The State of New Hampshire
Insurance Department
21 South Fruit Street, Suite 14
Concord, NH 03301

David J. Bettencourt
Commissioner

Keith E. Nyhan
Deputy Commissioner

August 24, 2026

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

REQUESTED ACTION

Authorize the New Hampshire Insurance Department (NHID) to amend a contract with Examination Resources, LLC (Vendor #219189) of Atlanta, Georgia, to extend the contract end date to September 18, 2027, for the purpose of continuing work to develop tools to improve regulatory oversight of health carriers with respect to coverage for women's health services. The original contract was approved by Governor and Council on July 30, 2025, and is set to expire on September 19, 2026.

The contract amendment shall be effective upon approval by the Governor and Executive Council through September 18, 2027. **100% Federal Funds.**

EXPLANATION

The Department requests a contract extension amendment for this vendor under the "Expanding Access to Women's Health" grant from the U.S. Department of Health and Human Services/Centers for Medicare & Medicaid Services (CMS-2R2-24-001). The Department submitted a No Cost Extension application to CMS on July 31, 2026, and we expect to receive a favorable determination in the coming weeks.

This is an extension of time only and does not increase the contract amount or require any additional State funds. The Department is seeking a No Cost Extension to complete existing work under one of the projects of the grant and maximize the value of federal funds already committed to this effort. The remaining activities include market conduct toolkit enhancements, data asset integration work, continued support for mental health parity efforts and additional staff training.

The purpose of this contract is to produce tools, checklists and guidebooks to assist the New Hampshire Insurance Department in its enforcement of legal requirements relating to women's health care. In addition, this vendor conducts training for NHID forms reviewers and market conduct examiners on tools and methods for enforcing consumer protections related to women's health access issues.

These tools are intended to make the Department's oversight more targeted, consistent, risk-focused, and data-driven, allowing NHID to identify potential compliance issues more efficiently and focus regulatory resources where there is evidence of consumer harm or elevated risk. Just as importantly, the project is designed to build durable expertise and regulatory capacity within NHID. By equipping and training Department staff to perform this work directly, we expect to reduce our reliance on outside contractors for ongoing oversight and accountability and retain that institutional knowledge within the Department.

This approach will help NHID apply existing requirements more consistently, identify potential problems earlier, and direct regulatory attention and resources toward areas presenting the greatest risk to consumers, rather than expanding regulation where it is unnecessary.

If granted this contract amendment request, we expect to spend the remaining $91,825 available under the vendor contract for this project. No additional funding is being requested. The work completed to date under this contract has been highly valuable to the Department, and the additional time would allow NHID to complete the work already underway and convert that investment into targeted, risk-focused regulatory oversight tools and lasting internal capacity that we otherwise would not have sufficient time to develop and implement.

The Department respectfully requests your approval of this contract amendment.

Respectfully submitted,

David J. Bettencourt
Commissioner

FIRST AMENDMENT TO THE CONTRACT
BETWEEN EXAMINATION RESOURCES, LLC
AND THE NEW HAMPSHIRE INSURANCE DEPARTMENT FOR
DEVELOPING TOOLS TO IMPROVE REGULATORY OVERSIGHT OF HEALTH CARRIERS
WITH RESPECT TO COVERAGE FOR WOMEN'S HEALTH SERVICES

The Contract between Examination Resources, LLC and the New Hampshire Insurance Department, which was approved by the State of New Hampshire Governor and Executive Council on 7/30/2025, item #33, and which was for the services titled "Developing Tools to Improve Regulatory Oversight of Health Carriers with Respect to Coverage for Women's Health Services," is hereby amended pursuant to Section 18 of the Contract and by mutual agreement of the contracting parties as follows:

> The contents of Section 1, Subsection 1.7, of the Contract entitled "Completion Date" shall be amended to read "9/18/2027."

All other provisions of the contract shall remain in full force and effect.

This Amendment and the original Contract constitute the entire agreement between Examination Resources, LLC and the New Hampshire Insurance Department.

This Amendment and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire approve this Amendment to the Contract.

IN WITNESS WHEREOF, the following parties agree to this First Amendment to the Contract between Examination Resources, LLC and the New Hampshire Insurance Department, originally approved by the State of New Hampshire Governor and Executive Council on 7/30/2025, item #33.

Examination Resources, LLC	New Hampshire Insurance Department
By: Christine Thomas	By: P.J. Patten
Title: Managing Director	Title: Insurance Commissioner
Date: 8/6/2026	Date: 8/10/2026

Contractor Initials: _CT_____
Date: _8/6/2026_____

Approved by:

The Office of the Attorney General

By: Vasilios Manthos

Vasilios Manthos

(Print Name)

Title: Attorney

Date: 8/19/26

Approved by:

The New Hampshire Governor and Council

By: _____

_____

(Print Name)

Title: _____

Date: _____

Contractor Initials: _CT_____
Date: _8/6/2026_____

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 EXAMINATION RESOURCES, LLC is a Georgia Limited Liability Company registered to transact business in New Hampshire on August 07, 2017. 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: **776592**
Certificate Number: **0007997627**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 12th day of August A.D. 2026.

David M. Scanlan
Secretary of State

A STERLING APPROACH.
TO FINDING SOLUTIONS.
TOGETHER.

Examination RESOURCES
Committed to Excellence since 2002

I, Rebecca Belanger, hereby certify that I am the Managing Member of Examination Resources, LLC, a limited liability company.

I certify that Christine Thomas, Managing Director, has the authority to bind the LLC. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the LLC and that this authorization shall remain valid for thirty (30) days from the date listed below.

DATED: 08/06/2026

ATTEST: Rebecca Belanger Managing Member
(Name & Title)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/02/2026

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).

PRODUCER	CONTACT NAME: Jill Mashburn	
413 Insurance Services 5509 Radford Rd Suite A Flowery Branch GA 30542	PHONE (A/C, No, Ext): 770-965-6221	FAX (A/C, No):
	E-MAIL ADDRESS: jill@413Insuranceservices.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : THE HARTFORD	00914
	INSURER B : CNA- CONTINENTAL CASUAL TY CO	20443
	INSURER C : SCOTTSDALE INSURANCE CO	41297
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
Examination Resources, LLC
20 10th St NW
Unit 803
Atlanta GA 30309

COVERAGES **CERTIFICATE NUMBER:** **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] DATA BREACH $50,000 GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:	Y	Y	20SBABR5F1T	04/06/2026	04/06/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG EPLI	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 25,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y	Y	20SBABR5F1T	04/06/2026	04/06/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000	Y	Y	20SBABR5F1T	04/06/2026	04/06/2027	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	20WECBR5F9J	04/06/2026	04/06/2027	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
B	Professional Liability & Cyber Liability			5096876064	03/01/2026	03/01/2027	Each Occurence General Aggregate CYBER	3,000,000 3,000,000 $1MM / $3MM

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

C	Excess Liability	EKS3612361	03/01/2026	03/01/2027	Each Occurrence	$2,000,000

See ACORD 101

CERTIFICATE HOLDER

State of New Hampshire
New Hampshire Insurance Department
21 South Fruit Street, Suite 14
Concord, NH 03301

CANCELLATION

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
Jill Mashburn

AGENCY CUSTOMER ID:
AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
413 Insurance Services	Examination Resources, LLC
POLICY NUMBER	
CARRIER / NAIC CODE: 00914	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate Of Liability Insurance

The Certificate Holder, its officers, employees, and agents are Additional Insured, with primary and non-contributory coverage, with Ongoing and completed operations, as shown in the policy forms SL3040 1018, SL3036 1018, SL3032 0621, SL0000 1018. There is coverage for Waiver of Subrogation and 30 day notice of cancellation SL0000 1018, SL9013 1018.

Michelle Heaton, Director of Life and Health