

Travel (2025)

Travel Interrogatories		
	Yes No Response	Explanation
01 Were there policies/certificates in force during the reporting period that provide travel insurance coverage?		
02 Has the company had a significant event/business strategy that would affect data for this reporting period?		
03 If yes, add additional comments		
04 Has this block of business or part of this block of business been sold, closed or moved to another company during the reporting period?		
05 If yes, add additional comments		
06 How does the company treat subsequent supplemental or additional payments on previously closed claims?		
07 Does the company use third party administrators (TPAs) for purposes of supporting the travel insurance business being reported?		
08 If yes, provide the names and functions of each TPA.		
09 Does the company use managing general agents (MGAs) for purposes of supporting the travel insurance business being reported?		
10 If yes, provide the names and functions of each MGA.		
11 Does the company use travel administrators for purposes of supporting the travel insurance business being reported?		
12 If yes, provide the names and functions of each travel administrator.		
13 Number of Travel Retailers offering and disseminating Travel Insurance on behalf of the Company at the end of the reporting period.		
14 Additional state specific Claims comments (optional)		
15 Additional state specific Lawsuit and Complaints comments (optional)		
16 Additional state specific Underwriting comments (optional)		

Travel Claims Activity,	Counts Repor	ted by Claimant	, by Coverag	ge										
	Trip		Trip		Trip		Baggage		Emergency		Emergency		Other	
	Cano	cellation	Interruption		Delay		Loss/Delay		Medical/Dental		Transportation/Repatriation		Sale	
	Domestic	International	Domestic	International	Domestic	International	Domestic	International	Domestic Excess Primary	International Excess Primary	Domestic	International	Domestic	International
17 Number of claims op	en at the begin	ning of the period												
18 Number of claims op	ened during the	e period												
19 Number of claims clo	osed during the	period, with paym	ent											
20 Number of claims clo	osed during the	period, without pa	iyment											
21 Number of claims op	en at the end o	f the period												
22 Median days to final														
23 Number of claims clo	osed with payme	ent within 0-30 da	ys											
24 Number of claims clo	osed with payme	ent within 31-90 d	ays											
25 Number of claims clo	osed with payme	ent beyond 90 day	S											
26 Number of claims clo	osed without pay	yment within 0-30	days											
27 Number of claims clo	osed without pay	yment within 31-9	0 days											
28 Number of claims clo	osed without pay	yment beyond 90	days											
29 Dollar amount of cla	ims closed with	payment												
Turnel I annuita and C														
Travel Lawsuits and Co	omplaints											Total		
30 Number of lawsuits	open at the begi	inning of the perio	d									iotai		
31 Number of lawsuits														
32 Number of lawsuits														

35 Number of complaints received directly from the DOI

34 Number of lawsuits closed with consideration for the consumer

33 Number of lawsuits open at the end of the period

36 Number of complaints received directly from any person or entity other than the DOI

Tra	vel (2025)						
Travel Underwriting							
						Total	
7 Number of individual policies in force at the beginning of the period							
8 Number of group policies (other than blanket policies) in force at the beginning of the period							
9 Number of blanket policies in force at the beginning of the period							
0 Number of policies/certificates in force during the reporting period							
1 Number of individuals insured under all policies at the beginning of the period							
2 Number of individual policies and certificates from group policies cancelled by the consumer during the period							
3 Number of individual policies and certificates from group policies expired during the period							
4 Number of individual policies and certificates from group policies in force at end of the period							
5 Dollar amount of direct premium written during the period for individual policies							
6 Dollar amount of direct premium written during the period for group policies (other than blanket)							
7 Dollar amount of direct premium written during the period for blanket policies							
Fravel Attestation							
	First Name	Cuffin	Middle Name	Last Name	Cuffin	Title	Commonto

	First Name	Suffix	Middle Name	Last Name	Suffix	litle	Comments	
48 First Attestor Information								
49 Second Attestor Information								
50 Overall Comments for the Filing Period								