

MONTANA COMMISSIONER OF SECURITIES AND INSURANCE 840 HELENA AVENUE HELENA, MONTANA 59601 (406) 444-2040	2020 ANNUAL MONTANA REINSURANCE ASSOCIATION MEMBER ASSESSMENT <i>Mont. Code. Ann §33-22-1301, et. seq.</i>
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Name of Company	NAIC Number
Mailing Address – Street or PO Box No.	
City, State, Zip Code	
Printed Name and Title of Person Completing Form	Direct Telephone Number/Email Address

Montana Reinsurance Association Member Assessment

Pursuant to Mont. Code. Ann. § 33-22-1313(1), for 2020 and each year thereafter, the Commissioner shall assess each member insurer 1.2% of its total premium volume covering Montana residents, from the prior calendar year, regardless of type of license. For purposes of this assessment, total premium volume may not include premiums that member insurers collect on any coverage issued for excepted benefits as defined in § 33-22-140, MCA. Please see attached Frequently Asked Questions (FAQ).

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|---|----------|
| 1. 2019 Direct Premium Income* | \$ _____ |
| 2. Additional Deductions** (Explanation Required) | \$ _____ |
| (a) Cancellations | \$ _____ |
| (b) Returned premium | \$ _____ |
| (c) Amount of reduction/refund of premium | \$ _____ |
| 3. Net Premium Income [Line 1 less Lines 2(a), 2(b) and 2(d)] | \$ _____ |
| 4. Total Remittance | \$ _____ |

* If Direct Premium Income reported on Line 1, above, does not match direct premiums written as reported on the **2019 Supplemental Health Care Report** for Comprehensive Major Medical, Individual, Small Group and Large Group, please include a written explanation with the form when submitted.

** Direct Premium Income on Line 1 should already be net of all deductions. If additional deductions are taken, please include a written explanation with the form when submitted.

Please make your check payable to the Montana Commissioner of Securities and Insurance.

PLEASE REMIT YOUR CHECK AND THIS FORM BY DECEMBER 31, 2020, TO THE ADDRESS ABOVE.

Officer Certification

I hereby certify that the information provided herein is a true and correct report of premiums written for Comprehensive Major Medical, Individual, Small Group, and Large Group, and any authorized deductions, transacted in Montana in 2019 and are in accordance with the requirements of Title 33, chapter 22, part 13, Montana Code Annotated.

Title of Officer _____

Name of Officer _____

Date _____

Signature _____