

187 - 6/17/26

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION OF MEDICAID SERVICES*

Lori A. Weaver  
Commissioner

Henry D. Lipman  
Director

129 PLEASANT STREET, CONCORD, NH 03301  
603-271-9422 1-800-852-3345 Ext. 9422  
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www.dhhs.nh.gov

May 29, 2026

Her Excellency, Governor Kelly A. Ayotte  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Medicaid Services, to amend an existing contract with Milliman, Inc. (VC#173344), Seattle, WA, to continue providing actuarial services and technical support for the Department’s Division of Medicaid Services, exercising a contract renewal option that increases the price limitation through the extended years from June 30 2026 to June 30 2028 by increasing the price limitation by \$4,738,077 from \$11,663,914 to \$16,401,991 and extending the completion date from June 30, 2026 to June 30, 2028, effective upon Governor and Council approval. 50% Federal Funds. 35% General Funds. 15% Other Funds (as defined in RSA 126-AA:3.1). This amendment includes a cap on total costs such that the Department realizes a savings of \$500,000 in both SFY26 and SFY27.

The original contract was approved by Governor and Council on May 18, 2022, item #8A, amended on October 4, 2023, item #17, and most recently amended on March 27, 2024, item #16.

Funds are available in the following accounts for State Fiscal Year 2027, and are anticipated to be available in State Fiscal Year 2028, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

**See attached fiscal details.**

**EXPLANATION**

The purpose of this request is for the Contractor to continue providing actuarial services and technical support to the Department to meet state and federal requirements, including rate-setting to operate the Medicaid Care Management (MCM) Program as well as the Adult Dental Services Care Management Program, among other actuarial functions described below.

Approximately 168,000 individuals receive health care coverage currently through the MCM program, which is administered by three (3) Medicaid Managed Care Organizations and the single Dental Organization for adult dental services. The managed care organization contracts are risk-based contracts that utilize capitated rates.

The Contractor provides critical actuarial support and financial analysis, which are integral to continued operations and financial management of the MCM program and other key Medicaid programs. Actuary services are required to establish and certify capitation rates paid to managed care providers; to perform risk adjustment and risk settlement of the capitation rates; conduct

Section 1115 budget neutrality development and monitoring; conduct 1915(b) waiver cost effectiveness analysis in support of maintaining federal approval of managed care programs; perform directed payment projections and reconciliations related to the Medicaid Enhancement Tax-Disproportionate Share Hospital Agreement; review and assess Medical Loss Ratio reporting and reconciliation; support the Department in its interaction with Centers for Medicare & Medicaid Services on actuarial matters; and to conduct other requested financial analysis of care management and fee-for-service Medicaid programs, including the provision of technical assistance in designing, setting organization-specific and population-specific rates, and establishing the Prospective Payment System for Medicaid reimbursable Certified Community Behavioral Health Clinic services.

Additionally, the Contractor will continue to perform more complex risk adjustment and risk settlement of the capitation rates with the high-cost drug risk pool and support 1915(c) and (j) state plan waivers, support the Department in its interaction with Centers for Medicare & Medicaid Services on actuarial matters; and conduct other requested financial analysis of fee-for-service Medicaid programs.

The Department will monitor contracted services through:

- Regularly scheduled meetings to review outstanding projects and deliverables;
- Timely delivery of reports and any other work products;
- Timely delivery of Medicaid managed care capitation rates; and
- Presentations of key reports to the Department leadership and stakeholders at least annually.

As referenced in Exhibit A of the original agreement, the parties had the option to extend the agreement for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its last option to renew services for two (2) of the two (2) years remaining.

Should the Governor and Council not authorize this request, the Department will be unable to complete the actuarial tasks required to successfully manage the MCM program, the adult dental program, and its state plan waivers, which will be disruptive to services for Medicaid beneficiaries.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number #93.778, FAIN #2605NH5ADM.

Respectfully submitted,



For:

Lori A. Weaver  
Commissioner

Department of Health and Human Services  
**FISCAL DETAIL SHEET**

**Actuarial Services (2022-DMS-01-ACTUA-01-A03)**

**05-95-47-470010-79370000 Health and Social Services, Dept of Health and Human Svc,  
HHS: Division of Medicaid, OFC of Medicaid Services, Medicaid Administration 50%  
Federal Funds / 50% General Funds**

SFY	Class/Obj	Class Title	Job Number	Current Budget	Increased (Decrease) Amount	Revised Budget
2023	102 -500731	Contracts for Program Services	47002901	\$1,824,312		\$1,824,312
2024	102-500731	Contracts for Program Services	47002901	\$2,178,383		\$2,178,383
2025	102-500731	Contracts for Program Services	47002901	\$1,923,630		\$1,923,630
2026	102-500731	Contracts for Program Services	47002901	\$2,019,741	-\$337,967	\$1,681,774
2027	102-500731	Contracts for Program Services	47002901	\$0	\$1,742,254	\$1,742,254
2028	102-500731	Contracts for Program Services	47002901	\$0	\$1,925,000	\$1,925,000
<b>Sub-Total</b>				<b>\$7,946,066</b>	<b>\$3,329,287</b>	<b>\$11,275,353</b>

**05-95-047-470010-23580000 Health and Social Services, Dept of Health and Human Svc,  
HHS: Division of Medicaid, OFC of Medicaid Services, GRANITE ADVANTAGE HEALTH  
PROGRAM TRUST FUND 50% Federal Funds / 50% Other Funds**

SFY	Class/Obj	Class Title	Job Number	Current Budget	Increased (Decrease) Amount	Revised Budget
2023	102-500731	Contracts for Program Services	47003330	\$781,848		\$781,848
2024	102-500731	Contracts for Program Services	47003330	\$945,406		\$945,406
2025	102-500731	Contracts for Program Services	47003330	\$922,258		\$922,258
2026	102-500731	Contracts for Program Services	47003330	\$968,336	-\$162,033	\$806,303
2027	102-500731	Contracts for Program Services	47003330	\$0	\$745,823	\$745,823
2028	102-500731	Contracts for Program Services	47003330	\$0	\$825,000	\$825,000
<b>Sub-Total</b>				<b>\$3,617,848</b>	<b>\$1,408,790</b>	<b>\$5,026,638</b>

**05-95-92-922010-19090000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS  
DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES,  
SAMHSA GRANT 100% Federal Funds**

Department of Health and Human Services  
**FISCAL DETAIL SHEET**

**Actuarial Services (2022-DMS-01-ACTUA-01-A03)**

<b>SFY</b>	<b>Class/Obj</b>	<b>Class Title</b>	<b>Job Number</b>	<b>Current Budget</b>	<b>Increased (Decrease) Amount</b>	<b>Revised Budget</b>
2023	102 -500731	Contracts for Program Services		\$0	\$0	\$0
2024	102-500731	Contracts for Program Services		\$100,000	\$0	\$100,000
<b><i>Sub-Total</i></b>				<b><i>\$100,000</i></b>	<b><i>\$0</i></b>	<b><i>\$100,000</i></b>
<b><i>Contract Total</i></b>				<b><i>\$11,663,914</i></b>	<b><i>\$4,738,077</i></b>	<b><i>\$16,401,991</i></b>

**State of New Hampshire  
Department of Health and Human Services  
Amendment #3**

This Amendment to the Actuarial Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Milliman, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on May 18, 2022 (Item #8A), as amended on October 4, 2023 (Item #17), and most recently amended on March 27, 2024 (Item #16), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:  
June 30, 2028
2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:  
\$16,401,991
3. Modify Exhibit C, Payment Terms; Section 1, to read:
  1. This Agreement is funded by:
    - 1.1. 50%, Federal funds for Medicaid Entitlement award from the US Department of Health and Human Services, Centers for Medicare and Medicaid Services, Assistance Listing Number (ALN) 93.778, FAIN 2605NHADM, FAIN 2405NHADM, FAIN 2205NHADM; and ALN 93.829, FAIN H79SM987622
    - 1.2. 34% General funds.
    - 1.3. 16% Other funds (as defined in RSA 126-AA:3.I).
4. Modify Exhibit C, Payment Terms, by adding Section 3., to read:
  3. Payment shall be made upon the completion of deliverables as specified in Exhibit C-4-Amendment 3, Activities to Deliverables Mapping.
5. Modify Exhibit C-3 Budget, Amendment #2 to remove the following provisions:  
Estimated Hours State Fiscal Year 2026  
Cost State Fiscal Year 2026
6. Modify Exhibit C-3 Budget, Amendment #2 "Total Cost State Fiscal Years 2022 through SFY 2026" to read as:  
Total Cost State Fiscal Years 2022 through SFY 2025 – Total Cost: \$8,675,837
7. Add Exhibit C-4- Amendment 3, Activities to Deliverables Mapping, which is attached hereto and incorporated by reference herein.

Initial  


All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon Governor and Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire  
Department of Health and Human Services

5/29/2026  
Date

DocuSigned by:  
*Henry Lipman*  
4B71F78C04D44B1...  
Name: Henry Lipman  
Title: Medicaid Director

Milliman, Inc.

5/18/2026  
Date

Signed by:  
*Mathieu Doucet*  
B1460854CA634B8...  
Name: Mathieu Doucet  
Title: Principal and Consulting Actuary

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

5/29/2026

Date

DocuSigned by:  
*Robyn Guarino*

Name: Robyn Guarino

Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: \_\_\_\_\_ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**Exhibit C-4- Amendment 3, Activities to Deliverables Mapping**

Activity #	Activity	Mapping to Deliverable	SFY 26 Cost	SFY 27 Cost	SFY 28 Cost
	<b>Original Contracted amount</b>		\$ 2,988,077		
1	Develop actuarial sound rates for Medicaid managed care programs that meet CMS requirements and actuarial standards and practice, which include the Standard Medicaid and Granite Advantage Health Care Program (GAHCP) populations annually and as needed.	Capitation Rate Development, Dental Rate Development			
2	Create draft(s), and final contracted Medicaid managed care rates and provide actuarial certification meeting standards of practice and CMS regulations and guidance.	Capitation Rate Development, Dental Rate Development			
3	Support the Department in the development of enrollment patterns and development of projected enrollment by rate cell for each contract period.	Capitation Rate Development, Dental Rate Development			
7	Review of claim payment patterns and development of incurred but not reported (IBNR) claim liability adjustments.	Capitation Rate Development			
8	Review of MCO provider reimbursement arrangements, including a comparison to Medicaid FFS reimbursement to determine the appropriateness of payment levels.	Capitation Rate Development			
9	Support the Department to plan and develop any amendments to the Department’s managed care contracts and development of new programs.	Capitation Rate Development, Dental Rate Development			
10	Review of historical Medicaid fee schedule changes and development of reimbursement adjustments.	Capitation Rate Development			
11	Provide technical support services, which may include but are not limited to: calculating financial impact of proposed legislative changes and providing legislative testimony; Medicaid policy and program strategy, design, and development; and updating methodology for claiming enhanced federal match for services under managed care as needed.	Capitation Rate Development			
12	Conduct other actuarial services, as requested, which may include: risk corridor analysis and settlement calculations, MCO withhold calculations, MCO financial reporting and MLR calculation review, quarterly risk adjustment of capitation rates, advice on managed care strategy, and validation of MCO encounter and financial data.	Capitation Rate Development, MLR Review			
13	Development of trend estimates based on a review of utilization and unit cost trends within the MCM program and nationally. For items with unusual trend patterns, the Contractor will review, analyze and develop separate trend factors or adjustments.	Capitation Rate Development	\$ 2,156,333	\$ 2,156,333	\$ 2,400,000
14	Development of prescription drug trends separately for generic, brand, and specialty drugs within each rate cell. The prescription drug trends must account for changes in ingredient costs, brand patents, new drugs, preferred drug list, and any other relevant factors impacting the cost and utilization of prescription drugs.	Capitation Rate Development			
15	Review of the impact of both the mental health crisis and the opioid crisis on the New Hampshire Medicaid program and recommend appropriate adjustments to properly fund mental health and opioid treatment costs.	Capitation Rate Development			
16	Development of analyses to support MCO and provider value-based payment contracting efforts.	Capitation Rate Development			

Initial  
*MD*

17	Development of an appropriate allowance for MCO administrative costs and target MCO margin, inclusive of a detailed review of the care management responsibilities included in the DHHS contract with the MCOs.	Capitation Rate Development			
20	Identification of savings opportunities and development of appropriate adjustments.	Capitation Rate Development			
21	Review of recent and upcoming programmatic changes and development of appropriate adjustments.	Capitation Rate Development			
23	Provide technical assistance training sessions as needed to increase the Department's understanding of actuarial procedures, standards and practices and CMS requirements.	Capitation Rate Development and other deliv			
24	Participate in regular planning meetings including teleconference planning meetings and onsite visits as related to rate development and review. Expenses will be reimbursed.	Capitation Rate Development and other deliv			
25	Develop, maintain and provide tasks specific work plans with milestones on a quarterly basis.	Capitation Rate Development and other deliv			
26	Technical support to assist the Department with program design and health care policy strategy. Including guidance on re-procuring the Department's MCO contract, Assist with biennial budget process and health care policy modeling.	Capitation Rate Development			
27	Assist in communication with the Centers for Medicare and Medicaid Services (CMS) and contracted Managed Care Organizations (MCOs).	Capitation Rate Development and other deliv			
28	Undefined ad hoc work/emergencies.				
4	Collection, processing, and validation of eligibility and enrollment data for historical, current rate setting, and for ad hoc analysis.	Data Management			
5	Data processing services and data validation services including collection and analysis of Managed Care encounter data for historical, current rate setting, and for ad hoc analysis.	Data Management	\$ 165,872	\$ 165,872	\$ 175,000
6	Collection, processing, and validation of Fee-for-Services data for historical, current rate setting, and for ad hoc analysis.	Data Management			
18	Develop Risk Adjustment and / or Minimum and Maximum Medical Loss Ratio calculations and/or risk settlements.	Risk Adjustment	\$ 71,088	\$ 71,088	\$ 75,000
19	Assist with design and monitoring of all directed payment arrangements.	Directed Payment Reconciliation	\$ 23,696	\$ 23,696	\$ 25,000
22	Conduct budget neutrality calculation and monitoring for all Section 1115(a) and Section 1915(b) waivers. Provide updated budget neutrality and cost effectiveness projections regularly and as needed. See Attachment B: Waivers	Waiver Monitoring, 1915(b) - Dental	\$ 71,088	\$ 71,088	\$ 75,000
		SFY 26 Reduction (For reference)	\$ (500,000)		
		Subtotals for SFY 26, SFY 27 and 28	\$ 2,488,077	\$ 2,488,077	\$ 2,750,000
		Total for SFY 26, SFY 27 and 28	\$ 7,726,154		

# State of New Hampshire

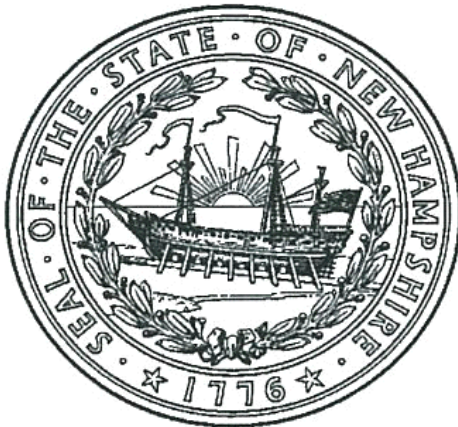
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MILLIMAN, INC. is a Washington Profit Corporation registered to transact business in New Hampshire on September 15, 1988. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **134216**

Certificate Number: **0007921297**



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 1st day of May A.D. 2026.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular outline.

David M. Scanlan  
Secretary of State



*Certification of Corporate Secretary*

I, Mary C. Clare, hereby certify that I am the duly qualified and acting Corporate Secretary of Milliman, Inc. and I hereby affirm that:

1. On December 3, 2002, the following resolution was duly adopted by the Board of Directors of the corporation, has not been amended or repealed and remains in full force and effect.

BE IT HEREBY RESOLVED, that each Principal of the firm and any consultant meeting requirements established by the Board of Directors are hereby granted the authority to individually negotiate and enter into proposals, engagement letters, contracts, letters of intent, and other documents on behalf of the corporation for the purpose of providing consulting, actuarial, and other professional services.

2. Mathieu Doucet

is a duly elected and acting Principal of the firm.

is a consultant of the firm who meets the requirements established by the Board of Directors.

3. This authority is effective for entering into contracts or agreements on behalf of Milliman, Inc. with the state of New Hampshire and any of its agencies or departments and was valid thirty (30) days prior to and remains valid for thirty (30) days from the date of this Certification of Corporate Secretary.
4. I further certify that it is understood that the State of New Hampshire will rely on this Certification as evidence that the person(s) listed above currently occupies the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED this 5<sup>th</sup> day of May 2026.



A handwritten signature in black ink, appearing to read "Mary C. Clare".

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Mary C. Clare  
Chief Legal Officer, Corporate Secretary,  
Senior Vice President



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/24/2026

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (312) 381-1000      FAX (A/C. No.): (312) 381-7007 E-MAIL ADDRESS:														
<b>INSURED</b> Milliman, Inc. 1301 Fifth Avenue Ste. 3800 Seattle WA 98101 USA	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Great Northern Insurance Co.</td> <td>20303</td> </tr> <tr> <td>INSURER B: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Great Northern Insurance Co.	20303	INSURER B: ACE American Insurance Company	22667	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

Holder Identifier :

**COVERAGES      CERTIFICATE NUMBER: 570119636124      REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			30040837 General Liability	06/30/2025	06/30/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG Included
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Deductible \$1,000			7363-49-03 Auto Liability	06/30/2025	06/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			71839056 Workers Compensation	06/30/2025	06/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

Certificate No : 570119636124

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  State of NH Department of Health and Human Services 129 Pleasant Street Concord, NH 03301-3857 USA	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
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