **Misrepresentation.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 54

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 54 |
| **All other denials.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 55

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 55 |
| **Claimant returned to work - own occupation/job.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 56

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 56 |
| **Claimant returned to work - any occupation/job.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 57

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 57 |
| **Lack of documentation.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 58

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 58 |
| **Non-participation in evaluation.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 59

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 59 |
| **Death of claimant.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 60

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 60 |
| **Failure to participate in rehabilitation.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 61

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 61 |
| **Misrepresentation.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 62

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 62 |
| **Claimant had offsetting compensation.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 63

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 63 |
| **Maximum benefit reached.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 64

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 64 |
| **Not disabled with respect to "own occupation" but has not returned to work.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 65

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | | |
| E. Line Number | Numeric | 65 |
| **Not disabled with respect to "any occupation" but has not returned to work.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 66

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 17 | |  |
| E. Line Number | Numeric | 66 |
| **Other closed after payment.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

### Disability Income Underwriting Activity

Disability Income Record 67

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | DIUNDACT |
| E. Line Number | Numeric | 67 |
| **Number of policies in force at the beginning of the reporting period.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 68

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | | |
| E. Line Number | Numeric | 68 |
| **Number of new policies issued during the reporting period.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 69

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | |  |
| E. Line Number | Numeric | 69 |
| **Dollar amount of direct written premium.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 70

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | | |
| E. Line Number | Numeric | 70 |
| **Number of policyholder cancellations and non-renewals.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 71

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | |  |
| E. Line Number | Numeric | 71 |
| **Number of insurer non-renewals.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 72

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | |  |
| E. Line Number | Numeric | 72 |
| **Number of insurer cancellations.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 73

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | | |
| E. Line Number | Numeric | 73 |
| **Number of rescissions within two years from policy issue.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 74

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | | |
| E. Line Number | Numeric | 74 |
| **Number of rescissions after two years from policy issue.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 75

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | | |
| E. Line Number | Numeric | 75 |
| **Number of policies in force at the end of the reporting period.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 76

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | | |
| E. Line Number | Numeric | 76 |
| **Number of lives covered under policies in force at the beginning of the reporting period.** | | |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 77

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | | |
| E. Line Number | Numeric | 77 |
| **Number of lives covered under new policies issued during the reporting period.** | | |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 78

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | | |
| E. Line Number | Numeric | 78 |
| **Number of lives covered under policyholder cancellations and non-renewals.** | | |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 79

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | |  |
| E. Line Number | Numeric | 79 |
| **Number of lives covered under insurer non-renewals.** | |  |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 80

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | |  |
| E. Line Number | Numeric | 80 |
| **Number of lives covered under insurer cancellations.** | |  |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 81

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | |  |
| E. Line Number | Numeric | 81 |
| **Number of lives covered under rescinded policies.** | |  |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 82

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | | |
| E. Line Number | Numeric | 82 |
| **Number of lives covered under policies in force at the end of the reporting period.** | | |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 83

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | | |
| E. Line Number | Numeric | 83 |
| **Number of complaints received directly from any entity other than the DOI.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 84

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | | |
| E. Line Number | Numeric | 84 |
| **Number of lawsuits open as of the beginning of the reporting period.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 85

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | | |
| E. Line Number | Numeric | 85 |
| **Number of new lawsuits opened during the reporting period.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 86

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | | |
| E. Line Number | Numeric | 86 |
| **Number of lawsuits closed during the reporting period (total).** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 87

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | | |
| E. Line Number | Numeric | 87 |
| **Number of lawsuits closed during the reporting period with consideration for the consumer.** | | |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

Disability Income Record 88

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 67 | |  |
| E. Line Number | Numeric | 88 |
| **Number of lawsuits open as of the end of the period.** | |  |
| F. Individual Voluntary Short-Term | Numeric | No commas, signs or decimals |
| G. Individual Voluntary Long-Term | Numeric | No commas, signs or decimals |
| H. Individual Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| I. Individual Employer-Paid Long-Term | Numeric | No commas, signs or decimals |
| J. Group Voluntary Short-Term | Numeric | No commas, signs or decimals |
| K. Group Voluntary Long-Term | Numeric | No commas, signs or decimals |
| L. Group Employer-Paid Short-Term | Numeric | No commas, signs or decimals |
| M. Group Employer-Paid Long-Term | Numeric | No commas, signs or decimals |

### Disability Income Attestation

Disability Income Record 89

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | DIATT |
| E. Line Number | Numeric | 89 |
| **First Attestor Information** |  |  |
| F. First Name | Numeric | Text |
| G. Middle Name | Numeric | Text |
| H. Last Name | Numeric | Text |
| I. Suffix | Numeric | Text |
| J. Title | Numeric | Text |
| K. (no data required) |  | Leave blank |

Disability Income Record 90

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 89 | |  |
| E. Line Number | Numeric | 90 |
| **Second Attestor Information** | |  |
| F. First Name | Numeric | Text |
| G. Middle Name | Numeric | Text |
| H. Last Name | Numeric | Text |
| I. Suffix | Numeric | Text |
| J. Title | Numeric | Text |
| K. (no data required) |  | Leave blank |

Disability Income Record 91

|  |  |  |
| --- | --- | --- |
| A. through D. same as Disability Income Record 89 | |  |
| E. Line Number | Numeric | 91 |
| **Overall Comments for the Filing Period** | |  |
| F. First Name |  | Leave blank |
| G. Middle Name |  | Leave blank |
| H. Last Name |  | Leave blank |
| I. Suffix |  | Leave blank |
| J. Title |  | Leave blank |
| K. Comments | Text | Text |

## Private Flood

The Private Flood line of business consists of four types of records:

Interrogatory - 51 records with 7 columns per record

Claims - 18 records with 11 columns per record

Underwriting - 12 records with 11 columns per record

Lawsuits and Complaints - 6 records with 11 columns per record

Attestation - 3 records with 11 columns per record

***Note:***  *All CAPS are required for state abbreviations and where indicated in the Contents column acceptable values.*

### Private Flood Interrogatory

Private Flood Record 1

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | PFINT |
| E. Line Number | Numeric | 1 |
| **Does the reporting company write private flood policies or endorsements?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 2

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 2 |
| **Were private flood policies or endorsements in force during the reporting period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 3

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 3 |
| **In which annual statement lines of business on the state page of the statutory annual statement does the company report private flood experience?** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 4

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 4 |
| **Were there private flood policies or endorsements in force during the reporting period that provided Personal Property coverage?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 5

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 5 |
| **Were there private flood policies or endorsements in force during the reporting period that provided Loss of Use coverage?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 6

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 6 |
| **Was the company still actively writing private flood coverage in the state at year end?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 7

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 7 |
| **How does company treat subsequent supplemental payments on previously closed claims (or additional payments on a previously reported claim)? Re-open original claim/open new claim. If reopen original claim, report 1. If open new claim, report 2. If other, report 3.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 8

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 8 |
| **Does the reporting company have stand-alone (first dollar coverage) to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 9

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 9 |
| **If Yes, has the company had a significant event/business strategy that would affect stand-alone (first dollar coverage) data for this reporting period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 10

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 10 |
| **If Yes, explain.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 11

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 11 |
| **If Yes, has the stand-alone (first dollar coverage) block of business or part of this block of business been sold, closed or moved to another company during the year?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 12

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 12 |
| **If Yes, explain.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 13

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 13 |
| **If Yes, does the number of stand-alone (first dollar coverage) policies in force at the beginning of the reporting period in this report match the number of policies or endorsements in force at the end of the reporting period for the first prior year report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 14

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 14 |
| **If No, explain the difference.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 15

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 15 |
| **Does the reporting company have stand-alone (excess coverage) to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 16

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 16 |
| **If Yes, has the company had a significant event/business strategy that would affect stand-alone (excess coverage) data for this reporting period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 17

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 17 |
| **If Yes, explain.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 18

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 18 |
| **If Yes, has the stand-alone (excess coverage) block of business or part of this block of business been sold, closed or moved to another company during the year?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 19

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 19 |
| **If Yes, explain.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 20

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 20 |
| **If Yes, does the number of stand-alone (excess coverage) policies in force at the beginning of the reporting period in this report match the number of policies or endorsements in force at the end of the reporting period for the first prior year report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 21

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 21 |
| **If No, explain the difference.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 22

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 22 |
| **Does the reporting company have endorsements to a homeowners policy (first dollar coverage) to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 23

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 23 |
| **If Yes, has the company had a significant event/business strategy that would affect endorsements to a homeowners policy (first dollar coverage) data for this reporting period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 24

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 24 |
| **If Yes, explain.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 25

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 25 |
| **If Yes, has the endorsements to a homeowners policy (first dollar coverage) block of business or part of this block of business been sold, closed or moved to another company during the year?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 26

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 26 |
| **If Yes, explain.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 27

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 27 |
| **If Yes, does the number of endorsements to a homeowners policy (first dollar coverage) in force at the beginning of the reporting period in this report match the number of endorsements in force at the end of the reporting period for the first prior year report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 28

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 28 |
| **If No, explain the difference.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 29

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 29 |
| **Does the reporting company have endorsements to a homeowners policy (excess coverage) to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 30

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 30 |
| **If Yes, has the company had a significant event/business strategy that would affect endorsements to a homeowoners policy (excess coverage) data for this reporting period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 31

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 31 |
| **If Yes, explain.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 32

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 32 |
| **If Yes, has the endorsements to a homeowners policy (excess coverage) block of business or part of this block of business been sold, closed or moved to another company during the year?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 33

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 33 |
| **If Yes, explain.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 34

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 34 |
| **If Yes, does the number of endorsements to a homeowners policy (excess coverage) in force at the beginning of the reporting period in this report match the number of endorsements in force at the end of the reporting period for the first prior year report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 35

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 35 |
| **If No, explain the difference.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 36

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 36 |
| **Does the reporting company have endorsements to a policy other than homeowners (first dollar coverage) to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 37

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 37 |
| **If Yes, has the company had a significant event/business strategy that would affect endorsements to a policy other than homeowners (first dollar coverage) data for this reporting period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 38

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 38 |
| **If Yes, explain.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 39

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 39 |
| **If Yes, has the endorsements to a policy other than homeowners (first dollar coverage) block of business or part of this block of business been sold, closed or moved to another company during the year?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 40

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 40 |
| **If Yes, explain.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 41

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 41 |
| **If Yes, does the number of endorsements to a policy other than homeowners (first dollar coverage) in force at the beginning of the reporting period in this report match the number of endorsements in force at the end of the reporting period for the first prior year report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 42

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 42 |
| **If No, explain the difference.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 43

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 43 |
| **Does the reporting company have endorsements to a policy other than homeowners (excess coverage) to report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 44

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 44 |
| **If Yes, has the company had a significant event/business strategy that would affect endorsements to a policy other than homeowners (excess coverage) data for this reporting period?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 45

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 45 |
| **If Yes, explain.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 46

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 46 |
| **If Yes, has the endorsements to a policy other than homeowners (excess coverage) block of business or part of this block of business been sold, closed or moved to another company during the year?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 47

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 47 |
| **If Yes, explain.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 48

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | | |
| E. Line number | Numeric | 48 |
| **If Yes, does the number of endorsements to a policy other than homeowners (excess coverage) in force at the beginning of the reporting period in this report match the number of endorsements in force at the end of the reporting period for the first prior year report?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Private Flood Record 49

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 |  |  |
| E. Line number | Numeric | 49 |
| **If No, explain the difference.** |  |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 50

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | |  |
| E. Line number | Numeric | 50 |
| **Additional state specific claims comments (optional):** | |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

Private Flood Record 51

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 1 | |  |
| E. Line number | Numeric | 51 |
| **Additional state specific underwriting comments (optional):** | |  |
| F. (no data required) |  | Leave blank |
| G. Explanation |  | Text |

### Private Flood Claims

Private Flood Record 52

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | PRIVATEFLOOD |
| E. Line Number | Numeric | 52 |
| **Number of claims open at the beginning of the period.** | |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 53

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 53 |
| **Number of claims opened during the period.** |  |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 54

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 54 |
| **Number of claims closed during the period, with payment.** | |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 55

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 55 |
| **Number of claims closed during the period, without payment.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 56

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 56 |
| **Number of claims open at the end of the period.** |  |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 57

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 57 |
| **Median days to final payment.** |  |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 58

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 58 |
| **Number of claims closed with payment within 0-30 days.** | |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 59

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 59 |
| **Number of claims closed with payment within 31-60 days.** | |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 60

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 60 |
| **Number of claims closed with payment within 61-90 days.** | |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 61

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 61 |
| **Number of claims closed with payment within 91-180 days.** | |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 62

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 62 |
| **Number of claims closed with payment within 181-365 days.** | |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 63

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 63 |
| **Number of claims closed with payment beyond 365 days.** | |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 64

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 64 |
| **Number of claims closed without payment within 0-30 days.** | |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 65

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 65 |
| **Number of claims closed without payment within 31-60 days.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 66

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 66 |
| **Number of claims closed without payment within 61-90 days.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 67

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 67 |
| **Number of claims closed without payment within 91-180 days.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 68

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 68 |
| **Number of claims closed without payment within 181-365 days.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 69

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 52 |  |  |
| E. Line Number | Numeric | 69 |
| **Number of claims closed without payment beyond 365 days.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

### Private Flood Underwriting

Private Flood Record 70

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | PRIVATEFLOOD |
| E. Line Number | Numeric | 70 |
| **Number of private flood policies or endorsements in force at end of reporting period in the first prior year report.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | Leave blank |
| G. Stand-alone policies (excess coverage) | Numeric | Leave blank |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | Leave blank |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | Leave blank |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | Leave blank |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | Leave blank |

Private Flood Record 71

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 70 |  |  |
| E. Line Number | Numeric | 71 |
| **Number of private flood policies or endorsements in force at the beginning of the reporting period.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 72

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 70 |  |  |
| E. Line Number | Numeric | 72 |
| **Number of private flood policies or endorsements written during the reporting period.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 73

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 70 |  |  |
| E. Line Number | Numeric | 73 |
| **Number of private flood policies or endorsements in force at the end of the reporting period.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 74

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 70 |  |  |
| E. Line Number | Numeric | 74 |
| **The number of private flood policies or endorsements in force at the beginning of the reporting period in this report minus the number of policies or endorsements in force at the end of the reporting period for the first prior year report.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | Leave blank |
| G. Stand-alone policies (excess coverage) | Numeric | Leave blank |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | Leave blank |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | Leave blank |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | Leave blank |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | Leave blank |

Private Flood Record 75

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 70 |  |  |
| E. Line Number | Numeric | 75 |
| **Dollar amount of direct premium written during the reporting period for private flood policies or endorsements.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 76

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 70 |  |  |
| E. Line Number | Numeric | 76 |
| **Number of company-initiated non-renewals during the period for private flood policies.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 77

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 70 |  |  |
| E. Line Number | Numeric | 77 |
| **Number of cancellations for non-pay or non-sufficient funds for private flood policies or endorsements.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 78

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 70 |  |  |
| E. Line Number | Numeric | 78 |
| **Number of cancellations at the insured’s request for private flood policies or endorsements.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 79

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 70 |  |  |
| E. Line Number | Numeric | 79 |
| **Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to an affiliated company for private flood policies or endorsements.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 80

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 70 |  |  |
| E. Line Number | Numeric | 80 |
| **Number of company-initiated cancellations that occur 60 to 90 days after effective date, excluding rewrites to an affiliated company for private flood policies or endorsements.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 81

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 70 |  |  |
| E. Line Number | Numeric | 81 |
| **Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to an affiliated company for flood policies or endorsements.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

### Private Flood Lawsuits and Complaints

Private Flood Record 82

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | PRIVATEFLOOD |
| E. Line Number | Numeric | 82 |
| **Number of lawsuits open at beginning of the period.** | |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 83

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 82 |  |  |
| E. Line Number | Numeric | 83 |
| **Number of lawsuits opened during the period.** |  |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 84

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 82 |  |  |
| E. Line Number | Numeric | 84 |
| **Number of lawsuits closed during the period.** |  |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 85

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 82 |  |  |
| E. Line Number | Numeric | 85 |
| **Number of lawsuits closed during the period with consideration for the consumer.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 86

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 82 |  |  |
| E. Line Number | Numeric | 86 |
| **Number of lawsuits open at end of period.** |  |  |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

Private Flood Record 87

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. through D. same as Private Flood Record 82 |  |  |
| E. Line Number | Numeric | 87 |
| **Number of complaints received directly from any person or entity other than the DOI.** | | |
| F. Stand-alone policies (first dollar coverage) | Numeric | No commas, signs or decimals |
| G. Stand-alone policies (excess coverage) | Numeric | No commas, signs or decimals |
| H. Endorsement to a Homeowners Policy  (first dollar coverage) | Numeric | No commas, signs or decimals |
| I. Endorsement to a Homeowners Policy  (excess coverage) | Numeric | No commas, signs or decimals |
| J. Endorsement to a Policy Other than  Homeowners (first dollar coverage) | Numeric | No commas, signs or decimals |
| K. Endorsement to a Policy Other than  Homeowners (excess coverage) | Numeric | No commas, signs or decimals |

### Private Flood Attestation

Private Flood Record 88

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | PFATT |
| E. Line Number | Numeric | 88 |
| **First Attestor Information** |  |  |
| F. First Name | Numeric | Text |
| G. Middle Name | Numeric | Text |
| H. Last Name | Numeric | Text |
| I. Suffix | Numeric | Text |
| J. Title | Numeric | Text |
| K. (no data required) |  | Leave blank |

Private Flood Record 89

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 88 |  |  |
| E. Line Number | Numeric | 89 |
| **Second Attestor Information** |  |  |
| F. First Name | Numeric | Text |
| G. Middle Name | Numeric | Text |
| H. Last Name | Numeric | Text |
| I. Suffix | Numeric | Text |
| J. Title | Numeric | Text |
| K. (no data required) |  | Leave blank |

Private Flood Record 90

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 88 |  |  |
| E. Line Number | Numeric | 90 |
| **Overall Comments for the Filing Period** |  |  |
| F. First Name |  | Leave blank |
| G. Middle Name |  | Leave blank |
| H. Last Name |  | Leave blank |
| I. Suffix |  | Leave blank |
| J. Title |  | Leave blank |
| K. Comments | Text | Text |

## Short-term Limited Liability

The Short-term Limited Liability line of business consists of seven types of records:

Interrogatory - 45 records with 7 columns per record

Policy/ Certificate Administration - 33 records with 10 columns per record

Prior Authorizations - 8 records with 14` columns per record

Claims Administration (Including Pharmacy) - 25 records with 14 columns per record

Consumer Complaints and Lawsuits - 8 records with 14 columns per record

Marketing and Sales - 23 records with 13 columns per record

Attestation - 3 records with 11 columns per record

***Note:***  *All CAPS are required for state abbreviations and where indicated in the Contents column acceptable values.*

### Short-term Limited Liability Interrogatories

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data Year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | STLDINT |
| E. Line number | Numeric | 1 |
| **List the states where your STLDI products are marketed.** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 2

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 2 |
| **Does the company offer STLDI policies/certificates with up to a 90-day duration?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 3

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 3 |
| **Does the company offer STLDI policies/certificates with 91- to 180-day duration?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 4

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 4 |
| **Does the company offer STLDI policies/certificates with 181- to 364-day duration?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 5

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 5 |
| **Number of STLDI forms offered to residents in this state.** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 6

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 6 |
| **Number of STLDI forms offered in all states.** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 7

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 7 |
| **Number of STLDI forms filed in this state.** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 9

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 9 |
| **List the states where your STLDI products are filed (provide SERFF tracking number and form number, if applicable). If a company issues the product in a state that does not require a filing, please identify the product, and describe the basis for not filing.** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 10

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 10 |
| **How many policy forms have waiting periods that apply to the entire policy/certificate?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 11

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 11 |
| **How many policy forms have waiting periods that apply per specific benefits?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 12

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 12 |
| **Do any waiting periods exceed the policy/certificate term?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 13

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 13 |
| **If the answer to #11 is yes, please explain.** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 14

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 14 |
| **Does the company issue STLDI products through associations?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 15

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 15 |
| **If yes, list the associations.** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 16

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 16 |
| **If yes, do you have a contractual relationship with each Association?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 17

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 17 |
| **If yes, does the contract cover the marketing of your product?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 18

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 18 |
| **If yes, does the contract cover the collection of dues and fees?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 19

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 19 |
| **If yes, does the contract cover commissions?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 20

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 20 |
| **If yes, what other operational areas are covered in the contract?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 21

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 21 |
| **Does the company issue STLDI products through trusts?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 22

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 22 |
| **If #20 is yes, how many?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 23

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 23 |
| **Does the company issue STLDI products through administrators?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 24

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 24 |
| **If yes, how many?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 25

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 25 |
| **Does the company contract with third-party administrators for administrative services related to STLDI products?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 26

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 26 |
| **If yes, does your delegation structure include claims related to STLDI products?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 27

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 27 |
| **If yes, does your delegation structure include complaints related to STLDI products?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 28

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 28 |
| **If yes, does your delegation structure include medical underwriting related to STLDI products?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 29

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 29 |
| **If yes, does your delegation structure include pricing related to STLDI products?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 30

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 30 |
| **If yes, does your delegation structure include producer appointments related to STLDI products?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 31

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 31 |
| **If yes, does your delegation structure include marketing, advertisement, lead generation, or enrollment related to STLDI products?** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 32

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 32 |
| **Does your company audit Third parties to whom you have delegated responsibilities?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 33

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 33 |
| **If yes, please provide frequency of audits.** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 34

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 34 |
| **Does the company offer renewals/reissues?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 35

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 35 |
| **Are any renewals/reissues subject to optional or mandatory underwriting?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 36

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 36 |
| **If yes, identify the products or plans subject to underwriting upon renewal/reissue.** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 37

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 37 |
| **Are there limitations on the number of renewals per individual?** |  |  |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 38

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 38 |
| **Does your company offer renewal(s) without underwriting for an additional charge?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 39

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 39 |
| **If yes, identify the products or plans subject to underwriting for an additional charge** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 40

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 40 |
| **Are the limitations on renewals based on state, federal, or company rules?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 41

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 41 |
| **Does your company distribute its product through independent agents?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 42

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 42 |
| **Does your company distribute its products through captive agents?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 43

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 43 |
| **Does your company distribute its products through its employees?** | | |
| F. Response | Text | Y or N |
| G. Explanation |  | Leave Blank |

Short-term Limited Duration Record 44

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 44 |
| **What triggers a pre-existing exclusion review (dollar, diagnosis, prescription, other)** | | |
| F. Response |  |  |
| G. Explanation | Text | Text |

Short-term Limited Duration Record 45

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 1 | Numeric | 2023 |
| E. Line number | Numeric | 45 |
| **Additional State Specific Comments (optional)** | | |
| F. Response |  | Leave Blank |
| G. Explanation | Text | Text |

### Short-term Limited Liability Policy/ Certificate Administration

Short-term Limited Duration Record 46

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data Year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | STLDPOL |
| E. Line number | Numeric | 46 |
| **Direct Written Premium. (Updated at direction of the MCAS Blanks (D) Working Group to match original intent. 10/19/22)** | | |
| F. STLDI <=90 | Numeric | No commas, signs, or decimals |
| G. STLDI 91-180 | Numeric | No commas, signs, or decimals |
| H. STLDI 181-364 | Numeric | No commas, signs, or decimals |
| I. STLDI Not Sitused <=90 | Numeric | No commas, signs, or decimals |
| J. STLDI Not Sitused 91 - 180 | Numeric | No commas, signs, or decimals |
| K. STLDI Not Sitused 181-364 | Numeric | No commas, signs, or decimals |
| L. STLDI Sitused <=90 | Numeric | No commas, signs, or decimals |
| M. STLDI Sitused 91 - 180 | Numeric | No commas, signs, or decimals |
| N. STLDI Sitused 181-364 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 47

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 47 |
| **Earned premiums for Reporting Year.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 48

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 48 |
| **Number of Policies/Certificates in Force at the Beginning of the Period** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 49

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 49 |
| **Number of Covered Lives on Policies/Certificates In Force at the Beginning of the Period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 50

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 50 |
| **Number of new policy/certificate applications received during the period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 51

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 51 |
| **Number of new policy/certificates issued during the period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 52

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 52 |
| **Number of new policies/certificates denied during the period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 53

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 53 |
| **Number of Covered Lives on New Policies/Certificates Issued During the Period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 54

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 54 |
| **Member months for policies/certificates newly issued during the period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 55

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 55 |
| **Number of policy/certificate renewal/reissue applications received during the period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 56

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 56 |
| **Number of policies/certificates renewed/reissued during the period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 57

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 57 |
| **Number of policies/certificates non-renewed or denied at the option of insurer during the period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 58

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 58 |
| **Number of Covered Lives on Renewed/Reissued Policies/Certificates During the Period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 59

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 59 |
| **Number of renewals/reissues allowed.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 60

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 60 |
| **Member months for policies/certificates renewed/reissued during the period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 61

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 61 |
| **Member months for policies/certificates renewed/reissued which had an option to renew/reissue without underwriting.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 62

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 62 |
| **Number of Member Months of on Other Than New Policies/Certificates or Renewal/Reissued Policies/Certificates During the Period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 63

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 63 |
| **Number of policy/certificate terminations and cancellations initiated by the policyholder/certificateholder.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 64

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 64 |
| **Number of Covered Lives on Policies/Certificates Cancelled at the Initiation of the policyholder/ certificateholder During the Period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 65

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 65 |
| **Number of policies/certificates cancelled during the free look period** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 66

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 66 |
| **Number of Policies/Certificates Cancelled at the Initiation of the policyholder/certificateholder During the Free Look Period During the Period** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 67

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 67 |
| **Number of Covered Lives on Policies/Certificates Cancelled at the Initiation of the policyholder/certificateholder During the Free Look Period During the Period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 68

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 68 |
| **Number of policy/certificate terminations and cancellations due to non-payment of premium.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 69

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 69 |
| **Number of Lives on Policies/Certificates Cancelled Due to Non-Payment of Premium During the Period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 70

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 70 |
| **Number of Policies/Certificates Cancelled by Insurer for Any Reason Other Than Non-Payment of Premium During the Period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 71

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 71 |
| **Number of Policies/Certificates Cancelled by Insurer Following Filing of a Claim or Prior Authorization Request by the policyholder/certificateholder During the Period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 72

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 72 |
| **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.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 73

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 73 |
| **Number of rescissions.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 74

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 74 |
| **Number of insured lives impacted on terminations and cancellations initiated by the policyholder/certificateholder.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 75

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 75 |
| **Number of insured lives impacted on terminations and cancellations due to nonpayment.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 76

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 76 |
| **Number of insured lives impacted by rescissions.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 77

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 77 |
| **Number of Policies/Certificates in Force at the End of the Period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 78

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 46 | | |
| E. Line number | Numeric | 78 |
| **Number of Covered Lives on Policies/Certificates in Force at the End of the Period.** | | |
| F through N same as Short-term Limited Duration Record 46 | Numeric | No commas, signs, or decimals |

### Short-term Limited Liability Prior Authorizations

Short-term Limited Duration Record 79

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data Year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | STLDPA |
| E. Line number | Numeric | 79 |
| **Number of Prior Authorization Requests Pending at the Beginning of the Period.** | | |
| F. STLDI <=90 | Numeric | No commas, signs, or decimals |
| G. STLDI 91-180 | Numeric | No commas, signs, or decimals |
| H. STLDI 181-364 | Numeric | No commas, signs, or decimals |
| I. STLDI Not Sitused <=90 | Numeric | No commas, signs, or decimals |
| J. STLDI Not Sitused 91 - 180 | Numeric | No commas, signs, or decimals |
| K. STLDI Not Sitused 181-364 | Numeric | No commas, signs, or decimals |
| L. STLDI Sitused <=90 | Numeric | No commas, signs, or decimals |
| M. STLDI Sitused 91 - 180 | Numeric | No commas, signs, or decimals |
| N. STLDI Sitused 181-364 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 80

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 79 | | |
| E. Line number | Numeric | 80 |
| **Number of prior authorizations requested during period.** | | |
| F through N same as Short-term Limited Duration Record 79 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 81

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 79 | | |
| E. Line number | Numeric | 81 |
| **Number of prior authorizations approved during period.** | | |
| F through N same as Short-term Limited Duration Record 79 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 82

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 79 | | |
| E. Line number | Numeric | 82 |
| **Number of prior authorizations denied during period.** | | |
| F through N same as Short-term Limited Duration Record 79 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 83

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 79 | | |
| E. Line number | Numeric | 83 |
| **Number of claims where prior authorization penalties were assessed.** | | |
| F through N same as Short-term Limited Duration Record 79 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 84

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 79 | | |
| E. Line number | Numeric | 84 |
| **Number of Prior Authorization Requests Pending at the End of the Period.** | | |
| F through N same as Short-term Limited Duration Record 79 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 85

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 79 | | |
| E. Line number | Numeric | 85 |
| **Median Number of Days from Receipt of Prior Authorization Request to Decision.** | | |
| F through N same as Short-term Limited Duration Record 79 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 86

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 79 | | |
| E. Line number | Numeric | 86 |
| **Average Number of Days from Receipt of Prior Authorization to Decision.** | | |
| F through N same as Short-term Limited Duration Record 79 | Numeric | No commas, signs, or decimals |

### Short-term Limited Liability Claims Administration

Short-term Limited Duration Record 87

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data Year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | STLDCLMS |
| E. Line number | Numeric | 87 |
| **Number of Claims Pending at the Beginning of the Period.** | | |
| F. STLDI <=90 | Numeric | No commas, signs, or decimals |
| G. STLDI 91-180 | Numeric | No commas, signs, or decimals |
| H. STLDI 181-364 | Numeric | No commas, signs, or decimals |
| I. STLDI Not Sitused <=90 | Numeric | No commas, signs, or decimals |
| J. STLDI Not Sitused 91 - 180 | Numeric | No commas, signs, or decimals |
| K. STLDI Not Sitused 181-364 | Numeric | No commas, signs, or decimals |
| L. STLDI Sitused <=90 | Numeric | No commas, signs, or decimals |
| M. STLDI Sitused 91 - 180 | Numeric | No commas, signs, or decimals |
| N. STLDI Sitused 181-364 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 88

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 88 |
| **Number of claims received.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 89

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 89 |
| **Total number of claims denied, rejected or returned.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 90

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 90 |
| **Number of denied, rejected, or returned due to claims submission coding error(s).** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 91

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 91 |
| **Number of denied, rejected, or returned for lack of Prior Authorization.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 92

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 92 |
| **Number of denied, rejected, or returned as Non-Covered or beyond benefit limitation** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 93

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 93 |
| **Number of denied, rejected, or returned as Not medically necessary.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 94

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 94 |
| **Number of denied, rejected, or returned as Subject to pre-existing condition exclusion.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 95

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 95 |
| **Number denied, rejected, or returned due to failure to provide adequate documentation.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 96

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 96 |
| **Number denied, rejected, or returned due to being within the waiting period.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 97

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 97 |
| **Number of denied, rejected, or returned (in whole or in part) because maximum $ limit.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 98

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 98 |
| **Number of denied, rejected, or returned for Out-of-Network provider.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 99

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 99 |
| **Number of Claims Pending at End of Period.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 100

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 100 |
| **Median Number of Days from Receipt of Claim to Decision for Denied Claims.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 101

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 101 |
| **Average Number of Days from Receipt of Claim to Decision for Denied Claims.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 102

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 102 |
| **Median Number of Days from Receipt of Claim to Decision for Approved Claims.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 103

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 103 |
| **Average Number of Days from Receipt of Claim to Decision for Approved Claims.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 104

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 104 |
| **Number of Claim Decisions Appeals Pending At Beginning of Period.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 105

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 105 |
| **Number of Claim Decision Appeals Received During the Period.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 106

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 106 |
| **Number of Claim Decision Appeals Resulting in Decisions Upheld During the Period.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 107

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 107 |
| **Number of Claim Decision Appeals Resulting in Decisions Overturned or Modified During the Period.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 108

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 108 |
| **Number of Claim Decision Appeals Rejected and Not Considered for Any Reason.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 109

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 109 |
| **Number of Claim Decision Appeals Pending at End of Period.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 110

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 110 |
| **Average Number of Days from Receipt of Appeal to Decision.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 111

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 87 | | |
| E. Line number | Numeric | 111 |
| **Number of claims paid.** | | |
| F through N same as Short-term Limited Duration Record 87 | Numeric | No commas, signs, or decimals |

### Short-term Limited Liability Consumer Complaints and Lawsuits

Short-term Limited Duration Record 112

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data Year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | STLDLAW |
| E. Line number | Numeric | 112 |
| **Number of complaints received by Company (other than through the DOI).** | | |
| F. STLDI <=90 | Numeric | No commas, signs, or decimals |
| G. STLDI 91-180 | Numeric | No commas, signs, or decimals |
| H. STLDI 181-364 | Numeric | No commas, signs, or decimals |
| I. STLDI Not Sitused <=90 | Numeric | No commas, signs, or decimals |
| J. STLDI Not Sitused 91 - 180 | Numeric | No commas, signs, or decimals |
| K. STLDI Not Sitused 181-364 | Numeric | No commas, signs, or decimals |
| L. STLDI Sitused <=90 | Numeric | No commas, signs, or decimals |
| M. STLDI Sitused 91 - 180 | Numeric | No commas, signs, or decimals |
| N. STLDI Sitused 181-364 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 113

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 112 | | |
| E. Line number | Numeric | 113 |
| **Number of complaints received through DOI.** | | |
| F through N same as Short-term Limited Duration Record 112 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 114

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 112 | | |
| E. Line number | Numeric | 114 |
| **Number of complaints resulting in claims reprocessing.** | | |
| F through N same as Short-term Limited Duration Record 112 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 115

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 79 | | |
| E. Line number | Numeric | 115 |
| **Number of Lawsuits Open at Beginning of the Period.** | | |
| F through N same as Short-term Limited Duration Record 112 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 116

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 112 | | |
| E. Line number | Numeric | 116 |
| **Number of Lawsuits Opened During the Period** | | |
| F through N same as Short-term Limited Duration Record 112 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 117

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 79 | | |
| E. Line number | Numeric | 117 |
| **Number of Lawsuits Closed During the Period.** | | |
| F through N same as Short-term Limited Duration Record 112 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 118

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 112 | | |
| E. Line number | Numeric | 118 |
| **Number of Lawsuits Closed During the Period with Consideration for the Consumer.** | | |
| F through N same as Short-term Limited Duration Record 112 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 119

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 112 | | |
| E. Line number | Numeric | 119 |
| **Number of Lawsuits Open at End of Period.** | | |
| F through N same as Short-term Limited Duration Record 112 | Numeric | No commas, signs, or decimals |

### Short-term Limited Liability Marketing and Sales

Short-term Limited Duration Record 120

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data Year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | STLDMARK |
| E. Line number | Numeric | 120 |
| **Number of Claims Pending at the Beginning of the Period.** | | |
| F. STLDI <=90 | Numeric | No commas, signs, or decimals |
| G. STLDI 91-180 | Numeric | No commas, signs, or decimals |
| H. STLDI 181-364 | Numeric | No commas, signs, or decimals |
| I. STLDI Not Sitused <=90 | Numeric | No commas, signs, or decimals |
| J. STLDI Not Sitused 91 - 180 | Numeric | No commas, signs, or decimals |
| K. STLDI Not Sitused 181-364 | Numeric | No commas, signs, or decimals |
| L. STLDI Sitused <=90 | Numeric | No commas, signs, or decimals |
| M. STLDI Sitused 91 - 180 | Numeric | No commas, signs, or decimals |
| N. STLDI Sitused 181-364 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 121

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 121 |
| **Number of applications received.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 122

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 122 |
| **Number of Renewal/Reissue Individual Applications Received During the Period.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 123

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 123 |
| **Number of New Individual Applications Denied During the Period for Any Reason** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 124

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 124 |
| **Number of New Individual Applications Denied During the Period - Health Status or Condition.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 125

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 125 |
| **Number of Renewal/Reissue Individual Applications Denied During the Period for Any Reason.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 126

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 126 |
| **Number of Renewal/Reissue Individual Applications Denied During the Period - Health Status or Condition.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 127

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 127 |
| **Number of New Individual Applications Approved During the Period.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 128

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 128 |
| **Number of Renewal/Reissue Individual Applications Approved During the Period.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 129

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 129 |
| **Number of Individual Applications Pending at the End of the Period.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 130

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 130 |
| **Number of applications initiated via phone.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 131

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 131 |
| **Number of applications completed via phone.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 132

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 132 |
| **Number of applications initiated face-to-face.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 133

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 133 |
| **Number of applications completed face-to-face.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 134

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 134 |
| **Number of applications initiated online (Electronically).** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 135

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 135 |
| **Number of applications completed online (Electronically).** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 136

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 136 |
| **Number of New Individual Applications initiated by Mail During the Period.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 137

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 137 |
| **Number of New Individual Applications completed by Mail During the Period.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 138

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 138 |
| **Number of New Individual Applications initiated by Any Other Method During the Period.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 139

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 139 |
| **Number of New Individual Applications completed by Any Other Method During the Period.** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 140

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 140 |
| **Commissions paid during reporting period (Dollar Amount of Commissions Incurred During the Period).** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 141

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 141 |
| **Unearned Commissions returned to company on policies/certificates sold during the period?** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

Short-term Limited Duration Record 142

|  |  |  |
| --- | --- | --- |
| A through D same as Short-term Limited Duration Record 120 | | |
| E. Line number | Numeric | 142 |
| **Other remunerations collected during the period (Dollar Amount of Fees Charged to Applicants and Policyholders During the Period).** | | |
| F through N same as Short-term Limited Duration Record 120 | Numeric | No commas, signs, or decimals |

### Short-term Limited Duration Attestation

Short-term Limited Duration Record 143

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | PFATT |
| E. Line Number | Numeric | 143 |
| **First Attestor Information** |  |  |
| F. First Name | Numeric | Text |
| G. Middle Name | Numeric | Text |
| H. Last Name | Numeric | Text |
| I. Suffix | Numeric | Text |
| J. Title | Numeric | Text |
| K. (no data required) |  | Leave blank |

Short-term Limited Duration Record 144

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 88 |  |  |
| E. Line Number | Numeric | 144 |
| **Second Attestor Information** |  |  |
| F. First Name | Numeric | Text |
| G. Middle Name | Numeric | Text |
| H. Last Name | Numeric | Text |
| I. Suffix | Numeric | Text |
| J. Title | Numeric | Text |
| K. (no data required) |  | Leave blank |

Private Flood Record 145

|  |  |  |
| --- | --- | --- |
| A. through D. same as Private Flood Record 88 |  |  |
| E. Line Number | Numeric | 145 |
| **Overall Comments for the Filing Period** |  |  |
| F. First Name |  | Leave blank |
| G. Middle Name |  | Leave blank |
| H. Last Name |  | Leave blank |
| I. Suffix |  | Leave blank |
| J. Title |  | Leave blank |
| K. Comments | Text | Text |

## Travel

The Travel line of business consists of five types of records:

Interrogatories - 16 records with 7 columns per record

Claims Activity, Counts Reported by Claimant, by Coverage - 13 records with 21 columns per record

Lawsuits and Complaints - 7 records with 6 columns per record

Underwriting - 10 records with 6 columns per record

Attestation - 3 records with 11 columns per record

***Note:***  *All CAPS are required for state abbreviations and where indicated in the Contents column acceptable values.*

### Travel Interrogatories

Travel Record 1

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | TRVLINT |
| E. Line number | Numeric | 1 |
| **Were there policies/certificates in force that provide travel insurance coverage?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Travel Record 2

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 2 |
| **Has the company had a significant event/business strategy that would affect data?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Travel Record 3

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 3 |
| **If 2 = Y, explain** | | |
| F. (no data required) | Text | Leave blank |
| G. Explanation |  | Text |

Travel Record 4

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 4 |
| **Has this block of business or part of this block of business been sold, closed, or moved to another company?** | | |
| 1. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Travel Record 5

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 5 |
| **If Record 4 = Y, explain** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Travel Record 6

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 6 |
| **How does the company treat subsequent supplemental or additional payments on previously closed claims?** | | |
| F. (no data required) | Text | Leave blank |
| G. Explanation |  | Text |

Travel Record 7

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 7 |
| **Does the company use third party administrators (TPAs) for purposes of supporting the travel insurance business being reported?** | | |
| F. Response |  | Y or N |
| 1. (no data required) | Text | Leave blank |

Travel Record 8

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 8 |
| **If Record 7 = Y, explain** | | |
| F. (no data required) | Text | Leave blank |
| G. Explanation |  | Text |

Travel Record 9

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 9 |
| **Does the company use managing general agents (MGAs) for purposes of supporting the travel insurance business being reported?** | | |
| F. Response |  | Y or N |
| 1. (no data required) | Text | Leave blank |

Travel Record 10

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 10 |
| **If Record 9 = Y, provide names and functions** | | |
| F. (no data required) | Text | Leave blank |
| G. Explanation |  | Text |

Travel Record 11

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 11 |
| **Does the company use travel administrators for purposes of supporting the travel insurance business being reported?** | | |
| F. Response |  | Y or N |
| G. (no data required) | Text | Leave blank |

Travel Record 12

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 12 |
| **If Record 11 = Y, provide names and functions** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Travel Record 13

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 13 |
| **Number of Travel Retailers offering and disseminating Travel Insurance on behalf of the Company at the end of the reporting period** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Travel Record 14

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 14 |
| **Claims: Additional state specific comments** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Travel Record 15

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 15 |
| **Lawsuit and Complaints: Additional state specific comments** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

Travel Record 16

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 16 |
| **Underwriting: Additional state specific comments** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | Text |

### Travel Claims, Activity, Counts Reported by Claimant, by Coverage

Travel Record 17

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data Year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | TRVLCLMS |
| E. Line number | Numeric | 17 |
| **Number of claims open at the beginning of the period.** | | |
| F. Trip Cancellation (Domestic) | Numeric | No commas, signs, or decimals |
| G. Trip Cancellation (International) | Numeric | No commas, signs, or decimals |
| H. Trip Interruption (Domestic) | Numeric | No commas, signs, or decimals |
| I. Trip Interruption (International) | Numeric | No commas, signs, or decimals |
| J. Trip Delay (Domestic) | Numeric | No commas, signs, or decimals |
| K. Trip Delay (International) | Numeric | No commas, signs, or decimals |
| L. Baggage Loss/Delay (Domestic) | Numeric | No commas, signs, or decimals |
| M. Baggage Loss/Delay( International) | Numeric | No commas, signs, or decimals |
| N. Emergency Medical/ Dental (Domestic Excess) | Numeric | No commas, signs, or decimals |
| O. Emergency Medical/ Dental (Domestic Primary) | Numeric | No commas, signs, or decimals |
| P. Emergency Medical/ Dental (International Excess) | Numeric | No commas, signs, or decimals |
| Q. Emergency Medical/ Dental (International Primary) | Numeric | No commas, signs, or decimals |
| R. Emergency Transportation/ Repatriation (Domestic) | Numeric | No commas, signs, or decimals |
| S. Emergency Transportation/ Repatriation (International) | Numeric | No commas, signs, or decimals |
| T. Other (Domestic) | Numeric | No commas, signs, or decimals |
| U. Other (International) | Numeric | No commas, signs, or decimals |

Travel Record 18

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 17 |  |  |
| E. Line number | Numeric | 18 |
| **Number of claims opened during the period.** | | |
| F through U same as Travel Record 17 | Numeric | No commas, signs, or decimals |

Travel Record 19

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 17 |  |  |
| E. Line number | Numeric | 19 |
| **Number of claims closed during the period, with payment** | | |
| F through U same as Travel Record 17 | Numeric | No commas, signs, or decimals |

Travel Record 20

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 17 | Numeric | NAIC CoCode |
| E. Line number | Numeric | 20 |
| **Number of claims closed during the period, without payment.** | | |
| F through U same as Travel Record 17 | Numeric | No commas, signs, or decimals |

Travel Record 21

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 17 |  |  |
| E. Line number | Numeric | 21 |
| **Number of claims open at the end of the period.** | | |
| F through U same as Travel Record 17 | Numeric | No commas, signs, or decimals |

Travel Record 22

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 17 |  |  |
| E. Line number | Numeric | 22 |
| **Median days to final payment.** | | |
| F through U same as Travel Record 17 | Numeric | No commas, signs, or decimals |

Travel Record 23

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 17 |  |  |
| E. Line number | Numeric | 23 |
| **Number of claims closed with payment within 0-30 days.** | | |
| F through U same as Travel Record 17 | Numeric | No commas, signs, or decimals |

Travel Record 24

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 17 |  |  |
| E. Line number | Numeric | 24 |
| **Number of claims closed with payment within 31-90 days.** | | |
| F through U same as Travel Record 17 | Numeric | No commas, signs, or decimals |

Travel Record 25

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 17 |  |  |
| E. Line number | Numeric | 25 |
| **Number of claims closed with payment beyond 90 days.** | | |
| F through U same as Travel Record 17 | Numeric | No commas, signs, or decimals |

Travel Record 26

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 17 |  |  |
| E. Line number | Numeric | 26 |
| **Number of claims closed without payment within 0-30 days.** | | |
| F through U same as Travel Record 17 | Numeric | No commas, signs, or decimals |

Travel Record 27

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 17 |  |  |
| E. Line number | Numeric | 27 |
| **Number of claims closed without payment within 31-90 days.** | | |
| F through U same as Travel Record 17 | Numeric | No commas, signs, or decimals |

Travel Record 28

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 17 |  |  |
| E. Line number | Numeric | 28 |
| **Number of claims closed without payment beyond 90 days.** | | |
| F through U same as Travel Record 17 | Numeric | No commas, signs, or decimals |

Travel Record 29

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 17 |  |  |
| E. Line number | Numeric | 29 |
| **Dollar amount of claims closed with payment.** | | |
| F through U same as Travel Record 17 | Numeric | No commas, signs, or decimals |

### Travel Lawsuits and Complaints

Travel Record 30

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data Year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | TRVLLAW |
| E. Line number | Numeric | 30 |
| **Number of lawsuits open at the beginning of the period.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 31

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 30 |  |  |
| E. Line number | Numeric | 31 |
| **Number of lawsuits opened during the period.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 32

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 30 |  |  |
| E. Line number | Numeric | 32 |
| **Number of lawsuits closed during the period.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 33

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 30 |  |  |
| E. Line number | Numeric | 33 |
| **Number of lawsuits open at the end of the period.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 34

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 30 |  |  |
| E. Line number | Numeric | 34 |
| **Number of lawsuits closed with consideration for the consumer.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 35

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 30 |  |  |
| E. Line number | Numeric | 35 |
| **Number of complaints received directly from the DOI.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 36

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 30 |  |  |
| E. Line number | Numeric | 36 |
| **Number of complaints received directly from any person or entity other than the DOI.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

### Travel Underwriting

Travel Record 37

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data Year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | TRVLUND |
| E. Line number | Numeric | 37 |
| **Number of individual policies in force at the beginning.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 38

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 37 |  |  |
| E. Line number | Numeric | 38 |
| **Number of group policies (other than blanket policies) in force at the beginning of the period.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 39

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 37 |  |  |
| E. Line number | Numeric | 39 |
| **Number of group policies (other than blanket policies) in force at the beginning of the period.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 40

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 37 |  |  |
| E. Line number | Numeric | 40 |
| **Number of individuals insured under all policies at the beginning of the period.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 41

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 37 |  |  |
| E. Line number | Numeric | 41 |
| **Number of individual policies and certificates from group policies cancelled by the consumer during the period.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 42

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 37 |  |  |
| E. Line number | Numeric | 42 |
| **Number of individual policies and certificates from group policies expired during the period.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 43

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 37 |  |  |
| E. Line number | Numeric | 43 |
| **Number of individual policies and certificates from group policies in force at end of the period.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 44

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 37 |  |  |
| E. Line number | Numeric | 44 |
| **Dollar amount of direct premium written during the period for individual policies.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 45

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 37 |  |  |
| E. Line number | Numeric | 45 |
| **Dollar amount of direct premium written during the period for group policies (other than blanket).** | | |
| F. Total | Numeric | No commas, signs, or decimals |

Travel Record 46

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 37 |  |  |
| E. Line number | Numeric | 46 |
| **Dollar amount of direct premium written during the period for blanket policies.** | | |
| F. Total | Numeric | No commas, signs, or decimals |

### Travel Attestation

Travel Record 47

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data Year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | TRVLATT |
| E. Line number | Numeric | 47 |
| **First Attestor Information** | | |
| F. First Name | Text | No commas, signs, or periods |
| G. Middle Name | Text | No commas, signs, or periods |
| H. Last Name | Text | No commas, signs, or periods |
| I. Suffix | Text | No commas, signs, or periods |
| J. Title | Text | No commas, signs, or periods |
| K. Comments |  | Leave blank |

Travel Record 48

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 47 |  |  |
| E. Line number | Numeric | 48 |
| **Second Attestor Information** | | |
| F. First Name | Text | No commas, signs, or periods |
| G. Middle Name | Text | No commas, signs, or periods |
| H. Last Name | Text | No commas, signs, or periods |
| I. Suffix | Text | No commas, signs, or periods |
| J. Title | Text | No commas, signs, or periods |
| K. Comments |  | Leave blank |

Travel Record 49

|  |  |  |
| --- | --- | --- |
| A through D same as Travel Record 47 |  |  |
| E. Line number | Numeric | 49 |
| **Overall Comments for the Filing Period** | | |
| F. First Name |  | Leave blank |
| G. Middle Name |  | Leave blank |
| H. Last Name |  | Leave blank |
| I. Suffix |  | Leave blank |
| J. Title |  | Leave blank |
| K. Comments | Text | No commas, signs, or periods |

## Other Health

The Other Health line of business consists of five types of records:

Interrogatory – 44 records with 7 columns per record

Policy/Certificate Administration – 18 records with 20 columns per record

Claims Administration (Including Pharmacy) – 16 records with 20 columns per record

Consumer Complaints and Lawsuits – 8 records with 20 columns per record

Marketing and Sales -- 12 records with 20 columns per record

Attestation – 3 records with 10 columns per record

|  |  |
| --- | --- |
| ***Note:*** | *All CAPS are required for state abbreviations and where indicated in the C*ontents *column acceptable values.* |

### Other Health Interrogatories

Other Health Record 1

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | OTHLTHINT |
| E. Line number | Numeric | 1 |
| **Are you currently marketing these products in this jurisdiction?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 2

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 2 |
| **Do the products you are reporting on in response to this blank include closed or frozen blocks of business?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 3

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 3 |
| **If 2 = Y, list the closed or frozen blocks of business.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs or decimals |

Other Health Record 4

|  |  |  |
| --- | --- | --- |
| A. through D. same as Travel Record 1 | | |
| E. Line number | Numeric | 4 |
| **Number of Other Health products offered to residents in this state.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Numeric | No commas, signs or decimals |

Other Health Record 5

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 5 |
| **For products reported to this MCAS jurisdiction, list the states where your Other Health products are filed (provide SERFF tracking number if applicable). If a company issues the product in a state that does not require a filing, please identify the product, and describe the basis for not filing.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs or decimals |

Other Health Record 6

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 6 |
| **For Products reported to this MCAS jurisdiction, does the company issue these Other Health products through association/trusts?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 7

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 7 |
| **If 6 = Y, list the association/trusts.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs or decimals |

Other Health Record 8

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 8 |
| **If 6 = Y, do you have a contractual relationship with any association/trust?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 9

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 9 |
| **If 8 = Y, please identify which associations/trusts.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs or decimals |

Other Health Record 10

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 10 |
| **If 6 = Y does the contract allow any association/trust to market the product?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 11

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 11 |
| **If 10 = Y, please identify which associations/trusts.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs or decimals |

Other Health Record 12

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 12 |
| **If 6 = Y does the contract allow any association/trust to collect policy or contract premiums?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 13

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 13 |
| **If 6 = Y, does the contract allow any association/trust to collect and pay commissions?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 14

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 14 |
| **If 13 = Y, please identify which associations/trusts.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs or decimals |

Other Health Record 15

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 15 |
| **If 6 = Y, does the contract allow any association/trust to adjudicate claims?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 16

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 16 |
| **If 15 = Y, please identify which associations/trusts.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs or decimals |

Other Health Record 17

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 17 |
| **Has the company filed the associations by-laws and articles of incorporation in their state of domicile?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 18

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 18 |
| **Has the company filed the association by-laws and articles of incorporation and policy forms in the situs state of the association?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 19

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 19 |
| **If 18 = Y, please provide the state, and the SERFF tracking number, if applicable.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs or decimals |

Other Health Record 20

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 20 |
| **Has the company filed the association by-laws and articles of incorporation in the filing state?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 21

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 21 |
| **Has the company file the certificate of insurance in the filing state, if applicable?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 22

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 22 |
| **Does the company contract with third-party administrators for administrative services related to Other Health products?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 23

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 23 |
| **If 22 = Y, does the company issue Other Health products through administrators/TPAs?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 24

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 24 |
| **If 23 = Y, how many administrators/TPAs?** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Numeric | No commas, signs or decimals |

Other Health Record 25

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 25 |
| **If 23 = Y, List the TPAs and provide their respective National Producer Number (NPN), if required by the state.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs or decimals |

Other Health Record 26

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 26 |
| **If 22 = Y, does your company contract claims services related to Other Health products?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 27

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 27 |
| **If 22 = Y, does your company contract complaints-related services related to Other Health products?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 28

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 28 |
| **If 22 = Y, does your company contract medical underwriting services related to Other Health products?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 29

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 29 |
| **If 22 = Y, does your company contract pricing services related to Other Health products?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 30

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 30 |
| **If 22 = Y, does your company contract producer appointment services related to Other Health products?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 31

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 31 |
| **If 22 = Y, does your company contract marketing, advertisement, or lead generation, services related to Other Health products?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 32

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 32 |
| **If 22 = Y, does your company contract claims policyholder services related to Other Health products?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 33

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 33 |
| **If 22 = Y, does your company contract premium collection services related to Other Health products?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 34

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 34 |
| **Does your company audit third parties to whom you have delegated responsibilities?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 35

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 35 |
| **If 34 = Y, please provide frequency of audits.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs or decimals |

Other Health Record 36

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 36 |
| **Does your company distribute its product through independent agents?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 37

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 37 |
| **Does your company distribute its products through captive agents?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 38

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 38 |
| **Does your company distribute its products through its employees?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 39

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 39 |
| **Does your company use pre-existing condition exclusions?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 40

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 40 |
| **If 39 = Y, identify which products.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs or decimals |

Other Health Record 41

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 41 |
| **Does the company contract with producers to the collect premium or bind coverage on behalf of the company?** | | |
| F. Response | Text | Y or N |
| G. (no data required) |  | Leave blank |

Other Health Record 42

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 42 |
| **For fees that are included in reported premium, identify what fees are charged to applicants and policyholders/certificate holders. Do not include commissions.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs or decimals |

Other Health Record 43

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 43 |
| **For fees not included in reported premium, identify what fees are charged to applicants and policyholders/certificate holders. Do not include commissions.** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs or decimals |

Other Health Record 44

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 1 | | |
| E. Line number | Numeric | 44 |
| **Additional state specific comments (optional)** | | |
| F. (no data required) |  | Leave blank |
| G. Explanation | Text | No commas, signs or decimals |

### Other Health Policy/Certificate Administration

Other Health Record 45

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | OTHLTHPOL |
| E. Line number | Numeric | 45 |
| **Direct written premium** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 46

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 46 |
| **Earned premiums for the reporting year** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 47

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 47 |
| **Number of policies/certificates in force at the beginning of the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 48

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 48 |
| **Number of covered lives on policies/certificates in force at the beginning of the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 49

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 49 |
| **Number of new policy/certificate applications/enrollments received during the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 50

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 50 |
| **Number of new policy/certificates issued during the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 51

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 51 |
| **Number of new policies/certificates denied during the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 52

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 52 |
| **Number of new covered lives on new policies/certificates issued during the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 53

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 53 |
| **Number of policy/certificate terminations and cancellations initiated by the policyholder/certificate holder during the period.** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 54

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 54 |
| **Number of policies/certificates cancelled during the free look period.** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 55

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 55 |
| **Number of covered lives on policies/certificates cancelled at the initiation of the policyholder/certificate holder during the free look period during the period.** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 56

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 56 |
| **Number of policy/certificate terminations and cancellations due to non-payment of premium during the period.** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 57

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 57 |
| **Number of policies/certificates cancelled by the company for any reason other than non-payment of premium during the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 58

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 58 |
| **Number of recessions during the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 59

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 59 |
| **Number of covered lives impacted on terminations and cancellations initiated by the policyholder/certificate holder.** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 60

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 60 |
| **Number of covered lives impacted on terminations and cancellations due to nonpayment** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 61

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 61 |
| **Number of covered lives impacted by recissions** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 62

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 62 |
| **Number of policies/certificates in force at the end of the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 63

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 45 | | |
| E. Line number | Numeric | 63 |
| **Number of covered lives on policies/certificates in force at the end of the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

### Other Health Claims Administration (Including Pharmacy)

Other Health Record 64

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | OTHLTHCLMS |
| E. Line number | Numeric | 64 |
| **Number of claims pending at the beginning of the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 65

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 65 |
| **Number of claims received (include non-clean claims)** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 66

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 66 |
| **Total number of claims denied, rejected, or returned.** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 67

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 67 |
| **Number of denied, rejected, or returned as non-covered or maximum benefit exceed** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 68

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 68 |
| **Number denied, rejected, or returned as subject to pre-existing condition exclusion** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 69

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 69 |
| **Number denied, rejected, or returned due to failure to provide adequate documentation** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 70

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 70 |
| **Number denied, rejected, or returned due to being within the waiting period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave blank |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave blank |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. (no data required) |  | Leave blank |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 71

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 71 |
| **Number denied, rejected, or returned (in whole or in part) because maximum $ limit exceeded** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 72

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 72 |
| **Number of claims pending at the end of the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 73

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 73 |
| **Median number of days for receipt of claim to decision for denied claims** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 74

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 74 |
| **Average number of days from receipt of claim to decision for denied claims** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 75

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 75 |
| **Median number of days from receipt of claim to decision for approved claims** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 76

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 76 |
| **Average number of days from receipt of claim to decision for approved claims** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 77

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 77 |
| **Number of claims paid** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 78

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 78 |
| **Aggregate dollar amount of paid claims during the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 79

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 79 |
| **Number of claims where the claims payment was reduced by premium owed** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 80

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 64 | | |
| E. Line number | Numeric | 80 |
| **Dollar amount of claims payments applied to unpaid premiums** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

### Other Health Consumer Complaints and Lawsuits

Other Health Record 81

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | OTHLTHLAW |
| E. Line number | Numeric | 81 |
| **Number of complaints received by Company (other than the DOI)** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 82

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 81 | | |
| E. Line number | Numeric | 82 |
| **Number of complaints received through the DOI** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 83

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 81 | | |
| E. Line number | Numeric | 83 |
| **Number of complaints resulting on claims reprocessing** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 84

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 81 | | |
| E. Line number | Numeric | 84 |
| **Number of lawsuits open at the beginning of the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 85

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 81 | | |
| E. Line number | Numeric | 85 |
| **Number of lawsuits opened during the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 86

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 81 | | |
| E. Line number | Numeric | 86 |
| **Number of lawsuits closed during the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 87

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 81 | | |
| E. Line number | Numeric | 87 |
| **Number of lawsuits closed during the period with consideration for the consumer** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 88

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 81 | | |
| E. Line number | Numeric | 88 |
| **Number of lawsuits open at the end of the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

### Other Health Marketing and Sales

Other Health Record 89

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbreviation |
| D. Form | Text | OTHLTHMARK |
| E. Line number | Numeric | 89 |
| **Number of individual application/enrollments pending at the beginning of the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 90

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 89 | | |
| E. Line number | Numeric | 90 |
| **Number of individual applications/enrollments denied during the period for any reason** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 91

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 89 | | |
| E. Line number | Numeric | 91 |
| **Number of individual applications/enrollments denied during the period – health status or condition** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 92

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 89 | | |
| E. Line number | Numeric | 92 |
| **Number of individual applications/enrollments approved during the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 93

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 89 | | |
| E. Line number | Numeric | 93 |
| **Number of individual applications/enrollments pending at the end of the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 94

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 89 | | |
| E. Line number | Numeric | 95 |
| **Number of applications/enrollments received via phone (audio only)** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| **Employer Group** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Other Health Record 95

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 89 | | |
| E. Line number | Numeric | 95 |
| **Number of applications/enrollments received via video application (e.g., Zoom, Webex)** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| **Employer Group** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Other Health Record 96

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 89 | | |
| E. Line number | Numeric | 96 |
| **Number of applications/enrollments received online (electronically)** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| **Employer Group** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Other Health Record 97

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 89 | | |
| E. Line number | Numeric | 96 |
| **Number of individual applications/enrollments received by mail during the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| **Employer Group** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Other Health Record 98

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 89 | | |
| E. Line number | Numeric | 96 |
| **Number of individual applications/enrollments received by any other method during the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| **Employer Group** | | |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |
| 1. (no data required) |  | Leave blank |

Other Health Record 99

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 89 | | |
| E. Line number | Numeric | 99 |
| **Commissions paid during reporting period (dollar amount of commissions incurred during the period)** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

Other Health Record 100

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 89 | | |
| E. Line number | Numeric | 100 |
| **Unearned commissions returned to company on policies/certificates sold during the period** | | |
| **Individual** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Association** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |
| **Employer Group** | | |
| 1. Accident Only | Numeric | No commas, signs or decimals |
| 1. Accidental Death and Dismemberment | Numeric | No commas, signs or decimals |
| 1. Specified Disease – Limited Benefit/Critical Illness | Numeric | No commas, signs or decimals |
| 1. Hospital/Other Indemnity | Numeric | No commas, signs or decimals |
| 1. Hospital/Surgical/Medical Expense | Numeric | No commas, signs or decimals |

### Other Health Insurance Attestation

Other Health Record 103

|  |  |  |
| --- | --- | --- |
| **Field** | **Type** | **Contents** |
| A. Data year | Numeric | 2023 |
| B. NAIC company code | Numeric | NAIC CoCode |
| C. State | Text | Participating State Abbrev. |
| D. Form | Text | OTHLTHATT |
| E. Line number | Numeric | 103 |
| **Are you currently marketing these products in this jurisdiction?** | | |
| 1. First Name | Text | No commas, signs, or periods |
| 1. Middle Name | Text | No commas, signs, or periods |
| 1. Last Name | Text | No commas, signs, or periods |
| 1. Title | Text | No commas, signs, or periods |
| 1. (no data required) |  | Leave Blank |

Other Health Record 104

|  |  |  |
| --- | --- | --- |
| A. through D. same as Other Health Record 103 | | |
| E. Line number | Numeric | 104 |
| **Are you currently marketing these products in this jurisdiction?** | | |
| 1. First Name | Text | No commas, signs, or periods |
| 1. Middle Name | Text | No commas, signs, or periods |
| 1. Last Name | Text | No commas, signs, or periods |
| 1. Title | Text | No commas, signs, or periods |
| 1. (no data required) |  | Leave Blank |

Health Record 105

|  |  |  |
| --- | --- | --- |
| A. through D. same as Health Record 103 | | |
| E. Line number | Numeric | 105 |
| **Overall Comments for the Filing Period** | | |
| F. (no data required) |  | Leave blank |
| G. (no data required) |  | Leave blank |
| H. (no data required) |  | Leave blank |
| I. (no data required) |  | Leave blank |
| J. (no data required) |  | Leave blank |
| K. Comments (optional) | Text | No commas, signs, or periods |

# Sample CSV Records

|  |
| --- |
| **Note:** As mentioned in the Data File Specifications section at the beginning of this manual, it is acceptable to exclude individual records from a record type group when the individual record contains no data. (**CAUTION** – a zero or a space is considered data but a null is not.) A common instance of this is found among the Interrogatory records where one record requires a Y or N answer and the following record instructs, “If Yes, explain.” When the first record is answered N there is nothing to explain in the second record. In this case the second record may be submitted with all the data fields in column F and beyond as null (blank) or the record may be omitted entirely.  In the sample records displayed below, all records in every record type group are included. However, those records eligible for omission, as described above, are highlighted *for display purposes only*. If a company chooses to include null records it is NOT necessary to highlight those records in the upload file.  **Disclaimer:** All data used in the sample records is fictitious. The appearance of text wrapping in any of these records is a result of sizing the data to fit on the pages of this manual. Each record type group contains two states in order to provide more examples. |

The following sample records were created using Microsoft Excel® 2010 and saved using the .csv file format option. When the different record types have different numbers of columns within a single line of business, it is necessary to create a separate spreadsheet for each record type (i.e., one for Interrogatory, another for Claims, etc.) Once created, upload records may be submitted as separate files or concatenated into a single file for upload all at one time.

## Life

In this Life sample there is data provided for one state: AK. AK has Individual Life Cash and Individual Life Non-Cash Value data to report.

Life Interrogatory Records (7 columns)

|  |
| --- |
| 2023,12345,AK,LIFEINT,1,Y, |
| 2023,12345,AK,LIFEINT,2,Y, |
| 2023,12345,AK,LIFEINT,3,Y, |
| 2023,12345,AK,LIFEINT,4,,Comments |
| 2023,12345,AK,LIFEINT,5,Y, |
| 2023,12345,AK,LIFEINT,6,,Comments |
| 2023,12345,AK,LIFEINT,7,Y, |
| 2023,12345,AK,LIFEINT,8,,Text |
| 2023,12345,AK,LIFEINT,9,Y, |
| 2023,12345,AK,LIFEINT,10,,1 |
| 2023,12345,AK,LIFEINT,11,,2 |
| 2023,12345,AK,LIFEINT,12,,3 |
| 2023,12345,AK,LIFEINT,13,,Text |
| 2023,12345,AK,LIFEINT,14,,1 |
| 2023,12345,AK,LIFEINT,15,,Text |
| 2023,12345,AK,LIFEINT,16,,1 |
| 2023,12345,AK,LIFEINT,17,,Text |
| 2023,12345,AK,LIFEINT,18,,Comments |
| 2023,12345,AK,LIFEINT,19,,Comments |

Life Data (7 columns)

|  |
| --- |
| 2023,12345,AK,LIFE,20,1,1 |
| 2023,12345,AK,LIFE,21,1,1 |
| 2023,12345,AK,LIFE,22,1,1 |
| 2023,12345,AK,LIFE,23,1,1 |
| 2023,12345,AK,LIFE,24,1, |
| 2023,12345,AK,LIFE,25,1, |
| 2023,12345,AK,LIFE,26,1, |
| 2023,12345,AK,LIFE,27,1, |
| 2023,12345,AK,LIFE,28,1, |
| 2023,12345,AK,LIFE,29,1, |
| 2023,12345,AK,LIFE,30,1, |
| 2023,12345,AK,LIFE,31,1, |
| 2023,12345,AK,LIFE,32,1, |
| 2023,12345,AK,LIFE,33,1, |
| 2023,12345,AK,LIFE,34,1,1 |
| 2023,12345,AK,LIFE,35,1,1 |
| 2023,12345,AK,LIFE,36,1,1 |
| 2023,12345,AK,LIFE,37,1,1 |
| 2023,12345,AK,LIFE,38,1,1 |
| 2023,12345,AK,LIFE,39,1,1 |
| 2023,12345,AK,LIFE,40,1,1 |
| 2023,12345,AK,LIFE,41,1,1 |
| 2023,12345,AK,LIFE,42,1,1 |
| 2023,12345,AK,LIFE,43,1,1 |
| 2023,12345,AK,LIFE,44,1,1 |
| 2023,12345,AK,LIFE,45,1,1 |
| 2023,12345,AK,LIFE,46,1,1 |
| 2023,12345,AK,LIFE,47,1,1 |
| 2023,12345,AK,LIFE,48,1,1 |
| 2023,12345,AK,LIFE,49,1,1 |

Life Interrogatory Accelerated Underwriting (7 columns)

|  |
| --- |
| 2023,12345,AK,LIFEAUW,50,1,1,1,1 |
| 2023,12345,AK,LIFEAUW,51,1,1,1,1 |
| 2023,12345,AK,LIFEAUW,52,1,1,1,1 |
| 2023,12345,AK,LIFEAUW,53,1,1,1,1 |
| 2023,12345,AK,LIFEAUW,54,1,1,1,1 |
| 2023,12345,AK,LIFEAUW,55,1,1,1,1 |
| 2023,12345,AK,LIFEAUW,56,1,1,1,1 |

Life Attestation Records (11 columns)

|  |
| --- |
| 2023,12345,AK,LIFEATT,57,Text,Text,Text,Text,Text, |
| 2023,12345,AK,LIFEATT,58,Text,Text,Text,Text,Text, |
| 2023,12345,AK,LIFEATT,59,,,,,,Comments |

## Annuity

In this Annuity sample data is provided for 1 state: AL. AL has Individual Indexed Fixed Annuities and Individual Other Annuities to report, but no Individual Other Fixed Annuities or Individual Indexed Variable Annuities to report.

Annuity Interrogatory Records (7 columns)

2023,12345,AL,ANNUITIESINT,1,Y,

2023,12345,AL,ANNUITIESINT,2,N,

2023,12345,AL,ANNUITIESINT,3,N,

2023,12345,AL,ANNUITIESINT,4,Y,

2023,12345,AL,ANNUITIESINT,5,N,

2023,12345,AL,ANNUITIESINT,6,,

2023,12345,AL,ANNUITIESINT,7,Y,

2023,12345,AL,ANNUITIESINT,8,,Comment

2023,12345,AL,ANNUITIESINT,9,Y,

2023,12345,AL,ANNUITIESINT,10,,Comment

2023,12345,AL,ANNUITIESINT,11,,Comment

2023,12345,AL,ANNUITIESINT,12,,Comment

Annuity Data Records (9 columns)

2023,12345,AL,ANNUITIES,13,2,,,1

2023,12345,AL,ANNUITIES,14,0,,,0

2023,12345,AL,ANNUITIES,15,12,,,4

2023,12345,AL,ANNUITIES,16,20,,,10

2023,12345,AL,ANNUITIES,17,1,,,5

2023,12345,AL,ANNUITIES,18,0,,,2

2023,12345,AL,ANNUITIES,19,21,,,17

2023,12345,AL,ANNUITIES,20,4,,,3

2023,12345,AL,ANNUITIES,21,4,,,3

2023,12345,AL,ANNUITIES,22,4,,,3

2023,12345,AL,ANNUITIES,23,1,,,2

2023,12345,AL,ANNUITIES,24,9,,,7

2023,12345,AL,ANNUITIES,25,3,,,5

2023,12345,AL,ANNUITIES,26,15,,,1

2023,12345,AL,ANNUITIES,27,1,,,2

2023,12345,AL,ANNUITIES,28,1,,,2

2023,12345,AL,ANNUITIES,29,20,,,10

2023,12345,AL,ANNUITIES,30,8,,,4

2023,12345,AL,ANNUITIES,31,15,,,11

2023,12345,AL,ANNUITIES,32,0,,,2

2023,12345,AL,ANNUITIES,33,14,,,12

2023,12345,AL,ANNUITIES,34,1121462,,,1078185

2023,12345,AL,ANNUITIES,35,0,,,0

2023,12345,AL,ANNUITIES,36,12,,,4

2023,12345,AL,ANNUITIES,37,20,,,10

2023,12345,AL,ANNUITIES,38,1,,,5

2023,12345,AL,ANNUITIES,39,0,,,2

2023,12345,AL,ANNUITIES,40,31,,,9

Annuity Attestation Records (11 columns)

2023,12345,AL,ANNUITIESATT,41,First,,Last,,Paralegal,

2023,12345,AL, ANNUITIESATT,42,First,,Last,,Social Worker,

2023,12345,AL, ANNUITIESATT,43,,,,,,Aenean sit amet justo. Morbi ut odio

## Private Passenger Auto

In this Private Passenger Auto sample, data is provided for one state: AK.. AK is reporting all coverage types.

PPA Interrogatory Records (7 columns)

|  |
| --- |
| 2023,12345,AK,PPAINT,1,Y, |
| 2023,12345,AK,PPAINT,2,Y, |
| 2023,12345,AK,PPAINT,3,Y, |
| 2023,12345,AK,PPAINT,4,Y, |
| 2023,12345,AK,PPAINT,5,Y, |
| 2023,12345,AK,PPAINT,6,Y, |
| 2023,12345,AK,PPAINT,7,Y, |
| 2023,12345,AK,PPAINT,8,Y, |
| 2023,12345,AK,PPAINT,9,Y, |
| 2023,12345,AK,PPAINT,10,Y, |
| 2023,12345,AK,PPAINT,11,Y, |
| 2023,12345,AK,PPAINT,12,,Test Comments |
| 2023,12345,AK,PPAINT,13,,Test Comments |
| 2023,12345,AK,PPAINT,14,Y, |
| 2023,12345,AK,PPAINT,15,,Test Comments |
| 2023,12345,AK,PPAINT,16,Y, |
| 2023,12345,AK,PPAINT,17,,Test Comments |
| 2023,12345,AK,PPAINT,18,,Y |
| 2023,12345,AK,PPAINT,19,Y, |
| 2023,12345,AK,PPAINT,20,,Test Comments |
| 2023,12345,AK,PPAINT,21,Y, |
| 2023,12345,AK,PPAINT,22,,Test Comments |
| 2023,12345,AK,PPAINT,23,Y, |
| 2023,12345,AK,PPAINT,24,Y, |
| 2023,12345,AK,PPAINT,25,Test Comments, |
| 2023,12345,AK,PPAINT,26,,Test Comments |
| 2023,12345,AK,PPAINT,27,,Test Comments |

PPA Claims Records (22 columns)

|  |
| --- |
| 2023,12345,AK,PPACLMS,28,1,1,1,,1,1,1,,1,1,1,1,,1,1,1,1,,1,1,1 |
| 2023,12345,AK,PPACLMS,29,1,1,1,,1,1,1,,1,1,1,,,1,1,1,1,,1,1,1 |
| 2023,12345,AK,PPACLMS,30,1,1,1,,1,1,1,,1,1,1,1,,1,1,1,1,,1,1,1 |
| 2023,12345,AK,PPACLMS,31,1,1,1,,1,1,1,,1,1,1,1,,1,1,1,1,,1,1,1 |
| 2023,12345,AK,PPACLMS,32,1,1,1,,1,1,1,,1,1,1,1,,1,1,1,1,,1,1,1 |
| 2023,12345,AK,PPACLMS,33,1,1,1,,1,1,1,,1,1,1,1,,1,1,1,1,,1,1,1 |
| 2023,12345,AK,PPACLMS,34,,,,20,,,,20,20,,,,20,20,,,,20,20,20,20 |
| 2023,12345,AK,PPACLMS,35,20,20,20,,20,20,20,,20,20,20,20,,20,20,20,20,,20,20,20 |
| 2023,12345,AK,PPACLMS,36,,,,,,,,,,,,,,,,,,,,, |
| 2023,12345,AK,PPACLMS,37,,,,,,,,,,,,,,,,,,,,, |
| 2023,12345,AK,PPACLMS,38,,,,,,,,,,,,,,,,,,,,, |
| 2023,12345,AK,PPACLMS,39,,,,,,,,,,,,,,,,,,,,, |
| 2023,12345,AK,PPACLMS,40,,,,,,,,,,,,,,,,,,,,, |
| 2023,12345,AK,PPACLMS,41,,,,,,,,,,,,,,,,,,,,, |
| 2023,12345,AK,PPACLMS,42,,,,,,,,,,,,,,,,,,,,, |
| 2023,12345,AK,PPACLMS,43,,,,,,,,,,,,,,,,,,,,, |
| 2023,12345,AK,PPACLMS,44,,,,,,,,,,,,,,,,,,,,, |
| 2023,12345,AK,PPACLMS,45,,,,,,,,,,,,,,,,,,,,, |
| 2023,12345,AK,PPACLMS,46,,,,,,,,,,,,,,,,,,,,, |

PPA Underwriting Records (6 columns)

|  |
| --- |
| 2023,12345,AK,PPAUNDACT,47,1 |
| 2023,12345,AK,PPAUNDACT,48,1 |
| 2023,12345,AK,PPAUNDACT,49,1 |
| 2023,12345,AK,PPAUNDACT,50,1 |
| 2023,12345,AK,PPAUNDACT,51,1 |
| 2023,12345,AK,PPAUNDACT,52,1 |
| 2023,12345,AK,PPAUNDACT,53,1 |
| 2023,12345,AK,PPAUNDACT,54,1 |
| 2023,12345,AK,PPAUNDACT,55,1 |
| 2023,12345,AK,PPAUNDACT,56,1 |
| 2023,12345,AK,PPAUNDACT,57,1 |

PPA Lawsuit Activity (9 columns)

|  |
| --- |
| 2023,12345,AK,PPALAW,58,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,PPALAW,59,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,PPALAW,60,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,PPALAW,61,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,PPALAW,62,1,1,1,1,1,1,1,1,1,1 |

PPA Attestation Records (11 columns)

|  |
| --- |
| 2023,12345,AK,PPAATT,63,Test Comments,Test Comments,Test Comments,Test Comments,Test Comments, |
| 2023,12345,AK,PPAATT,64,Test Comments,Test Comments,Test Comments,Test Comments,Test Comments, |

## Homeowners

In this Homeowners sample, data is provided for AK. All five coverage types are being reported.

Homeowners Interrogatory Records (7 columns)

|  |
| --- |
| 2023,12345,AK,HOINT,1,Y, |
| 2023,12345,AK,HOINT,2,Y, |
| 2023,12345,AK,HOINT,3,Y, |
| 2023,12345,AK,HOINT,4,Y, |
| 2023,12345,AK,HOINT,5,Y, |
| 2023,12345,AK,HOINT,6,Y, |
| 2023,12345,AK,HOINT,7,Y, |
| 2023,12345,AK,HOINT,8,,Text |
| 2023,12345,AK,HOINT,9,,Text |
| 2023,12345,AK,HOINT,10,Y, |
| 2023,12345,AK,HOINT,11,,Text |
| 2023,12345,AK,HOINT,12,Y, |
| 2023,12345,AK,HOINT,13,,Text |
| 2023,12345,AK,HOINT,14,,Text |
| 2023,12345,AK,HOINT,15,Y, |
| 2023,12345,AK,HOINT,16,,Text |
| 2023,12345,AK,HOINT,17,Y, |
| 2023,12345,AK,HOINT,18,,Text |
| 2023,12345,AK,HOINT,19,Y, |
| 2023,12345,AK,HOINT,20,,Text |
| 2023,12345,AK,HOINT,21,,Comments |
| 2023,12345,AK,HOINT,22,,Comments |

Homeowners Claims Records (16 columns)

|  |
| --- |
| 2023,12345,AK,HOCLMS,23,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,24,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,25,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,26,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,27,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,28,,,,1,,,,1,1,1,1 |
| 2023,12345,AK,HOCLMS,29,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,30,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,31,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,32,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,33,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,34,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,35,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,36,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,37,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,38,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,39,1,1,1,,1,1,1,,1,1,1 |
| 2023,12345,AK,HOCLMS,40,1,1,1,,1,1,1,,1,1,1 |

Homeowners Underwriting Records (6 columns)

|  |
| --- |
| 2023,12345,AK,HOUNDACT,41,1 |
| 2023,12345,AK,HOUNDACT,42,1 |
| 2023,12345,AK,HOUNDACT,43,1 |
| 2023,12345,AK,HOUNDACT,44,1 |
| 2023,12345,AK,HOUNDACT,45,1 |
| 2023,12345,AK,HOUNDACT,46,1 |
| 2023,12345,AK,HOUNDACT,47,1 |
| 2023,12345,AK,HOUNDACT,48,1 |
| 2023,12345,AK,HOUNDACT,49,1 |
| 2023,12345,AK,HOUNDACT,50,1 |
| 2023,12345,AK,HOUNDACT,51,1 |
| 2023,12345,AK,HOUNDACT,52,1 |
| 2023,12345,AK,HOUNDACT,53,1 |
| 2023,12345,AK,HOUNDACT,54,1 |

Homeowners Lawsuit Activity (11 columns)

|  |
| --- |
| 2023,12345,AK,HOLAW,55,1,1,1,1,1,1 |
| 2023,12345,AK,HOLAW,56,1,1,1,1,1,1 |
| 2023,12345,AK,HOLAW,57,1,1,1,1,1,1 |
| 2023,12345,AK,HOLAW,58,1,1,1,1,1,1 |
| 2023,12345,AK,HOLAW,59,1,1,1,1,1,1 |

Homeowners Attestation Records (11 columns)

|  |
| --- |
| 2023,12345,AK,HOATT,60,Text,Text,Text,Text,Text, |
| 2023,12345,AK,HOATT,61,Text,Text,Text,Text,Text, |
| 2023,12345,AK,HOATT,62,,,,,,Comments |

## Long-Term Care

In this LTC sample there is data provided for 2 states: WA and NV. WA has Stand-Alone LTC, Life LTC Hybrid, and Annuity LTC Hybrid data to report while NV has Life LTC Hybrid data only.

LTC Interrogatory Records (7 columns)

2023,12345,WA,LTCINT,1,Y,

2023,12345,WA,LTCINT,2,Y,

2023,12345,WA,LTCINT,3,Y,

2023,12345,WA,LTCINT,4,N,

2023,12345,WA,LTCINT,5,,

2023,12345,WA,LTCINT,6,N,

2023,12345,WA,LTCINT,7,,

2023,12345,WA,LTCINT,8,N,

2023,12345,WA,LTCINT,9,,

2023,12345,WA,LTCINT,10,Y,

2023,12345,WA,LTCINT,11,,Stand-Alone LTC written before 1995 was closed

2023,12345,WA,LTCINT,12,Y,

2023,12345,WA,LTCINT,13,,Life LTC Hybrid assumed from ABC Life Ins.

2023,12345,WA,LTCINT,14,Y,

2023,12345,WA,LTCINT,15,,Annuity LTC Hybrid written before 1995 moved to DEF Ins.

2023,12345,WA,LTCINT,16,,First year reporting

2023,12345,WA,LTCINT,17,,

2023,12345,WA,LTCINT,18,,

2023,12345,NV,LTCINT,1,N,

2023,12345,NV,LTCINT,2,Y,

2023,12345,NV,LTCINT,3,N,

2023,12345,NV,LTCINT,4,N,

2023,12345,NV,LTCINT,5,,

2023,12345,NV,LTCINT,6,N,

2023,12345,NV,LTCINT,7,,

2023,12345,NV,LTCINT,8,N,

2023,12345,NV,LTCINT,9,,

2023,12345,NV,LTCINT,10,N,

2023,12345,NV,LTCINT,11,,

2023,12345,NV,LTCINT,12,Y,

2023,12345,NV,LTCINT,13,,Life LTC Hybrid assumed from ABC Life Ins.

2023,12345,NV,LTCINT,14,N,

2023,12345,NV,LTCINT,15,,

2023,12345,NV,LTCINT,16,,

2023,12345,NV,LTCINT,17,,First year reporting

2023,12345,NV,LTCINT,18,,

LTC General Information Records (8 Columns)

2023,12345,WA,LTCGENINFO,19,251,551,45

2023,12345,WA,LTCGENINFO,20,5,56,4

2023,12345,WA,LTCGENINFO,21,1,2,0

2023,12345,WA,LTCGENINFO,22,1,2,0

2023,12345,WA,LTCGENINFO,23,0,0,0

2023,12345,WA,LTCGENINFO,24,254,603,49

2023,12345,WA,LTCGENINFO,25,2,2,0

2023,12345,WA,LTCGENINFO,26,3,1,1

2023,12345,WA,LTCGENINFO,27,,3,0

2023,12345,WA,LTCGENINFO,28,,0,1

2023,12345,WA,LTCGENINFO,29,,0,0

2023,12345,WA,LTCGENINFO,30,1,4,0

2023,12345,NV,LTCGENINFO,19,,750,

2023,12345,NV,LTCGENINFO,20,,42,

2023,12345,NV,LTCGENINFO,21,,2,

2023,12345,NV,LTCGENINFO,22,,2,

2023,12345,NV,LTCGENINFO,23,,2,

2023,12345,NV,LTCGENINFO,24,,786,

2023,12345,NV,LTCGENINFO,25,,9,

2023,12345,NV,LTCGENINFO,26,,8,

2023,12345,NV,LTCGENINFO,27,,14,

2023,12345,NV,LTCGENINFO,28,,2,

2023,12345,NV,LTCGENINFO,29,,1,

2023,12345,NV,LTCGENINFO,30,,6,

LTC Claimant Records (8 Columns)

2023,12345,WA,LTCCLMNT,31,15,110,4

2023,12345,WA,LTCCLMNT,32,30,10,4

2023,12345,WA,LTCCLMNT,33,11,30,10

2023,12345,WA,LTCCLMNT,34,21,2,1

2023,12345,WA,LTCCLMNT,35,27,117,6

2023,12345,WA,LTCCLMNT,36,6,25,1

2023,12345,WA,LTCCLMNT,37,1,0,2

2023,12345,WA,LTCCLMNT,38,7,6,2

2023,12345,WA,LTCCLMNT,39,0,1,1

2023,12345,WA,LTCCLMNT,40,5,2,7

2023,12345,WA,LTCCLMNT,41,0,2,0

2023,12345,WA,LTCCLMNT,42,1,2,1

2023,12345,WA,LTCCLMNT,43,14,17,20

2023,12345,WA,LTCCLMNT,44,11,32,9

2023,12345,WA,LTCCLMNT,45,10,29,2

2023,12345,WA,LTCCLMNT,46,5,2,1

2023,12345,NV,LTCCLMNT,31,,251,

2023,12345,NV,LTCCLMNT,32,,12,

2023,12345,NV,LTCCLMNT,33,,152,

2023,12345,NV,LTCCLMNT,34,,131,

2023,12345,NV,LTCCLMNT,35,,381,

2023,12345,NV,LTCCLMNT,36,,4,

2023,12345,NV,LTCCLMNT,37,,9,

2023,12345,NV,LTCCLMNT,38,,8,

2023,12345,NV,LTCCLMNT,39,,1,

2023,12345,NV,LTCCLMNT,40,,5,

2023,12345,NV,LTCCLMNT,41,,2,

2023,12345,NV,LTCCLMNT,42,,4,

2023,12345,NV,LTCCLMNT,43,,201,

2023,12345,NV,LTCCLMNT,44,,42,

2023,12345,NV,LTCCLMNT,45,,9,

2023,12345,NV,LTCCLMNT,46,,1,

LTC Benefits Records (8 Columns)

2023,12345,WA,LTCBENEPAY,47,24,98,5

2023,12345,WA,LTCBENEPAY,48,251,1210,74

2023,12345,WA,LTCBENEPAY,49,2,7,0

2023,12345,WA,LTCBENEPAY,50,28,121,3

2023,12345,WA,LTCBENEPAY,51,221,1126,50

2023,12345,WA,LTCBENEPAY,52,29,72,23

2023,12345,WA,LTCBENEPAY,53,0,1,1

2023,12345,WA,LTCBENEPAY,54,1,1,0

2023,12345,WA,LTCBENEPAY,55,2,3,0

2023,12345,WA,LTCBENEPAY,56,0,2,0

2023,12345,WA,LTCBENEPAY,57,0,2,0

2023,12345,WA,LTCBENEPAY,58,0,0,0

2023,12345,NV,LTCBENEPAY,47,,418,

2023,12345,NV,LTCBENEPAY,48,,245,

2023,12345,NV,LTCBENEPAY,49,,24,

2023,12345,NV,LTCBENEPAY,50,,610,

2023,12345,NV,LTCBENEPAY,51,,224,

2023,12345,NV,LTCBENEPAY,52,,10,

2023,12345,NV,LTCBENEPAY,53,,9,

2023,12345,NV,LTCBENEPAY,54,,2,

2023,12345,NV,LTCBENEPAY,55,,13,

2023,12345,NV,LTCBENEPAY,56,,5,

2023,12345,NV,LTCBENEPAY,57,,6,

2023,12345,NV,LTCBENEPAY,58,,0,

LTC Lawsuits Records (8 Columns)

2023,12345,WA,LTCLAW,59,9,18,0

2023,12345,WA,LTCLAW,60,2,8,1

2023,12345,WA,LTCLAW,61,6,9,1

2023,12345,WA,LTCLAW,62,1,2,0

2023,12345,WA,LTCLAW,63,5,17,0

2023,12345,NV,LTCLAW,59,,24,

2023,12345,NV,LTCLAW,60,,2,

2023,12345,NV,LTCLAW,61,,4,

2023,12345,NV,LTCLAW,62,,3,

2023,12345,NV,LTCLAW,63,,22

LTC Attestation Records (11 columns)

2023,12345,WA,LTCATT,64,First,,Last,,Paralegal,

2023,12345,WA,LTCATT,65,First,,Last,,Social Worker,

2023,12345,WA,LTCATT,66,,,,,,Aenean sit amet justo. Morbi ut odio

2023,12345,NV,LTCATT,64,First,,Last,,Paralegal,

2023,12345,NV,LTCATT,65,First,,Last,,Social Worker,

2023,12345,NV,LTCATT,66,,,,,,Aenean sit amet justo. Morbi ut odio

## Health

In this Health sample there is data provided for two states, AL and FL, reporting all types of coverage in both states.

In-Exchange and Out-of-Exchange Interrogatories Records (7 Columns)

2023,12345,AL,HLTHINT,1,Y,

2023,12345,AL,HLTHINT,2,Y,

2023,12345,AL,HLTHINT,3,Y,

2023,12345,AL,HLTHINT,4,Y,

2023,12345,AL,HLTHINT,5,Y,

2023,12345,AL,HLTHINT,6,,2

2023,12345,AL,HLTHINT,7,Y,

2023,12345,AL,HLTHINT,8,,

2023,12345,AL,HLTHINT,9,Y,

2023,12345,AL,HLTHINT,10,Y,

2023,12345,AL,HLTHINT,11,Y,

2023,12345,AL,HLTHINT,12,Y,

2023,12345,AL,HLTHINT,13,Y,

2023,12345,AL,HLTHINT,14,Y,

2023,12345,AL,HLTHINT,15,,4

2023,12345,AL,HLTHINT,16,,5

2023,12345,AL,HLTHINT,17,Y,

2023,12345,AL,HLTHINT,18,,

2023,12345,FL,HLTHINT,1,Y,

2023,12345,FL,HLTHINT,2,Y,

2023,12345,FL,HLTHINT,3,Y,

2023,12345,FL,HLTHINT,4,Y,

2023,12345,FL,HLTHINT,5,Y,

2023,12345,FL,HLTHINT,6,,2

2023,12345,FL,HLTHINT,7,Y,

2023,12345,FL,HLTHINT,8,,

2023,12345,FL,HLTHINT,9,Y,

2023,12345,FL,HLTHINT,10,Y,

2023,12345,FL,HLTHINT,11,Y,

2023,12345,FL,HLTHINT,12,Y,

2023,12345,FL,HLTHINT,13,Y,

2023,12345,FL,HLTHINT,14,Y,

2023,12345,FL,HLTHINT,15,,4

2023,12345,FL,HLTHINT,16,,5

2023,12345,FL,HLTHINT,17,Y,

2023,12345,FL,HLTHINT,18,,

In-Exchange Individual Health Records (10 Columns)

2023,12345,AL,HLTHIEXINDIV,19,18500000,5000000,5000000,5000000,33500000

2023,12345,AL,HLTHIEXINDIV,20,185,50,65,70,370

2023,12345,AL,HLTHIEXINDIV,21,350,201,170,185,906

2023,12345,AL,HLTHIEXINDIV,22,2220,600,780,840,4440

2023,12345,AL,HLTHIEXINDIV,23,4200,2412,2040,2220,10872

2023,12345,AL,HLTHIEXINDIV,24,57,56,55,54,222

2023,12345,AL,HLTHIEXINDIV,25,88,87,86,85,346

2023,12345,AL,HLTHIEXINDIV,26,62,61,60,59,242

2023,12345,AL,HLTHIEXINDIV,27,93,92,91,90,366

2023,12345,AL,HLTHIEXINDIV,28,,,,,101

2023,12345,AL,HLTHIEXINDIV,29,12,65,22,9,108

2023,12345,AL,HLTHIEXINDIV,30,,,,,650

2023,12345,AL,HLTHIEXINDIV,31,,,,,523

2023,12345,AL,HLTHIEXINDIV,32,,,,,75

2023,12345,AL,HLTHIEXINDIV,33,,,,,55

2023,12345,AL,HLTHIEXINDIV,34,,,,,40

2023,12345,AL,HLTHIEXINDIV,35,,,,,11

2023,12345,AL,HLTHIEXINDIV,36,,,,,250

2023,12345,AL,HLTHIEXINDIV,37,,,,,200

2023,12345,AL,HLTHIEXINDIV,38,,,,,50

2023,12345,AL,HLTHIEXINDIV,39,550,425,300,267,1542

2023,12345,AL,HLTHIEXINDIV,40,500,400,250,200,1350

2023,12345,AL,HLTHIEXINDIV,41,50,25,50,67,192

2023,12345,AL,HLTHIEXINDIV,42,400,300,150,100,950

2023,12345,AL,HLTHIEXINDIV,43,100,75,50,20,245

2023,12345,AL,HLTHIEXINDIV,44,100,75,50,20,245

2023,12345,AL,HLTHIEXINDIV,45,100,75,50,20,245

2023,12345,AL,HLTHIEXINDIV,46,100,75,0,40,215

2023,12345,AL,HLTHIEXINDIV,47,75,50,25,15,165

2023,12345,AL,HLTHIEXINDIV,48,75,50,25,15,165

2023,12345,AL,HLTHIEXINDIV,49,75,50,25,15,165

2023,12345,AL,HLTHIEXINDIV,50,75,50,25,15,165

2023,12345,AL,HLTHIEXINDIV,51,75,50,25,15,165

2023,12345,AL,HLTHIEXINDIV,52,400,300,150,100,950

2023,12345,AL,HLTHIEXINDIV,53,100,75,50,20,245

2023,12345,AL,HLTHIEXINDIV,54,100,75,50,20,245

2023,12345,AL,HLTHIEXINDIV,55,100,75,50,20,245

2023,12345,AL,HLTHIEXINDIV,56,100,75,0,40,215

2023,12345,AL,HLTHIEXINDIV,57,75,50,25,15,165

2023,12345,AL,HLTHIEXINDIV,58,75,50,25,15,165

2023,12345,AL,HLTHIEXINDIV,59,75,50,25,15,165

2023,12345,AL,HLTHIEXINDIV,60,75,50,25,15,165

2023,12345,AL,HLTHIEXINDIV,61,75,50,25,15,165

2023,12345,AL,HLTHIEXINDIV,62,4000,3000,1500,1000,9500

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2023,12345,AL,HLTHIEXINDIV,64,1000,750,500,200,2450

2023,12345,AL,HLTHIEXINDIV,65,1000,750,500,200,2450

2023,12345,AL,HLTHIEXINDIV,66,1000,750,0,400,2150

2023,12345,AL,HLTHIEXINDIV,67,4000,3000,1500,1000,9500

2023,12345,AL,HLTHIEXINDIV,68,1000,750,500,200,2450

2023,12345,AL,HLTHIEXINDIV,69,1000,750,500,200,2450

2023,12345,AL,HLTHIEXINDIV,70,1000,750,500,200,2450

2023,12345,AL,HLTHIEXINDIV,71,1000,750,0,400,2150

2023,12345,AL,HLTHIEXINDIV,72,1507225,955222,1682555,1785666,5930668

2023,12345,AL,HLTHIEXINDIV,73,250000,150000,350000,250000,1000000

2023,12345,AL,HLTHIEXINDIV,74,250000,150000,350000,250000,1000000

2023,12345,AL,HLTHIEXINDIV,75,250000,150000,350000,250000,1000000

2023,12345,AL,HLTHIEXINDIV,76,,,,,750

2023,12345,AL,HLTHIEXINDIV,77,,,,,15

2023,12345,AL,HLTHIEXINDIV,78,,,,,15

2023,12345,AL,HLTHIEXINDIV,79,,,,,40

2023,12345,AL,HLTHIEXINDIV,80,,,,,35

2023,12345,AL,HLTHIEXINDIV,81,,,,,165000

2023,12345,AL,HLTHIEXINDIV,82,,,,,50000

2023,12345,AL,HLTHIEXINDIV,83,,,,,75000

2023,12345,AL,HLTHIEXINDIV,84,,,,,25000

2023,12345,AL,HLTHIEXINDIV,85,5,5,6,6,22

2023,12345,AL,HLTHIEXINDIV,86,3,3,4,4,14

2023,12345,AL,HLTHIEXINDIV,87,2,2,3,3,10

2023,12345,AL,HLTHIEXINDIV,88,6,7,8,9,30

2023,12345,AL,HLTHIEXINDIV,89,,,,,15

2023,12345,AL,HLTHIEXINDIV,90,,,,,8

2023,12345,AL,HLTHIEXINDIV,91,,,,,7

2023,12345,FL,HLTHIEXINDIV,19,18500000,5000000,5000000,5000000,33500000

2023,12345,FL,HLTHIEXINDIV,20,185,50,65,70,370

2023,12345,FL,HLTHIEXINDIV,21,350,201,170,185,906

2023,12345,FL,HLTHIEXINDIV,22,2220,600,780,840,4440

2023,12345,FL,HLTHIEXINDIV,23,4200,2412,2040,2220,10872

2023,12345,FL,HLTHIEXINDIV,24,57,56,55,54,222

2023,12345,FL,HLTHIEXINDIV,25,88,87,86,85,346

2023,12345,FL,HLTHIEXINDIV,26,62,61,60,59,242

2023,12345,FL,HLTHIEXINDIV,27,93,92,91,90,366

2023,12345,FL,HLTHIEXINDIV,28,,,,,101

2023,12345,FL,HLTHIEXINDIV,29,12,65,22,9,108

2023,12345,FL,HLTHIEXINDIV,30,,,,,650

2023,12345,FL,HLTHIEXINDIV,31,,,,,523

2023,12345,FL,HLTHIEXINDIV,32,,,,,75

2023,12345,FL,HLTHIEXINDIV,33,,,,,55

2023,12345,FL,HLTHIEXINDIV,34,,,,,40

2023,12345,FL,HLTHIEXINDIV,35,,,,,11

2023,12345,FL,HLTHIEXINDIV,36,,,,,250

2023,12345,FL,HLTHIEXINDIV,37,,,,,200

2023,12345,FL,HLTHIEXINDIV,38,,,,,50

2023,12345,FL,HLTHIEXINDIV,39,550,425,300,267,1542

2023,12345,FL,HLTHIEXINDIV,40,500,400,250,200,1350

2023,12345,FL,HLTHIEXINDIV,41,50,25,50,67,192

2023,12345,FL,HLTHIEXINDIV,42,400,300,150,100,950

2023,12345,FL,HLTHIEXINDIV,43,100,75,50,20,245

2023,12345,FL,HLTHIEXINDIV,44,100,75,50,20,245

2023,12345,FL,HLTHIEXINDIV,45,100,75,50,20,245

2023,12345,FL,HLTHIEXINDIV,46,100,75,0,40,215

2023,12345,FL,HLTHIEXINDIV,47,75,50,25,15,165

2023,12345,FL,HLTHIEXINDIV,48,75,50,25,15,165

2023,12345,FL,HLTHIEXINDIV,49,75,50,25,15,165

2023,12345,FL,HLTHIEXINDIV,50,75,50,25,15,165

2023,12345,FL,HLTHIEXINDIV,51,75,50,25,15,165

2023,12345,FL,HLTHIEXINDIV,52,400,300,150,100,950

2023,12345,FL,HLTHIEXINDIV,53,100,75,50,20,245

2023,12345,FL,HLTHIEXINDIV,54,100,75,50,20,245

2023,12345,FL,HLTHIEXINDIV,55,100,75,50,20,245

2023,12345,FL,HLTHIEXINDIV,56,100,75,0,40,215

2023,12345,FL,HLTHIEXINDIV,57,75,50,25,15,165

2023,12345,FL,HLTHIEXINDIV,58,75,50,25,15,165

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2023,12345,FL,HLTHIEXINDIV,61,75,50,25,15,165

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2023,12345,FL,HLTHIEXINDIV,64,1000,750,500,200,2450

2023,12345,FL,HLTHIEXINDIV,65,1000,750,500,200,2450

2023,12345,FL,HLTHIEXINDIV,66,1000,750,0,400,2150

2023,12345,FL,HLTHIEXINDIV,67,4000,3000,1500,1000,9500

2023,12345,FL,HLTHIEXINDIV,68,1000,750,500,200,2450

2023,12345,FL,HLTHIEXINDIV,69,1000,750,500,200,2450

2023,12345,FL,HLTHIEXINDIV,70,1000,750,500,200,2450

2023,12345,FL,HLTHIEXINDIV,71,1000,750,0,400,2150

2023,12345,FL,HLTHIEXINDIV,72,1507225,955222,1682555,1785666,5930668

2023,12345,FL,HLTHIEXINDIV,73,250000,150000,350000,250000,1000000

2023,12345,FL,HLTHIEXINDIV,74,250000,150000,350000,250000,1000000

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2023,12345,FL,HLTHIEXINDIV,76,,,,,750

2023,12345,FL,HLTHIEXINDIV,77,,,,,15

2023,12345,FL,HLTHIEXINDIV,78,,,,,15

2023,12345,FL,HLTHIEXINDIV,79,,,,,40

2023,12345,FL,HLTHIEXINDIV,80,,,,,35

2023,12345,FL,HLTHIEXINDIV,81,,,,,165000

2023,12345,FL,HLTHIEXINDIV,82,,,,,50000

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2023,12345,FL,HLTHIEXINDIV,86,3,3,4,4,14

2023,12345,FL,HLTHIEXINDIV,87,2,2,3,3,10

2023,12345,FL,HLTHIEXINDIV,88,6,7,8,9,30

2023,12345,FL,HLTHIEXINDIV,89,,,,,15

2023,12345,FL,HLTHIEXINDIV,90,,,,,8

2023,12345,FL,HLTHIEXINDIV,91,,,,,7

In-Exchange Small Group Health Records (10 Columns)

2023,12345,AL,HLTHIEXSMGRP,19,18500000,5000000,5000000,5000000,33500000

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2023,12345,AL,HLTHIEXSMGRP,22,2220,600,780,840,4440

2023,12345,AL,HLTHIEXSMGRP,23,4200,2412,2040,2220,10872

2023,12345,AL,HLTHIEXSMGRP,24,,,,,

2023,12345,AL,HLTHIEXSMGRP,25,,,,,

2023,12345,AL,HLTHIEXSMGRP,26,62,61,60,59,242

2023,12345,AL,HLTHIEXSMGRP,27,93,92,91,90,366

2023,12345,AL,HLTHIEXSMGRP,28,,,,,101

2023,12345,AL,HLTHIEXSMGRP,29,12,65,22,9,108

2023,12345,AL,HLTHIEXSMGRP,30,,,,,650

2023,12345,AL,HLTHIEXSMGRP,31,,,,,523

2023,12345,AL,HLTHIEXSMGRP,32,,,,,75

2023,12345,AL,HLTHIEXSMGRP,33,,,,,55

2023,12345,AL,HLTHIEXSMGRP,34,,,,,40

2023,12345,AL,HLTHIEXSMGRP,35,,,,,11

2023,12345,AL,HLTHIEXSMGRP,36,,,,,250

2023,12345,AL,HLTHIEXSMGRP,37,,,,,200

2023,12345,AL,HLTHIEXSMGRP,38,,,,,50

2023,12345,AL,HLTHIEXSMGRP,39,550,425,300,267,1542

2023,12345,AL,HLTHIEXSMGRP,40,500,400,250,200,1350

2023,12345,AL,HLTHIEXSMGRP,41,50,25,50,67,192

2023,12345,AL,HLTHIEXSMGRP,42,400,300,150,100,950

2023,12345,AL,HLTHIEXSMGRP,43,100,75,50,20,245

2023,12345,AL,HLTHIEXSMGRP,44,100,75,50,20,245

2023,12345,AL,HLTHIEXSMGRP,45,100,75,50,20,245

2023,12345,AL,HLTHIEXSMGRP,46,100,75,0,40,215

2023,12345,AL,HLTHIEXSMGRP,47,75,50,25,15,165

2023,12345,AL,HLTHIEXSMGRP,48,75,50,25,15,165

2023,12345,AL,HLTHIEXSMGRP,49,75,50,25,15,165

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2023,12345,AL,HLTHIEXSMGRP,51,75,50,25,15,165

2023,12345,AL,HLTHIEXSMGRP,52,400,300,150,100,950

2023,12345,AL,HLTHIEXSMGRP,53,100,75,50,20,245

2023,12345,AL,HLTHIEXSMGRP,54,100,75,50,20,245

2023,12345,AL,HLTHIEXSMGRP,55,100,75,50,20,245

2023,12345,AL,HLTHIEXSMGRP,56,100,75,0,40,215

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In-Exchange Catastrophic Records (6 Columns)

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2023,12345,AL,HLTHIEXCAT,27,366

2023,12345,AL,HLTHIEXCAT,28,101

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In-Exchange Multi-State Individual Health Records (10 Columns)

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2023,12345,AL,HLTHIEXMSIND,38,,,,,50

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Out-of-Exchange Individual Health Records (10 Columns)

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Out-of-Exchange Small Group Health Records (10 Columns)

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Out-of-Exchange Grandfathered Records (9 Columns)

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2023,12345,FL,HLTHOEXGRFTHD,153,15,15,5,35

2023,12345,FL,HLTHOEXGRFTHD,154,100000,25000,40000,165000

2023,12345,FL,HLTHOEXGRFTHD,155,12000,12000,26000,50000

2023,12345,FL,HLTHOEXGRFTHD,156,25000,25000,25000,75000

2023,12345,FL,HLTHOEXGRFTHD,157,5000,5000,15000,25000

2023,12345,FL,HLTHOEXGRFTHD,158,5,5,6,16

2023,12345,FL,HLTHOEXGRFTHD,159,3,3,4,10

2023,12345,FL,HLTHOEXGRFTHD,160,2,2,3,7

2023,12345,FL,HLTHOEXGRFTHD,161,6,7,8,21

2023,12345,FL,HLTHOEXGRFTHD,162,5,5,5,15

2023,12345,FL,HLTHOEXGRFTHD,163,4,2,4,10

2023,12345,FL,HLTHOEXGRFTHD,164,3,1,3,7

Out-of-Exchange Catastrophic Records (6 Columns)

2023,12345,AL,HLTHOEXCAT,92,33500000

2023,12345,AL,HLTHOEXCAT,93,370

2023,12345,AL,HLTHOEXCAT,94,906

2023,12345,AL,HLTHOEXCAT,95,4440

2023,12345,AL,HLTHOEXCAT,96,10872

2023,12345,AL,HLTHOEXCAT,97,222

2023,12345,AL,HLTHOEXCAT,98,346

2023,12345,AL,HLTHOEXCAT,99,242

2023,12345,AL,HLTHOEXCAT,100,366

2023,12345,AL,HLTHOEXCAT,101,101

2023,12345,AL,HLTHOEXCAT,102,108

2023,12345,AL,HLTHOEXCAT,103,650

2023,12345,AL,HLTHOEXCAT,104,523

2023,12345,AL,HLTHOEXCAT,105,75

2023,12345,AL,HLTHOEXCAT,106,55

2023,12345,AL,HLTHOEXCAT,107,40

2023,12345,AL,HLTHOEXCAT,108,11

2023,12345,AL,HLTHOEXCAT,109,250

2023,12345,AL,HLTHOEXCAT,110,250

2023,12345,AL,HLTHOEXCAT,111,50

2023,12345,AL,HLTHOEXCAT,112,1542

2023,12345,AL,HLTHOEXCAT,113,1350

2023,12345,AL,HLTHOEXCAT,114,192

2023,12345,AL,HLTHOEXCAT,115,950

2023,12345,AL,HLTHOEXCAT,116,245

2023,12345,AL,HLTHOEXCAT,117,245

2023,12345,AL,HLTHOEXCAT,118,245

2023,12345,AL,HLTHOEXCAT,119,215

2023,12345,AL,HLTHOEXCAT,120,165

2023,12345,AL,HLTHOEXCAT,121,165

2023,12345,AL,HLTHOEXCAT,122,165

2023,12345,AL,HLTHOEXCAT,123,165

2023,12345,AL,HLTHOEXCAT,124,165

2023,12345,AL,HLTHOEXCAT,125,950

2023,12345,AL,HLTHOEXCAT,126,245

2023,12345,AL,HLTHOEXCAT,127,245

2023,12345,AL,HLTHOEXCAT,128,245

2023,12345,AL,HLTHOEXCAT,129,215

2023,12345,AL,HLTHOEXCAT,130,165

2023,12345,AL,HLTHOEXCAT,131,165

2023,12345,AL,HLTHOEXCAT,132,165

2023,12345,AL,HLTHOEXCAT,133,165

2023,12345,AL,HLTHOEXCAT,134,165

2023,12345,AL,HLTHOEXCAT,135,9500

2023,12345,AL,HLTHOEXCAT,136,2450

2023,12345,AL,HLTHOEXCAT,137,2450

2023,12345,AL,HLTHOEXCAT,138,2450

2023,12345,AL,HLTHOEXCAT,139,2150

2023,12345,AL,HLTHOEXCAT,140,9500

2023,12345,AL,HLTHOEXCAT,141,2450

2023,12345,AL,HLTHOEXCAT,142,2450

2023,12345,AL,HLTHOEXCAT,143,2450

2023,12345,AL,HLTHOEXCAT,144,2150

2023,12345,AL,HLTHOEXCAT,145,5930668

2023,12345,AL,HLTHOEXCAT,146,1000000

2023,12345,AL,HLTHOEXCAT,147,1000000

2023,12345,AL,HLTHOEXCAT,148,1000000

2023,12345,AL,HLTHOEXCAT,149,750

2023,12345,AL,HLTHOEXCAT,150,15

2023,12345,AL,HLTHOEXCAT,151,15

2023,12345,AL,HLTHOEXCAT,152,40

2023,12345,AL,HLTHOEXCAT,153,35

2023,12345,AL,HLTHOEXCAT,154,165000

2023,12345,AL,HLTHOEXCAT,155,50000

2023,12345,AL,HLTHOEXCAT,156,75000

2023,12345,AL,HLTHOEXCAT,157,25000

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2023,12345,AL,HLTHOEXCAT,159,14

2023,12345,AL,HLTHOEXCAT,160,10

2023,12345,AL,HLTHOEXCAT,161,30

2023,12345,AL,HLTHOEXCAT,162,15

2023,12345,AL,HLTHOEXCAT,163,8

2023,12345,AL,HLTHOEXCAT,164,7

2023,12345,FL,HLTHOEXCAT,92,33500000

2023,12345,FL,HLTHOEXCAT,93,370

2023,12345,FL,HLTHOEXCAT,94,906

2023,12345,FL,HLTHOEXCAT,95,4440

2023,12345,FL,HLTHOEXCAT,96,10872

2023,12345,FL,HLTHOEXCAT,97,222

2023,12345,FL,HLTHOEXCAT,98,346

2023,12345,FL,HLTHOEXCAT,99,242

2023,12345,FL,HLTHOEXCAT,100,366

2023,12345,FL,HLTHOEXCAT,101,101

2023,12345,FL,HLTHOEXCAT,102,108

2023,12345,FL,HLTHOEXCAT,103,650

2023,12345,FL,HLTHOEXCAT,104,523

2023,12345,FL,HLTHOEXCAT,105,75

2023,12345,FL,HLTHOEXCAT,106,55

2023,12345,FL,HLTHOEXCAT,107,40

2023,12345,FL,HLTHOEXCAT,108,11

2023,12345,FL,HLTHOEXCAT,109,250

2023,12345,FL,HLTHOEXCAT,110,250

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2023,12345,FL,HLTHOEXCAT,112,1542

2023,12345,FL,HLTHOEXCAT,113,1350

2023,12345,FL,HLTHOEXCAT,114,192

2023,12345,FL,HLTHOEXCAT,115,950

2023,12345,FL,HLTHOEXCAT,116,245

2023,12345,FL,HLTHOEXCAT,117,245

2023,12345,FL,HLTHOEXCAT,118,245

2023,12345,FL,HLTHOEXCAT,119,215

2023,12345,FL,HLTHOEXCAT,120,165

2023,12345,FL,HLTHOEXCAT,121,165

2023,12345,FL,HLTHOEXCAT,122,165

2023,12345,FL,HLTHOEXCAT,123,165

2023,12345,FL,HLTHOEXCAT,124,165

2023,12345,FL,HLTHOEXCAT,125,950

2023,12345,FL,HLTHOEXCAT,126,245

2023,12345,FL,HLTHOEXCAT,127,245

2023,12345,FL,HLTHOEXCAT,128,245

2023,12345,FL,HLTHOEXCAT,129,215

2023,12345,FL,HLTHOEXCAT,130,165

2023,12345,FL,HLTHOEXCAT,131,165

2023,12345,FL,HLTHOEXCAT,132,165

2023,12345,FL,HLTHOEXCAT,133,165

2023,12345,FL,HLTHOEXCAT,134,165

2023,12345,FL,HLTHOEXCAT,135,9500

2023,12345,FL,HLTHOEXCAT,136,2450

2023,12345,FL,HLTHOEXCAT,137,2450

2023,12345,FL,HLTHOEXCAT,138,2450

2023,12345,FL,HLTHOEXCAT,139,2150

2023,12345,FL,HLTHOEXCAT,140,9500

2023,12345,FL,HLTHOEXCAT,141,2450

2023,12345,FL,HLTHOEXCAT,142,2450

2023,12345,FL,HLTHOEXCAT,143,2450

2023,12345,FL,HLTHOEXCAT,144,2150

2023,12345,FL,HLTHOEXCAT,145,5930668

2023,12345,FL,HLTHOEXCAT,146,1000000

2023,12345,FL,HLTHOEXCAT,147,1000000

2023,12345,FL,HLTHOEXCAT,148,1000000

2023,12345,FL,HLTHOEXCAT,149,750

2023,12345,FL,HLTHOEXCAT,150,15

2023,12345,FL,HLTHOEXCAT,151,15

2023,12345,FL,HLTHOEXCAT,152,40

2023,12345,FL,HLTHOEXCAT,153,35

2023,12345,FL,HLTHOEXCAT,154,165000

2023,12345,FL,HLTHOEXCAT,155,50000

2023,12345,FL,HLTHOEXCAT,156,75000

2023,12345,FL,HLTHOEXCAT,157,25000

2023,12345,FL,HLTHOEXCAT,158,22

2023,12345,FL,HLTHOEXCAT,159,14

2023,12345,FL,HLTHOEXCAT,160,10

2023,12345,FL,HLTHOEXCAT,161,30

2023,12345,FL,HLTHOEXCAT,162,15

2023,12345,FL,HLTHOEXCAT,163,8

2023,12345,FL,HLTHOEXCAT,164,7

Out-of-Exchange Large Group Health Records (6 Columns)

2023,12345,AL,HLTHOEXLGGRP,92,33500000

2023,12345,AL,HLTHOEXLGGRP,93,370

2023,12345,AL,HLTHOEXLGGRP,94,906

2023,12345,AL,HLTHOEXLGGRP,95,4440

2023,12345,AL,HLTHOEXLGGRP,96,10872

2023,12345,AL,HLTHOEXLGGRP,97,222

2023,12345,AL,HLTHOEXLGGRP,98,346

2023,12345,AL,HLTHOEXLGGRP,99,242

2023,12345,AL,HLTHOEXLGGRP,100,366

2023,12345,AL,HLTHOEXLGGRP,101,101

2023,12345,AL,HLTHOEXLGGRP,102,108

2023,12345,AL,HLTHOEXLGGRP,103,650

2023,12345,AL,HLTHOEXLGGRP,104,523

2023,12345,AL,HLTHOEXLGGRP,105,75

2023,12345,AL,HLTHOEXLGGRP,106,55

2023,12345,AL,HLTHOEXLGGRP,107,40

2023,12345,AL,HLTHOEXLGGRP,108,11

2023,12345,AL,HLTHOEXLGGRP,109,250

2023,12345,AL,HLTHOEXLGGRP,110,250

2023,12345,AL,HLTHOEXLGGRP,111,50

2023,12345,AL,HLTHOEXLGGRP,112,1542

2023,12345,AL,HLTHOEXLGGRP,113,1350

2023,12345,AL,HLTHOEXLGGRP,114,192

2023,12345,AL,HLTHOEXLGGRP,115,950

2023,12345,AL,HLTHOEXLGGRP,116,245

2023,12345,AL,HLTHOEXLGGRP,117,245

2023,12345,AL,HLTHOEXLGGRP,118,245

2023,12345,AL,HLTHOEXLGGRP,119,215

2023,12345,AL,HLTHOEXLGGRP,120,165

2023,12345,AL,HLTHOEXLGGRP,121,165

2023,12345,AL,HLTHOEXLGGRP,122,165

2023,12345,AL,HLTHOEXLGGRP,123,165

2023,12345,AL,HLTHOEXLGGRP,124,165

2023,12345,AL,HLTHOEXLGGRP,125,950

2023,12345,AL,HLTHOEXLGGRP,126,245

2023,12345,AL,HLTHOEXLGGRP,127,245

2023,12345,AL,HLTHOEXLGGRP,128,245

2023,12345,AL,HLTHOEXLGGRP,129,215

2023,12345,AL,HLTHOEXLGGRP,130,165

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2023,12345,AL,HLTHOEXLGGRP,133,165

2023,12345,AL,HLTHOEXLGGRP,134,165

2023,12345,AL,HLTHOEXLGGRP,135,9500

2023,12345,AL,HLTHOEXLGGRP,136,2450

2023,12345,AL,HLTHOEXLGGRP,137,2450

2023,12345,AL,HLTHOEXLGGRP,138,2450

2023,12345,AL,HLTHOEXLGGRP,139,2150

2023,12345,AL,HLTHOEXLGGRP,140,9500

2023,12345,AL,HLTHOEXLGGRP,141,2450

2023,12345,AL,HLTHOEXLGGRP,142,2450

2023,12345,AL,HLTHOEXLGGRP,143,2450

2023,12345,AL,HLTHOEXLGGRP,144,2150

2023,12345,AL,HLTHOEXLGGRP,145,5930668

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2023,12345,AL,HLTHOEXLGGRP,149,750

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2023,12345,AL,HLTHOEXLGGRP,153,35

2023,12345,AL,HLTHOEXLGGRP,154,165000

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2023,12345,AL,HLTHOEXLGGRP,156,75000

2023,12345,AL,HLTHOEXLGGRP,157,25000

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2023,12345,AL,HLTHOEXLGGRP,162,15

2023,12345,AL,HLTHOEXLGGRP,163,8

2023,12345,AL,HLTHOEXLGGRP,164,7

2023,12345,FL,HLTHOEXLGGRP,92,33500000

2023,12345,FL,HLTHOEXLGGRP,93,370

2023,12345,FL,HLTHOEXLGGRP,94,906

2023,12345,FL,HLTHOEXLGGRP,95,4440

2023,12345,FL,HLTHOEXLGGRP,96,10872

2023,12345,FL,HLTHOEXLGGRP,97,222

2023,12345,FL,HLTHOEXLGGRP,98,346

2023,12345,FL,HLTHOEXLGGRP,99,242

2023,12345,FL,HLTHOEXLGGRP,100,366

2023,12345,FL,HLTHOEXLGGRP,101,101

2023,12345,FL,HLTHOEXLGGRP,102,108

2023,12345,FL,HLTHOEXLGGRP,103,650

2023,12345,FL,HLTHOEXLGGRP,104,523

2023,12345,FL,HLTHOEXLGGRP,105,75

2023,12345,FL,HLTHOEXLGGRP,106,55

2023,12345,FL,HLTHOEXLGGRP,107,40

2023,12345,FL,HLTHOEXLGGRP,108,11

2023,12345,FL,HLTHOEXLGGRP,109,250

2023,12345,FL,HLTHOEXLGGRP,110,250

2023,12345,FL,HLTHOEXLGGRP,111,50

2023,12345,FL,HLTHOEXLGGRP,112,1542

2023,12345,FL,HLTHOEXLGGRP,113,1350

2023,12345,FL,HLTHOEXLGGRP,114,192

2023,12345,FL,HLTHOEXLGGRP,115,950

2023,12345,FL,HLTHOEXLGGRP,116,245

2023,12345,FL,HLTHOEXLGGRP,117,245

2023,12345,FL,HLTHOEXLGGRP,118,245

2023,12345,FL,HLTHOEXLGGRP,119,215

2023,12345,FL,HLTHOEXLGGRP,120,165

2023,12345,FL,HLTHOEXLGGRP,121,165

2023,12345,FL,HLTHOEXLGGRP,122,165

2023,12345,FL,HLTHOEXLGGRP,123,165

2023,12345,FL,HLTHOEXLGGRP,124,165

2023,12345,FL,HLTHOEXLGGRP,125,950

2023,12345,FL,HLTHOEXLGGRP,126,245

2023,12345,FL,HLTHOEXLGGRP,127,245

2023,12345,FL,HLTHOEXLGGRP,128,245

2023,12345,FL,HLTHOEXLGGRP,129,215

2023,12345,FL,HLTHOEXLGGRP,130,165

2023,12345,FL,HLTHOEXLGGRP,131,165

2023,12345,FL,HLTHOEXLGGRP,132,165

2023,12345,FL,HLTHOEXLGGRP,133,165

2023,12345,FL,HLTHOEXLGGRP,134,165

2023,12345,FL,HLTHOEXLGGRP,135,9500

2023,12345,FL,HLTHOEXLGGRP,136,2450

2023,12345,FL,HLTHOEXLGGRP,137,2450

2023,12345,FL,HLTHOEXLGGRP,138,2450

2023,12345,FL,HLTHOEXLGGRP,139,2150

2023,12345,FL,HLTHOEXLGGRP,140,9500

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2023,12345,FL,HLTHOEXLGGRP,143,2450

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2023,12345,FL,HLTHOEXLGGRP,149,750

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2023,12345,FL,HLTHOEXLGGRP,161,30

2023,12345,FL,HLTHOEXLGGRP,162,15

2023,12345,FL,HLTHOEXLGGRP,163,8

2023,12345,FL,HLTHOEXLGGRP,164,7

Out-of-Exchange Student Coverage Records (6 Columns)

2023,12345,AL,HLTHOEXSTDNT,92,33500000

2023,12345,AL,HLTHOEXSTDNT,93,370

2023,12345,AL,HLTHOEXSTDNT,94,906

2023,12345,AL,HLTHOEXSTDNT,95,4440

2023,12345,AL,HLTHOEXSTDNT,96,10872

2023,12345,AL,HLTHOEXSTDNT,97,222

2023,12345,AL,HLTHOEXSTDNT,98,346

2023,12345,AL,HLTHOEXSTDNT,99,242

2023,12345,AL,HLTHOEXSTDNT,100,366

2023,12345,AL,HLTHOEXSTDNT,101,101

2023,12345,AL,HLTHOEXSTDNT,102,108

2023,12345,AL,HLTHOEXSTDNT,103,650

2023,12345,AL,HLTHOEXSTDNT,104,523

2023,12345,AL,HLTHOEXSTDNT,105,75

2023,12345,AL,HLTHOEXSTDNT,106,55

2023,12345,AL,HLTHOEXSTDNT,107,40

2023,12345,AL,HLTHOEXSTDNT,108,11

2023,12345,AL,HLTHOEXSTDNT,109,250

2023,12345,AL,HLTHOEXSTDNT,110,250

2023,12345,AL,HLTHOEXSTDNT,111,50

2023,12345,AL,HLTHOEXSTDNT,112,1542

2023,12345,AL,HLTHOEXSTDNT,113,1350

2023,12345,AL,HLTHOEXSTDNT,114,192

2023,12345,AL,HLTHOEXSTDNT,115,950

2023,12345,AL,HLTHOEXSTDNT,116,245

2023,12345,AL,HLTHOEXSTDNT,117,245

2023,12345,AL,HLTHOEXSTDNT,118,245

2023,12345,AL,HLTHOEXSTDNT,119,215

2023,12345,AL,HLTHOEXSTDNT,120,165

2023,12345,AL,HLTHOEXSTDNT,121,165

2023,12345,AL,HLTHOEXSTDNT,122,165

2023,12345,AL,HLTHOEXSTDNT,123,165

2023,12345,AL,HLTHOEXSTDNT,124,165

2023,12345,AL,HLTHOEXSTDNT,125,950

2023,12345,AL,HLTHOEXSTDNT,126,245

2023,12345,AL,HLTHOEXSTDNT,127,245

2023,12345,AL,HLTHOEXSTDNT,128,245

2023,12345,AL,HLTHOEXSTDNT,129,215

2023,12345,AL,HLTHOEXSTDNT,130,165

2023,12345,AL,HLTHOEXSTDNT,131,165

2023,12345,AL,HLTHOEXSTDNT,132,165

2023,12345,AL,HLTHOEXSTDNT,133,165

2023,12345,AL,HLTHOEXSTDNT,134,165

2023,12345,AL,HLTHOEXSTDNT,135,9500

2023,12345,AL,HLTHOEXSTDNT,136,2450

2023,12345,AL,HLTHOEXSTDNT,137,2450

2023,12345,AL,HLTHOEXSTDNT,138,2450

2023,12345,AL,HLTHOEXSTDNT,139,2150

2023,12345,AL,HLTHOEXSTDNT,140,9500

2023,12345,AL,HLTHOEXSTDNT,141,2450

2023,12345,AL,HLTHOEXSTDNT,142,2450

2023,12345,AL,HLTHOEXSTDNT,143,2450

2023,12345,AL,HLTHOEXSTDNT,144,2150

2023,12345,AL,HLTHOEXSTDNT,145,5930668

2023,12345,AL,HLTHOEXSTDNT,146,1000000

2023,12345,AL,HLTHOEXSTDNT,147,1000000

2023,12345,AL,HLTHOEXSTDNT,148,1000000

2023,12345,AL,HLTHOEXSTDNT,149,750

2023,12345,AL,HLTHOEXSTDNT,150,15

2023,12345,AL,HLTHOEXSTDNT,151,15

2023,12345,AL,HLTHOEXSTDNT,152,40

2023,12345,AL,HLTHOEXSTDNT,153,35

2023,12345,AL,HLTHOEXSTDNT,154,165000

2023,12345,AL,HLTHOEXSTDNT,155,50000

2023,12345,AL,HLTHOEXSTDNT,156,75000

2023,12345,AL,HLTHOEXSTDNT,157,25000

2023,12345,AL,HLTHOEXSTDNT,158,22

2023,12345,AL,HLTHOEXSTDNT,159,14

2023,12345,AL,HLTHOEXSTDNT,160,10

2023,12345,AL,HLTHOEXSTDNT,161,30

2023,12345,AL,HLTHOEXSTDNT,162,15

2023,12345,AL,HLTHOEXSTDNT,163,8

2023,12345,AL,HLTHOEXSTDNT,164,7

2023,12345,FL,HLTHOEXSTDNT,92,33500000

2023,12345,FL,HLTHOEXSTDNT,93,370

2023,12345,FL,HLTHOEXSTDNT,94,906

2023,12345,FL,HLTHOEXSTDNT,95,4440

2023,12345,FL,HLTHOEXSTDNT,96,10872

2023,12345,FL,HLTHOEXSTDNT,97,222

2023,12345,FL,HLTHOEXSTDNT,98,346

2023,12345,FL,HLTHOEXSTDNT,99,242

2023,12345,FL,HLTHOEXSTDNT,100,366

2023,12345,FL,HLTHOEXSTDNT,101,101

2023,12345,FL,HLTHOEXSTDNT,102,108

2023,12345,FL,HLTHOEXSTDNT,103,650

2023,12345,FL,HLTHOEXSTDNT,104,523

2023,12345,FL,HLTHOEXSTDNT,105,75

2023,12345,FL,HLTHOEXSTDNT,106,55

2023,12345,FL,HLTHOEXSTDNT,107,40

2023,12345,FL,HLTHOEXSTDNT,108,11

2023,12345,FL,HLTHOEXSTDNT,109,250

2023,12345,FL,HLTHOEXSTDNT,110,250

2023,12345,FL,HLTHOEXSTDNT,111,50

2023,12345,FL,HLTHOEXSTDNT,112,1542

2023,12345,FL,HLTHOEXSTDNT,113,1350

2023,12345,FL,HLTHOEXSTDNT,114,192

2023,12345,FL,HLTHOEXSTDNT,115,950

2023,12345,FL,HLTHOEXSTDNT,116,245

2023,12345,FL,HLTHOEXSTDNT,117,245

2023,12345,FL,HLTHOEXSTDNT,118,245

2023,12345,FL,HLTHOEXSTDNT,119,215

2023,12345,FL,HLTHOEXSTDNT,120,165

2023,12345,FL,HLTHOEXSTDNT,121,165

2023,12345,FL,HLTHOEXSTDNT,122,165

2023,12345,FL,HLTHOEXSTDNT,123,165

2023,12345,FL,HLTHOEXSTDNT,124,165

2023,12345,FL,HLTHOEXSTDNT,125,950

2023,12345,FL,HLTHOEXSTDNT,126,245

2023,12345,FL,HLTHOEXSTDNT,127,245

2023,12345,FL,HLTHOEXSTDNT,128,245

2023,12345,FL,HLTHOEXSTDNT,129,215

2023,12345,FL,HLTHOEXSTDNT,130,165

2023,12345,FL,HLTHOEXSTDNT,131,165

2023,12345,FL,HLTHOEXSTDNT,132,165

2023,12345,FL,HLTHOEXSTDNT,133,165

2023,12345,FL,HLTHOEXSTDNT,134,165

2023,12345,FL,HLTHOEXSTDNT,135,9500

2023,12345,FL,HLTHOEXSTDNT,136,2450

2023,12345,FL,HLTHOEXSTDNT,137,2450

2023,12345,FL,HLTHOEXSTDNT,138,2450

2023,12345,FL,HLTHOEXSTDNT,139,2150

2023,12345,FL,HLTHOEXSTDNT,140,9500

2023,12345,FL,HLTHOEXSTDNT,141,2450

2023,12345,FL,HLTHOEXSTDNT,142,2450

2023,12345,FL,HLTHOEXSTDNT,143,2450

2023,12345,FL,HLTHOEXSTDNT,144,2150

2023,12345,FL,HLTHOEXSTDNT,145,5930668

2023,12345,FL,HLTHOEXSTDNT,146,1000000

2023,12345,FL,HLTHOEXSTDNT,147,1000000

2023,12345,FL,HLTHOEXSTDNT,148,1000000

2023,12345,FL,HLTHOEXSTDNT,149,750

2023,12345,FL,HLTHOEXSTDNT,150,15

2023,12345,FL,HLTHOEXSTDNT,151,15

2023,12345,FL,HLTHOEXSTDNT,152,40

2023,12345,FL,HLTHOEXSTDNT,153,35

2023,12345,FL,HLTHOEXSTDNT,154,165000

2023,12345,FL,HLTHOEXSTDNT,155,50000

2023,12345,FL,HLTHOEXSTDNT,156,75000

2023,12345,FL,HLTHOEXSTDNT,157,25000

2023,12345,FL,HLTHOEXSTDNT,158,22

2023,12345,FL,HLTHOEXSTDNT,159,14

2023,12345,FL,HLTHOEXSTDNT,160,10

2023,12345,FL,HLTHOEXSTDNT,161,30

2023,12345,FL,HLTHOEXSTDNT,162,15

2023,12345,FL,HLTHOEXSTDNT,163,8

2023,12345,FL,HLTHOEXSTDNT,164,7

Health Attestation Records (11 columns)

2023,12345,AL,HLTHATT,64,First,,Last,,Paralegal,

2023,12345,AL,HLTHATT,65,First,,Last,,Social Worker,

2023,12345,AL,HLTHATT,66,,,,,,Aenean sit amet justo. Morbi ut odio

2023,12345,FL,HLTHATT,64,First,,Last,,Paralegal,

2023,12345,FL,HLTHATT,65,First,,Last,,Social Worker,

2023,12345,FL,HLTHATT,66,,,,,,Aenean sit amet justo. Morbi ut odio

## Lender-Placed Insurance

In this Lender-Placed sample there is data provided for one states: AK. AK has single-interest lender-placed auto coverage, dual-interest lender-placed homeowners hazard coverage, dual-interest lender-placed homeowners flood coverage, blanket vendor single-interest auto, and blanket vendor single-interest home coverage data to report.

Lender-Placed Interrogatories (7 columns)

2023,12345,AK,LPIINT,1,Y,

2023,12345,AK,LPIINT,2,,100

2023,12345,AK,LPIINT,3,N,

2023,12345,AK,LPIINT,4,,

2023,12345,AK,LPIINT,5,N,

2023,12345,AK,LPIINT,6,,

2023,12345,AK,LPIINT,7,Y,

2023,12345,AK,LPIINT,8,,100

2023,12345,AK,LPIINT,9,N,

2023,12345,AK,LPIINT,10,,

2023,12345,AK,LPIINT,11,Y,

2023,12345,AK,LPIINT,12,,100

2023,12345,AK,LPIINT,13,N,

2023,12345,AK,LPIINT,14,,

2023,12345,AK,LPIINT,15,N,

2023,12345,AK,LPIINT,16,,

2023,12345,AK,LPIINT,17,Y,

2023,12345,AK,LPIINT,18,Y,

2023,12345,AK,LPIINT,19,Y,

2023,12345,AK,LPIINT,20,N,

2023,12345,AK,LPIINT,21,,

2023,12345,AK,LPIINT,22,N,

2023,12345,AK,LPIINT,23,,

2023,12345,AK,LPIINT,24,,Test Comment

2023,12345,AK,LPIINT,25,Y,

2023,12345,AK,LPIINT,26,,

2023,12345,AK,LPIINT,27,Y,

2023,12345,AK,LPIINT,28,,Test Comment

2023,12345,AK,LPIINT,29,,Test Comment

2023,12345,AK,LPIINT,30,,Test Comment

Lender-Placed Claims (15 Columns)

2023,12345,AK,LPICLMS,31,4,,,2,,0,,,2,0

2023,12345,AK,LPICLMS,32,38,,,8,,0,,,8,0

2023,12345,AK,LPICLMS,33,23,,,7,,0,,,7,0

2023,12345,AK,LPICLMS,34,19,,,2,,0,,,2,0

2023,12345,AK,LPICLMS,35,0,,,1,,0,,,1,0

2023,12345,AK,LPICLMS,36,7,,,0,,0,,,0,0

2023,12345,AK,LPICLMS,37,3,,,4,,0,,,4,0

2023,12345,AK,LPICLMS,38,3,,,1,,0,,,1,0

2023,12345,AK,LPICLMS,39,3,,,1,,0,,,1,0

2023,12345,AK,LPICLMS,40,6,,,1,,0,,,1,0

2023,12345,AK,LPICLMS,41,1,,,0,,0,,,0,0

2023,12345,AK,LPICLMS,42,8,,,0,,0,,,0,0

2023,12345,AK,LPICLMS,43,1,,,1,,0,,,1,0

2023,12345,AK,LPICLMS,44,1,,,0,,0,,,0,0

2023,12345,AK,LPICLMS,45,3,,,0,,0,,,0,0

2023,12345,AK,LPICLMS,46,4,,,0,,0,,,0,0

2023,12345,AK,LPICLMS,47,2,,,1,,0,,,1,0

2023,12345,AK,LPICLMS,48,88,,,65,,0,,,65,0

2023,12345,AK,LPICLMS,49,0,,,0,,0,,,0,0

2023,12345,AK,LPICLMS,50,0,,,0,,0,,,0,0

2023,12345,AK,LPICLMS,51,0,,,0,,0,,,0,0

2023,12345,AK,LPICLMS,52,0,,,0,,0,,,0,0

2023,12345,AK,LPICLMS,53,0,,,0,,0,,,0,0

Lender-Placed Underwriting (15 columns)

2023,12345,AK,LPIUNDACT,54,53,,,52,,21,,,52,21

2023,12345,AK,LPIUNDACT,55,0,,,0,,0,,,0,0

2023,12345,AK,LPIUNDACT,56,19,,,2,,5,,,2,5

2023,12345,AK,LPIUNDACT,57,34,,,50,,16,,,50,16

2023,12345,AK,LPIUNDACT,58,123,,,65,,7,,,,

2023,12345,AK,LPIUNDACT,59,351,,,156,,32,,,,

2023,12345,AK,LPIUNDACT,60,95,,,77,,19,,,,

2023,12345,AK,LPIUNDACT,61,118,,,21,,5,,,,

2023,12345,AK,LPIUNDACT,62,261,,,123,,15,,,,

2023,12345,AK,LPIUNDACT,63,0,,,1,,0,,,,

2023,12345,AK,LPIUNDACT,64,1,,,4,,3,,,,

2023,12345,AK,LPIUNDACT,65,117,,,16,,2,,,,

2023,12345,AK,LPIUNDACT,66,0,,,0,,0,,,,

2023,12345,AK,LPIUNDACT,67,0,,,0,,0,,,,

2023,12345,AK,LPIUNDACT,68,0,,,0,,0,,,,

2023,12345,AK,LPIUNDACT,69,0,,,0,,0,,,,

2023,12345,AK,LPIUNDACT,70,0,,,0,,0,,,,

2023,12345,AK,LPIUNDACT,71,0,,,0,,0,,,,

2023,12345,AK,LPIUNDACT,72,0,,,0,,0,,,,

2023,12345,AK,LPIUNDACT,73,0,,,0,,0,,,,

2023,12345,AK,LPIUNDACT,74,14,,,9,,8,,,,

2023,12345,AK,LPIUNDACT,75,724154,,,274759,,42679,,,274759,42679

2023,12345,AK,LPIUNDACT,76,196264,,,160830,,33796,,,160830,33796

2023,12345,AK,LPIUNDACT,77,0,,,0,,0,,,0,0

2023,12345,AK,LPIUNDACT,78,202315,,,141067,,24535,,,141067,24535

2023,12345,AK,LPIUNDACT,79,147398,,,35799,,0,,,35799,0

2023,12345,AK,LPIUNDACT,80,123082,,,40574,,0,,,40574,0

2023,12345,AK,LPIUNDACT,81,0,,,0,,0,,,0,0

2023,12345,AK,LPIUNDACT,82,0,,,0,,0,,,0,0

Lender-Placed Attestation Records (11 columns)

2023,12345,AK,LPIATT,83,First,,Last,,Paralegal,

2023,12345,AK,LPIATT,84,First,,Last,,Social Worker,

2023,12345,AK,LPIATT,85,,,,,,Aenean sit amet justo. Morbi ut odio

## Disability Income Insurance

In this Disability Income sample there is data provided for AK and all coverages.

Disability Income Interrogatories (7 columns)

2023,12345,AK,DIINT,1,Y,

2023,12345,AK,DIINT,2,Y,

2023,12345,AK,DIINT,3,Y,

2023,12345,AK,DIINT,4,Y,

2023,12345,AK,DIINT,5,Y,

2023,12345,AK,DIINT,6,Y,

2023,12345,AK,DIINT,7,Y,

2023,12345,AK,DIINT,8,Y,

2023,12345,AK,DIINT,9,N,

2023,12345,AK,DIINT,10,,

2023,12345,AK,DIINT,11,N,

2023,12345,AK,DIINT,12,,

2023,12345,AK,DIINT,13,,2

2023,12345,AK,DIINT,14,,

2023,12345,AK,DIINT,15,,

2023,12345,AK,DIINT,16,,

Disability Income Claims (13 columns)

2023,12345,AK,DICLMS,17,125,125,125,125,125,125,125,125

2023,12345,AK,DICLMS,18,200,200,200,200,200,200,200,200

2023,12345,AK,DICLMS,19,100,100,100,100,100,100,100,100

2023,12345,AK,DICLMS,20,75,75,75,75,75,75,75,75

2023,12345,AK,DICLMS,21,50,50,50,50,50,50,50,50

2023,12345,AK,DICLMS,22,75,75,75,75,75,75,75,75

2023,12345,AK,DICLMS,23,100,100,100,100,100,100,100,100

2023,12345,AK,DICLMS,24,275,275,275,275,275,275,275,275

2023,12345,AK,DICLMS,25,20,,20,,20,,20,

2023,12345,AK,DICLMS,26,15,,15,,15,,15,

2023,12345,AK,DICLMS,27,10,,10,,10,,10,

2023,12345,AK,DICLMS,28,5,,5,,5,,5,

2023,12345,AK,DICLMS,29,21,,21,,21,,21,

2023,12345,AK,DICLMS,30,,20,,20,,20,,20

2023,12345,AK,DICLMS,31,,15,,15,,15,,15

2023,12345,AK,DICLMS,32,,10,,10,,10,,10

2023,12345,AK,DICLMS,33,,5,,5,,5,,5

2023,12345,AK,DICLMS,34,,21,,21,,21,,21

2023,12345,AK,DICLMS,35,20,,20,,20,,20,

2023,12345,AK,DICLMS,36,15,,15,,15,,15,

2023,12345,AK,DICLMS,37,10,,10,,10,,10,

2023,12345,AK,DICLMS,38,5,,5,,5,,5,

2023,12345,AK,DICLMS,39,21,,21,,21,,21,

2023,12345,AK,DICLMS,40,,20,,20,,20,,20

2023,12345,AK,DICLMS,41,,15,,15,,15,,15

2023,12345,AK,DICLMS,42,,10,,10,,10,,10

2023,12345,AK,DICLMS,43,,5,,5,,5,,5

2023,12345,AK,DICLMS,44,,21,,21,,21,,21

2023,12345,AK,DICLMS,45,10,10,10,10,10,10,10,10

2023,12345,AK,DICLMS,46,0,0,0,0,0,0,0,0

2023,12345,AK,DICLMS,47,10,10,10,10,10,10,10,10

2023,12345,AK,DICLMS,48,10,10,10,10,10,10,10,10

2023,12345,AK,DICLMS,49,0,0,0,0,0,0,0,0

2023,12345,AK,DICLMS,50,10,10,10,10,10,10,10,10

2023,12345,AK,DICLMS,51,10,10,10,10,10,10,10,10

2023,12345,AK,DICLMS,52,0,0,0,0,0,0,0,0

2023,12345,AK,DICLMS,53,0,0,0,0,0,0,0,0

2023,12345,AK,DICLMS,54,0,0,0,0,0,0,0,0

2023,12345,AK,DICLMS,55,10,10,10,10,10,10,10,10

2023,12345,AK,DICLMS,56,10,10,10,10,10,10,10,10

2023,12345,AK,DICLMS,57,10,10,10,10,10,10,10,10

2023,12345,AK,DICLMS,58,10,10,10,10,10,10,10,10

2023,12345,AK,DICLMS,59,10,10,10,10,10,10,10,10

2023,12345,AK,DICLMS,60,0,0,0,0,0,0,0,0

2023,12345,AK,DICLMS,61,0,0,0,0,0,0,0,0

2023,12345,AK,DICLMS,62,0,0,0,0,0,0,0,0

2023,12345,AK,DICLMS,63,0,0,0,0,0,0,0,0

2023,12345,AK,DICLMS,64,0,0,0,0,0,0,0,0

2023,12345,AK,DICLMS,65,0,0,0,0,0,0,0,0

2023,12345,AK,DICLMS,66,0,0,0,0,0,0,0,0

Disability Income Underwriting (13 columns)

2023,12345,AK,DIUNDACT,67,500,500,500,500,500,500,500,500

2023,12345,AK,DIUNDACT,68,50,50,50,50,50,50,50,50

2023,12345,AK,DIUNDACT,69,125000,125000,125000,125000,125000,125000,125000,125000

2023,12345,AK,DIUNDACT,70,20,20,20,20,20,20,20,20

2023,12345,AK,DIUNDACT,71,20,20,20,20,20,20,20,20

2023,12345,AK,DIUNDACT,72,20,20,20,20,20,20,20,20

2023,12345,AK,DIUNDACT,73,15,15,15,15,15,15,15,15

2023,12345,AK,DIUNDACT,74,5,5,5,5,5,5,5,5

2023,12345,AK,DIUNDACT,75,470,470,470,470,470,470,470,470

2023,12345,AK,DIUNDACT,76,,,,,500,500,500,500

2023,12345,AK,DIUNDACT,77,,,,,50,50,50,50

2023,12345,AK,DIUNDACT,78,,,,,20,20,20,20

2023,12345,AK,DIUNDACT,79,,,,,20,20,20,20

2023,12345,AK,DIUNDACT,80,,,,,20,20,20,20

2023,12345,AK,DIUNDACT,81,,,,,20,20,20,20

2023,12345,AK,DIUNDACT,82,,,,,470,470,470,470

2023,12345,AK,DIUNDACT,83,35,35,35,35,35,35,35,35

2023,12345,AK,DIUNDACT,84,3,3,3,3,3,3,3,3

2023,12345,AK,DIUNDACT,85,0,0,0,0,0,0,0,0

2023,12345,AK,DIUNDACT,86,2,2,2,2,2,2,2,2

2023,12345,AK,DIUNDACT,87,1,1,1,1,1,1,1,1

2023,12345,AK,DIUNDACT,88,1,1,1,1,1,1,1,1

Disability Income Attestation Records (11 columns)

2023,12345,AK,DIATT,89,First,,Last,,Paralegal,

2023,12345,AK,DIATT,90,First,,Last,,Social Worker,

2023,12345,AK,DIATT,91,,,,,,Aenean sit amet justo. Morbi ut odio

## Private Flood Insurance

In this Private Flood sample there is data provided for AK and all coverages.

Private Flood Interrogatories (7 columns)

2023,12345,AK,PFINT,1,Y,

2023,12345,AK,PFINT,2,Y,

2023,12345,AK,PFINT,3,,1

2023,12345,AK,PFINT,4,Y,

2023,12345,AK,PFINT,5,Y,

2023,12345,AK,PFINT,6,Y,

2023,12345,AK,PFINT,7,,1

2023,12345,AK,PFINT,8,Y,

2023,12345,AK,PFINT,9,Y,

2023,12345,AK,PFINT,10,,1

2023,12345,AK,PFINT,11,Y,

2023,12345,AK,PFINT,12,,1

2023,12345,AK,PFINT,13,Y,

2023,12345,AK,PFINT,14,,1

2023,12345,AK,PFINT,15,Y,

2023,12345,AK,PFINT,16,Y,

2023,12345,AK,PFINT,17,,1

2023,12345,AK,PFINT,18,Y,

2023,12345,AK,PFINT,19,,1

2023,12345,AK,PFINT,20,Y,

2023,12345,AK,PFINT,21,,1

2023,12345,AK,PFINT,22,Y,

2023,12345,AK,PFINT,23,Y,

2023,12345,AK,PFINT,24,,1

2023,12345,AK,PFINT,25,Y,

2023,12345,AK,PFINT,26,,1

2023,12345,AK,PFINT,27,Y,

2023,12345,AK,PFINT,28,,1

2023,12345,AK,PFINT,29,Y,

2023,12345,AK,PFINT,30,Y,

2023,12345,AK,PFINT,31,,1

2023,12345,AK,PFINT,32,Y,

2023,12345,AK,PFINT,33,,1

2023,12345,AK,PFINT,34,Y,

2023,12345,AK,PFINT,35,,1

2023,12345,AK,PFINT,36,Y,

2023,12345,AK,PFINT,37,Y,

2023,12345,AK,PFINT,38,,1

2023,12345,AK,PFINT,39,Y,

2023,12345,AK,PFINT,40,,1

2023,12345,AK,PFINT,41,Y,

2023,12345,AK,PFINT,42,,1

2023,12345,AK,PFINT,43,Y,

2023,12345,AK,PFINT,44,Y,

2023,12345,AK,PFINT,45,,1

2023,12345,AK,PFINT,46,Y,

2023,12345,AK,PFINT,47,,1

2023,12345,AK,PFINT,48,Y,

2023,12345,AK,PFINT,49,,1

2023,12345,AK,PFINT,50,,1

2023,12345,AK,PFINT,51,,1

Private Flood Claims (11 columns)

2023,12345,AK,PRIVATEFLOOD,52,1,2,3,4,5,6

2023,12345,AK,PRIVATEFLOOD,53,7,8,9,10,11,12

2023,12345,AK,PRIVATEFLOOD,54,13,14,15,16,17,18

2023,12345,AK,PRIVATEFLOOD,55,19,20,21,22,23,24

2023,12345,AK,PRIVATEFLOOD,56,25,26,27,28,29,30

2023,12345,AK,PRIVATEFLOOD,57,31,32,33,34,35,36

2023,12345,AK,PRIVATEFLOOD,58,37,38,39,40,41,42

2023,12345,AK,PRIVATEFLOOD,59,43,44,45,46,47,48

2023,12345,AK,PRIVATEFLOOD,60,49,50,51,52,53,54

2023,12345,AK,PRIVATEFLOOD,61,55,56,57,58,59,60

2023,12345,AK,PRIVATEFLOOD,62,61,62,63,64,65,66

2023,12345,AK,PRIVATEFLOOD,63,67,68,69,70,71,72

2023,12345,AK,PRIVATEFLOOD,64,73,74,75,76,77,78

2023,12345,AK,PRIVATEFLOOD,65,79,80,81,82,83,84

2023,12345,AK,PRIVATEFLOOD,66,85,86,87,88,89,90

2023,12345,AK,PRIVATEFLOOD,67,92,93,94,95,96,97

2023,12345,AK,PRIVATEFLOOD,68,98,99,100,101,102,103

2023,12345,AK,PRIVATEFLOOD,69,104,105,106,107,108,109

Private Flood Underwriting (11 columns)

|  |
| --- |
| 2023,12345,AK,PRIVATEFLOOD,70,1,2,3,4,5,6 |
| 2023,12345,AK,PRIVATEFLOOD,71,7,8,9,10,11,12 |
| 2023,12345,AK,PRIVATEFLOOD,72,13,14,15,16,17,18 |
| 2023,12345,AK,PRIVATEFLOOD,73,19,20,21,22,23,24 |
| 2023,12345,AK,PRIVATEFLOOD,74,25,26,27,28,29,30 |
| 2023,12345,AK,PRIVATEFLOOD,75,31,32,33,34,35,36 |
| 2023,12345,AK,PRIVATEFLOOD,76,37,38,39,40,41,42 |
| 2023,12345,AK,PRIVATEFLOOD,77,43,44,45,46,47,48 |
| 2023,12345,AK,PRIVATEFLOOD,78,49,50,51,52,53,54 |
| 2023,12345,AK,PRIVATEFLOOD,79,55,56,57,58,59,60 |
| 2023,12345,AK,PRIVATEFLOOD,80,61,62,63,64,65,66 |
| 2023,12345,AK,PRIVATEFLOOD,81,67,68,69,70,71,72 |

Private Flood Lawsuits and Complaints (11 columns)

2023,12345,AK,PRIVATEFLOOD,82,1,2,3,4,5,6

2023,12345,AK,PRIVATEFLOOD,83,7,8,9,10,11,12

2023,12345,AK,PRIVATEFLOOD,84,13,14,15,16,17,18

2023,12345,AK,PRIVATEFLOOD,85,19,20,21,22,23,24

2023,12345,AK,PRIVATEFLOOD,86,25,26,27,28,29,30

2023,12345,AK,PRIVATEFLOOD,87,31,32,33,34,35,36

Private Flood Attestation Records (11 columns)

2023,12345,AK,PFATT,88,First,,Last,,Paralegal,

2023,12345,AK,PFATT,89,First,,Last,,Social Worker,

2023,12345,AK,PFATT,90,,,,,,Aenean sit amet justo. Morbi ut odio

## Short-term Limited Duration Insurance

In this Short-term Limited Duration sample there is data provided for CA and 2 coverages.

Short-term Limited Duration Interrogatories (7 columns)

2023,12345,CA,STLDINT,1,,California and Nevada

2023,12345,CA,STLDINT,2,Y,

2023,12345,CA,STLDINT,3,N,

2023,12345,CA,STLDINT,4,N,

2023,12345,CA,STLDINT,5,,4

2023,12345,CA,STLDINT,6,,5

2023,12345,CA,STLDINT,7,,4

2023,12345,CA,STLDINT,8,,5

2023,12345,CA,STLDINT,9,,CA tracking # F1234, F0987, F2345, F9876 NV tracking # F4567

2023,12345,CA,STLDINT,10,,3

2023,12345,CA,STLDINT,11,,2

2023,12345,CA,STLDINT,12,N,

2023,12345,CA,STLDINT,13,,

2023,12345,CA,STLDINT,14,Y,

2023,12345,CA,STLDINT,15,,Assoc ABC

2023,12345,CA,STLDINT,16,Y,

2023,12345,CA,STLDINT,17,Y,

2023,12345,CA,STLDINT,18,Y,

2023,12345,CA,STLDINT,19,N,

2023,12345,CA,STLDINT,20,,

2023,12345,CA,STLDINT,21,N,

2023,12345,CA,STLDINT,22,,

2023,12345,CA,STLDINT,23,N,

2023,12345,CA,STLDINT,24,,

2023,12345,CA,STLDINT,25,N,

2023,12345,CA,STLDINT,26,N,

2023,12345,CA,STLDINT,27,N,

2023,12345,CA,STLDINT,28,Y,

2023,12345,CA,STLDINT,29,Y,

2023,12345,CA,STLDINT,30,Y,

2023,12345,CA,STLDINT,31,N,

2023,12345,CA,STLDINT,32,Y,

2023,12345,CA,STLDINT,33,,Quarterly

2023,12345,CA,STLDINT,34,Y,

2023,12345,CA,STLDINT,35,N,

2023,12345,CA,STLDINT,36,,,

2023,12345,CA,STLDINT,37,N,

2023,12345,CA,STLDINT,38,N,

2023,12345,CA,STLDINT,39,,

2023,12345,CA,STLDINT,40,Y,

2023,12345,CA,STLDINT,41,N,

2023,12345,CA,STLDINT,42,N,

2023,12345,CA,STLDINT,43,Y,

2023,12345,CA,STLDINT,44,,Dollar

2023,12345,CA,STLDINT,45,,

Short-term Limited Duration Policy/ Certificate Administration (14 columns)

2023,12345,CA,STLDPOL,46,75000,,,,,,25000,,

2023,12345,CA,STLDPOL,47,53000,,,,,,20000,,

2023,12345,CA,STLDPOL,48,50,,,,,,20,,

2023,12345,CA,STLDPOL,49,100,,,,,,20,,

2023,12345,CA,STLDPOL,50,350,,,,,,150,,

2023,12345,CA,STLDPOL,51,300,,,,,,125,,

2023,12345,CA,STLDPOL,52,40,,,,,,20,,

2023,12345,CA,STLDPOL,53,400,,,,,,150,,

2023,12345,CA,STLDPOL,54,1520,,,,,,850,,

2023,12345,CA,STLDPOL,55,100,,,,,,20,,

2023,12345,CA,STLDPOL,56,75,,,,,,15,,

2023,12345,CA,STLDPOL,57,25,,,,,,5,,

2023,12345,CA,STLDPOL,58,125,,,,,,22,,

2023,12345,CA,STLDPOL,59,500,,,,,,250,,

2023,12345,CA,STLDPOL,60,120,,,,,,40,,

2023,12345,CA,STLDPOL,61,0,,,,,,0,,

2023,12345,CA,STLDPOL,62,45,,,,,,12,,

2023,12345,CA,STLDPOL,63,30,,,,,,14,,

2023,12345,CA,STLDPOL,64,45,,,,,,20,,

2023,12345,CA,STLDPOL,65,20,,,,,,5,,

2023,12345,CA,STLDPOL,66,3,,,,,,3,,

2023,12345,CA,STLDPOL,67,17,,,,,,2,,

2023,12345,CA,STLDPOL,68,5,,,,,,5,,

2023,12345,CA,STLDPOL,69,3,,,,,,2,,

2023,12345,CA,STLDPOL,70,7,,,,,,4,,

2023,12345,CA,STLDPOL,71,7,,,,,,1,,

2023,12345,CA,STLDPOL,72,3,,,,,,3,,

2023,12345,CA,STLDPOL,73,0,,,,,,0,,

2023,12345,CA,STLDPOL,74,85,,,,,,47,,

2023,12345,CA,STLDPOL,75,20,,,,,,14,,

2023,12345,CA,STLDPOL,76,0,,,,,,0,,

2023,12345,CA,STLDPOL,77,40,,,,,,20,,

2023,12345,CA,STLDPOL,78,83,,,,,,25,,

Short-term Limited Duration Prior Authorization (14 columns)

2023,12345,CA,STLDPA,79,20,,,,,,10,,

2023,12345,CA,STLDPA,80,45,,,,,,15,,

2023,12345,CA,STLDPA,81,52,,,,,,20,,

2023,12345,CA,STLDPA,82,2,,,,,,1,,

2023,12345,CA,STLDPA,83,1,,,,,,4,,

2023,12345,CA,STLDPA,84,10,,,,,,0,,

2023,12345,CA,STLDPA,85,24,,,,,,18,,

2023,12345,CA,STLDPA,86,20,,,,,,10,,

Short-term Limited Duration Claims Administration (14 columns)

2023,12345,CA,STLDCLMS,87,20,,,,,,25,,

2023,12345,CA,STLDCLMS,88,85,,,,,,40,,

2023,12345,CA,STLDCLMS,89,5,,,,,,30,,

2023,12345,CA,STLDCLMS,90,3,,,,,,0,,

2023,12345,CA,STLDCLMS,91,1,,,,,,10,,

2023,12345,CA,STLDCLMS,92,1,,,,,,0,,

2023,12345,CA,STLDCLMS,93,0,,,,,,0,,

2023,12345,CA,STLDCLMS,94,0,,,,,,7,,

2023,12345,CA,STLDCLMS,95,0,,,,,,5,,

2023,12345,CA,STLDCLMS,96,0,,,,,,5,,

2023,12345,CA,STLDCLMS,97,0,,,,,,2,,

2023,12345,CA,STLDCLMS,98,0,,,,,,1,,

2023,12345,CA,STLDCLMS,99,50,,,,,,15,,

2023,12345,CA,STLDCLMS,100,20,,,,,,32,,

2023,12345,CA,STLDCLMS,101,25,,,,,,30,,

2023,12345,CA,STLDCLMS,102,47,,,,,,52,,

2023,12345,CA,STLDCLMS,103,40,,,,,,50,,

2023,12345,CA,STLDCLMS,104,15,,,,,,10,,

2023,12345,CA,STLDCLMS,105,10,,,,,,5,,

2023,12345,CA,STLDCLMS,106,20,,,,,,10,,

2023,12345,CA,STLDCLMS,107,3,,,,,,2,,

2023,12345,CA,STLDCLMS,108,2,,,,,,1,,

2023,12345,CA,STLDCLMS,109,0,,,,,,1,,

2023,12345,CA,STLDCLMS,110,28,,,,,,18,,

2023,12345,CA,STLDCLMS,111,50,,,,,,0,,

Short-term Limited Duration Consumer Complaints and Lawsuits (14 columns)

2023,12345,CA,STLDLAW,112,50,,,,,,20,,

2023,12345,CA,STLDLAW,113,37,,,,,,22,,

2023,12345,CA,STLDLAW,114,12,,,,,,2,,

2023,12345,CA,STLDLAW,115,5,,,,,,1,,

2023,12345,CA,STLDLAW,116,18,,,,,,6,,

2023,12345,CA,STLDLAW,117,20,,,,,,5,,

2023,12345,CA,STLDLAW,118,7,,,,,,2,,

2023,12345,CA,STLDLAW,119,3,,,,,,2,,

Short-term Limited Duration Marketing and Sales (14 columns)

2023,12345,CA,STLDMARK,120,37,,,,,,16,,

2023,12345,CA,STLDMARK,121,23,,,,,,14,,

2023,12345,CA,STLDMARK,122,20,,,,,,10,,

2023,12345,CA,STLDMARK,123,15,,,,,,5,,

2023,12345,CA,STLDMARK,124,0,,,,,,1,,

2023,12345,CA,STLDMARK,125,4,,,,,,2,,

2023,12345,CA,STLDMARK,126,11,,,,,,3,,

2023,12345,CA,STLDMARK,127,30,,,,,,10,,

2023,12345,CA,STLDMARK,128,5,,,,,,10,,

2023,12345,CA,STLDMARK,129,35,,,,,,10,,

2023,12345,CA,STLDMARK,130,13,,,,,,2,,

2023,12345,CA,STLDMARK,131,7,,,,,,1,,

2023,12345,CA,STLDMARK,132,3,,,,,,3,,

2023,12345,CA,STLDMARK,133,3,,,,,,1,,

2023,12345,CA,STLDMARK,134,7,,,,,,2,,

2023,12345,CA,STLDMARK,135,7,,,,,,2,,

2023,12345,CA,STLDMARK,136,0,,,,,,0,,

2023,12345,CA,STLDMARK,137,0,,,,,,0,,

2023,12345,CA,STLDMARK,138,0,,,,,,0,,

2023,12345,CA,STLDMARK,139,,,,,,,,,

2023,12345,CA,STLDMARK,140,20000,,,,,,5600,,

2023,12345,CA,STLDMARK,141,7000,,,,,,1000,,

2023,12345,CA,STLDMARK,142,525,,,,,,185,,

Short-term Limited Duration Attestation (11 columns)

2023,12345,CA,STLDATT,143,First,,Last,,Paralegal,

2023,12345,CA,STLDATT,144,First,,Last,,Social Worker,

2023,12345,CA,STLDATT,145,,,,,,Aenean sit amet justo. Morbi ut odio

## Travel Insurance

In this Travel Insurance sample there is data provided for DE and all coverages.

Travel Interrogatories (7 columns)

2023,12345,DE,TRVLINT,1,Y,

2023,12345,DE,TRVLINT,2,Y,

2023,12345,DE,TRVLINT,3,,Additional comments

2023,12345,DE,TRVLINT,4,N,

2023,12345,DE,TRVLINT,5,,

2023,12345,DE,TRVLINT,6,,Claim reopened

2023,12345,DE,TRVLINT,7,Y,

2023,12345,DE,TRVLINT,8,,TPA name

2023,12345,DE,TRVLINT,9,Y,

2023,12345,DE,TRVLINT,10,,MGA functions

2023,12345,DE,TRVLINT,11,Y,

2023,12345,DE,TRVLINT,12,,Travel admin names

2023,12345,DE,TRVLINT,13,,5

2023,12345,DE,TRVLINT,14,,

2023,12345,DE,TRVLINT,15,,

2023,12345,DE,TRVLINT,16,,

Travel Claims, Activity, Counts Reported by Claimant, by Coverage (21 columns)

2023,12345,DE,TRVLCLMS,17,1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16

2023,12345,DE,TRVLCLMS,18,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17

2023,12345,DE,TRVLCLMS,19,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18

2023,12345,DE,TRVLCLMS,20,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19

2023,12345,DE,TRVLCLMS,21,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20

2023,12345,DE,TRVLCLMS,22,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21

2023,12345,DE,TRVLCLMS,23,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22

2023,12345,DE,TRVLCLMS,24,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23

2023,12345,DE,TRVLCLMS,25,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24

2023,12345,DE,TRVLCLMS,26,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25

2023,12345,DE,TRVLCLMS,27,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26

2023,12345,DE,TRVLCLMS,28,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27

2023,12345,DE,TRVLCLMS,29,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28

Travel Lawsuits and Complaints (6 columns)

2023,12345,DE,TRVLLAW,30,10

2023,12345,DE,TRVLLAW,31,11

2023,12345,DE,TRVLLAW,32,12

2023,12345,DE,TRVLLAW,33,13

2023,12345,DE,TRVLLAW,34,14

2023,12345,DE,TRVLLAW,35,15

2023,12345,DE,TRVLLAW,36,16

Travel Underwriting (6 columns)

2023,12345,DE,TRVLUND,37,20

2023,12345,DE,TRVLUND,38,21

2023,12345,DE,TRVLUND,39,22

2023,12345,DE,TRVLUND,40,23

2023,12345,DE,TRVLUND,41,24

2023,12345,DE,TRVLUND,42,25

2023,12345,DE,TRVLUND,43,26

2023,12345,DE,TRVLUND,44,27

2023,12345,DE,TRVLUND,45,28

2023,12345,DE,TRVLUND,46,29

Travel Attestation(11 columns)

2023,12345,DE,TRVLATT,47,First,,Last,,Paralegal,

2023,12345,DE,TRVLATT,48,First,,Last,,Socialworker,

2023,12345,DE,TRVLATT,49,,,,,,Aenean sit amet justo. Morbi ut odio

## Other Health

In this Travel Insurance sample there is data provided for AK and all coverages.

Other Health Interrogatories (7 columns)

|  |
| --- |
| 2023,12345,AK,OTHLTHINT,1,Y, |
| 2023,12345,AK,OTHLTHINT,2,Y, |
| 2023,12345,AK,OTHLTHINT,3,,Text |
| 2023,12345,AK,OTHLTHINT,4,,1 |
| 2023,12345,AK,OTHLTHINT,5,,Text |
| 2023,12345,AK,OTHLTHINT,6,Y, |
| 2023,12345,AK,OTHLTHINT,7,,Text |
| 2023,12345,AK,OTHLTHINT,8,Y, |
| 2023,12345,AK,OTHLTHINT,9,,Text |
| 2023,12345,AK,OTHLTHINT,10,Y, |
| 2023,12345,AK,OTHLTHINT,11,,Text |
| 2023,12345,AK,OTHLTHINT,12,Y, |
| 2023,12345,AK,OTHLTHINT,13,Y, |
| 2023,12345,AK,OTHLTHINT,14,,Text |
| 2023,12345,AK,OTHLTHINT,15,Y, |
| 2023,12345,AK,OTHLTHINT,16,,Text |
| 2023,12345,AK,OTHLTHINT,17,Y, |
| 2023,12345,AK,OTHLTHINT,18,Y, |
| 2023,12345,AK,OTHLTHINT,19,,Text |
| 2023,12345,AK,OTHLTHINT,20,Y, |
| 2023,12345,AK,OTHLTHINT,21,Y, |
| 2023,12345,AK,OTHLTHINT,22,Y, |
| 2023,12345,AK,OTHLTHINT,23,Y, |
| 2023,12345,AK,OTHLTHINT,24,,1 |
| 2023,12345,AK,OTHLTHINT,25,,Text |
| 2023,12345,AK,OTHLTHINT,26,Y, |
| 2023,12345,AK,OTHLTHINT,27,Y, |
| 2023,12345,AK,OTHLTHINT,28,Y, |
| 2023,12345,AK,OTHLTHINT,29,Y, |
| 2023,12345,AK,OTHLTHINT,30,Y, |
| 2023,12345,AK,OTHLTHINT,31,Y, |
| 2023,12345,AK,OTHLTHINT,32,Y, |
| 2023,12345,AK,OTHLTHINT,33,Y, |
| 2023,12345,AK,OTHLTHINT,34,Y, |
| 2023,12345,AK,OTHLTHINT,35,,Text |
| 2023,12345,AK,OTHLTHINT,36,Y, |
| 2023,12345,AK,OTHLTHINT,37,Y, |
| 2023,12345,AK,OTHLTHINT,38,Y, |
| 2023,12345,AK,OTHLTHINT,39,Y, |
| 2023,12345,AK,OTHLTHINT,40,,Text |
| 2023,12345,AK,OTHLTHINT,41,Y, |
| 2023,12345,AK,OTHLTHINT,42,,Text |
| 2023,12345,AK,OTHLTHINT,43,,Text |
| 2023,12345,AK,OTHLTHINT,44,,Comments |

Other Health Policy/Certificate Administration (20 columns)

|  |
| --- |
| 2023,12345,AK,OTHLTHPOL,45,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,46,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,47,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,48,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,49,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,50,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,51,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,52,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,53,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,54,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,55,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,56,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,57,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,58,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,59,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,60,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,61,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,62,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHPOL,63,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |

Other Health Claims Administration (Including Pharmacy) (20 columns)

|  |
| --- |
| 2023,12345,AK,OTHLTHCLMS,64,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,65,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,66,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,67,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,68,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,69,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,70,1,,1,1,1,1,,1,1,1,1,,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,71,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,72,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,73,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,74,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,75,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,76,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,77,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,78,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,79,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHCLMS,80,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |

Other Health Consumer Complaints and Lawsuits (20 columns)

|  |
| --- |
| 2023,12345,AK,OTHLTHLAW,81,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHLAW,82,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHLAW,83,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHLAW,84,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHLAW,85,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHLAW,86,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHLAW,87,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHLAW,88,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |

Other Health Marketing and Sales (20 columns)

|  |
| --- |
| 2023,12345,AK,OTHLTHMARK,89,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHMARK,90,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHMARK,91,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHMARK,92,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHMARK,93,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHMARK,94,1,1,1,1,1,,,,,,,,,, |
| 2023,12345,AK,OTHLTHMARK,95,1,1,1,1,1,,,,,,,,,, |
| 2023,12345,AK,OTHLTHMARK,96,1,1,1,1,1,,,,,,,,,, |
| 2023,12345,AK,OTHLTHMARK,97,1,1,1,1,1,,,,,,,,,, |
| 2023,12345,AK,OTHLTHMARK,98,1,1,1,1,1,,,,,,,,,, |
| 2023,12345,AK,OTHLTHMARK,99,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |
| 2023,12345,AK,OTHLTHMARK,100,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |

Other Health Attestation (10 columns)

|  |
| --- |
| 2023,12345,AK,OTHLTHATT,101,Text,Text,Text,Text,Text, |
| 2023,12345,AK,OTHLTHATT,102,Text,Text,Text,Text,Text, |
| 2023,12345,AK,OTHLTHATT,103,,,,,,Comments |