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

October 19, 2026

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

REQUESTED ACTION

Pursuant to RSA 400-A:26, the New Hampshire Insurance Department respectfully submits its One Hundred Seventy-Fifth Annual Report for the fiscal year 2026: July 1, 2025, through June 30, 2026, for acceptance by the Governor and Executive Council.

EXPLANATION

Dear Governor Ayotte and Members of the Executive Council:

It is my privilege to submit the 2026 Annual Report of the New Hampshire Insurance Department, commemorating the Department's historic 175th anniversary and documenting a year of record fiscal performance, nationally competitive insurance affordability, regulatory modernization, and principled consumer protection.

Founded in 1851 as the nation's first state insurance regulatory agency, the Department occupies a distinguished place in the history of American insurance regulation. That legacy carries a continuing responsibility: to protect consumers, preserve financially sound insurance markets, encourage private-sector competition, and administer the law with discipline, fairness, and restraint.

Throughout my tenure as Commissioner, our approach has been guided by a core conviction: effective regulation should be measured not by the volume of government activity, but by the results it produces for consumers, businesses, and the broader marketplace.

Historic Fiscal Performance and Consumer Protection:

Fiscal Year 2026 marked the strongest fiscal year in the Department's 175-year history, with approximately $189.2 million in insurance-related revenue delivered to

the State's General Fund. During the same period, the Department secured $3.35 million in direct consumer recoveries and provided a $2.65 million administrative assessment offset to insurers, reducing regulatory expenses while maintaining essential oversight.

These accomplishments reflect the complementary responsibilities of effective insurance regulation: ensuring that insurers fulfill their legal and contractual obligations to policyholders while administering government efficiently and with appropriate regard for the costs ultimately borne by businesses and consumers.

Under our regulatory modernization initiatives, the Department reduced examiner billing rates, streamlined insurance product filings, and eliminated redundant fees. These reforms reflect a deliberate effort to reduce administrative burdens, improve regulatory efficiency, and encourage responsible market participation without compromising consumer protections or financial oversight.

National Leadership in Insurance Affordability:

New Hampshire continues to distinguish itself as one of the nation's most affordable and competitive insurance markets, with favorable national comparisons spanning health, automobile, homeowners, and workers' compensation insurance.

For 2026, New Hampshire recorded the lowest average Affordable Care Act marketplace benchmark premium in the United States, at approximately $401 per month, compared with the national average of $625.

In automobile insurance, Insurify's October 2026 national analysis ranked New Hampshire first in the nation for the lowest average quoted premiums, with full coverage averaging approximately $85 per month, or $1,020 annually. The same analysis placed average liability-only coverage at approximately $52 per month.

A separate national comparison ranked New Hampshire fourth-lowest for estimated annual homeowners insurance premiums, at approximately $1,324. Another national assessment placed New Hampshire second among the states for overall healthcare costs.

Although these independent measures employ different methodologies and reflect economic and demographic factors extending beyond the Department's direct control, collectively they illustrate New Hampshire's favorable competitive position and underscore the importance of maintaining an efficient, predictable, and financially responsible regulatory environment.

Our workers' compensation marketplace provides another particularly significant example.

During the reporting period, the Department approved a 6.1 percent overall reduction in voluntary-market workers' compensation loss costs effective January 1, 2026, together with a 5.4 percent reduction in assigned-risk rates. These

reductions continued a historic period of sustained improvement in workers' compensation costs, providing meaningful benefits to New Hampshire employers.

Building upon that record, the Department subsequently approved an additional reduction in voluntary-market loss costs for 2027, extending the sequence of annual reductions to fifteen consecutive years and bringing the cumulative decline to approximately 68 percent since 2011.

This extraordinary period of sustained reductions reflects favorable claims experience, improvements in workplace safety, and underlying market conditions, supported by a disciplined, actuarially grounded regulatory framework.

For New Hampshire employers, particularly small businesses operating with limited margins, the sustained reduction in workers' compensation costs represents an important competitive advantage and reinforces the value of a stable, well-functioning insurance marketplace.

Regulatory Modernization, Market Stability, and Accountability:

The Department has continued to advance a regulatory philosophy grounded in clear standards, predictable administration, financial responsibility, and respect for the role of competition in serving consumers.

New Hampshire maintains competitive insurance premium tax rates of 1.25 percent for property and casualty and life insurance and 2 percent for accident and health insurance. These rates operate alongside risk-based solvency oversight and established policyholder protection mechanisms that promote financial stability and confidence in the insurance marketplace.

Our modernization efforts have focused on eliminating unnecessary regulatory costs, improving operational efficiency, and ensuring that Department resources are directed toward matters of genuine importance to consumers and market integrity.

At the same time, we have maintained rigorous oversight of insurer financial condition, market conduct, and compliance with New Hampshire law.

A healthy insurance marketplace requires more than low regulatory costs. It requires consumers to have confidence that insurers will honor their contractual commitments, maintain adequate financial resources, and comply with the laws governing their operations.

Regulatory restraint and effective enforcement are therefore not competing objectives. Properly exercised, they are complementary responsibilities that protect consumers, support responsible insurers, and preserve the integrity of competition.

Our commitment remains to enforce the law consistently and proportionately, provide regulated entities with clear expectations, and reserve the Department's

strongest interventions for circumstances in which they are warranted by the evidence and applicable law.

Expanding New Hampshire's National Leadership:

New Hampshire's leadership in national insurance regulation has continued to grow through the Department's active participation in the National Association of Insurance Commissioners.

During Fiscal Year 2026, the Department continued to exercise significant national leadership through service on the NAIC Executive Committee, leadership within the Northeast Zone, and chairmanship and participation in national committees and working groups addressing artificial intelligence, insurance innovation, market regulation, consumer engagement, and the preservation of state-based insurance regulation.

These responsibilities have provided New Hampshire with an influential voice in discussions concerning state regulatory sovereignty, responsible technological innovation, actuarial standards, regulatory efficiency, and consumer protection.

Our participation has been guided by a consistent principle: state-based insurance regulation is most effective when it remains accountable, responsive to local market conditions, and capable of adapting to innovation without sacrificing financial stability or consumer confidence.

New Hampshire's contributions to these national efforts reflect the Department's commitment not merely to participate in regulatory discussions, but to help shape practical, balanced policies that respect the proper role of government and encourage a competitive insurance marketplace.

A Continuing Commitment to Principled Public Service:

As the Department marks its historic 175th anniversary, our mission remains as relevant as it was at our founding: to protect New Hampshire consumers, promote open competition, safeguard insurer solvency, and administer the law with integrity, efficiency, and accountability.

The accomplishments reflected in this report demonstrate the value of disciplined public administration and a regulatory framework that respects both the responsibilities of government and the benefits of private enterprise.

They also underscore an important distinction: government cannot independently determine every outcome in an insurance marketplace, but it can establish fair and predictable rules, enforce legal obligations, remove unnecessary barriers, and create conditions in which responsible insurers have an opportunity to compete. That is the standard to which we continue to hold ourselves.

Guided by these principles, and in furtherance of your leadership, the Department remains committed to demonstrating that effective, limited government can encourage enterprise, strengthen competition, and faithfully safeguard the public interest.

Thank you for your continued support of the Department and its mission. It is an honor to serve the people of New Hampshire.

Respectfully submitted,



David J. Bettencourt
Commissioner
New Hampshire Insurance Department



2026 Annual Report

New Hampshire Insurance Department

175th Annual Report

Fiscal Year 2026: July 1, 2025 – June 30, 2026

The 175th Annual Report

of the New Hampshire Insurance Department

David J. Bettencourt
Insurance Commissioner

Her Excellency, Governor Kelly A. Ayotte

The Honorable Joseph D. Kenney
Executive Councilor, First District

The Honorable Karen Liot Hill
Executive Councilor, Second District

The Honorable Janet Stevens
Executive Councilor, Third District

The Honorable John Stephen
Executive Councilor, Fourth District

The Honorable David K. Wheeler
Executive Councilor, Fifth District

Contents

4 INTRODUCTION
4 INSURANCE DEPARTMENT ORGANIZATION AND FUNCTION
5 MISSION STATEMENT
5 ORGANIZATIONAL VALUES
7 INSURANCE DEPARTMENT STAFF BY DIVISION
12 ORGANIZATIONAL CHART
13 ADMINISTRATION DIVISION
24 DATA ANALYTICS DIVISION
26 FINANCIAL REGULATION DIVISION
27 LIFE AND HEALTH DIVISION
30 PROPERTY AND CASUALTY DIVISION
34 CONSUMER SERVICES DIVISION
36 BUSINESS AND OPERATIONS DIVISION
37 LEGAL DIVISION
46 APPENDIX A

The 175th Annual Report

Introduction

This annual report provides a summary of the New Hampshire Insurance Department's activities during Fiscal Year 2026. During Fiscal Year 2026, the Department had 86 full-time and 2 part-time staff positions and collected total General Fund revenues of $189.2 million.

The Department's operating budget may be found at http://www.gencourt.state.nh.us/LBA/Budget/OperatingBudget.aspx.

Insurance Department Organization and Function

Founded in 1851, the New Hampshire Insurance Department (NHID) stands as America's first insurance regulatory agency, a distinction that reflects our state's enduring leadership in public trust, innovation, and disciplined governance.

Under Title XXXVII of New Hampshire law (RSA 400–RSA 420-Q), the Insurance Commissioner is entrusted with the enforcement and execution of the state's insurance laws, including the collection of premium taxes and fees, the licensing and oversight of insurers and producers, and the regulation of the insurance marketplace to ensure fair treatment of policyholders, claimants, and the regulated community alike.

Yet the Department's mission extends beyond enforcement. Guided by the principles of strategic stewardship, accountability, and consumer empowerment, the NHID seeks to foster a competitive, solvent, and transparent insurance marketplace, one that enables individuals and businesses to manage risk in a changing world. Competitive markets, supported by clear and appropriately tailored regulation, produce durable consumer benefits while creating incentives for innovation and efficiency.

Through adaptive leadership, the NHID continually assesses emerging risks and market dynamics, balancing firm enforcement with flexibility, and regulatory clarity with entrepreneurial freedom.

Every action of the Department is guided by a shared vision: to protect New Hampshire consumers, to promote fair and open competition, and to strengthen public confidence in a marketplace built on integrity, accountability, and opportunity.

Mission Statement

The Department's mission is to promote the public good by ensuring the existence of a safe and competitive insurance marketplace through the development and enforcement of New Hampshire's insurance laws. We are committed to doing so in an honest, effective, and timely manner.

Organizational Values

- **Integrity**: We lead with character. Every action, every decision, and every interaction must affirm our credibility and mission. We respect one another and those we serve, knowing that public confidence in the Department, and in the marketplace we regulate, depends on our honesty and ethical conduct.
- **Effectiveness**: We pursue results that matter. Our mission is not activity but impact—to deliver measurable public benefit and strengthen a competitive insurance market that rewards innovation, efficiency, and accountability. We align effort with purpose and strategy with outcome.
- **Transparency**: We believe trust is built through clarity. Our policies and regulatory decisions must be consistent, fair, and easily understood. Transparency transforms regulation from mere oversight into a shared framework for progress, empowering consumers, guiding industry, and reinforcing confidence in the free market and rule of law.
- **Responsiveness**: We act with urgency and precision. Every inquiry, complaint, or request deserves our full attention and a timely, thoughtful response. Responsiveness is not just customer service, it is a reflection of our agility as an organization and our commitment to public accountability.

The Department's Shared Vision for New Hampshire

All residents and businesses of New Hampshire can manage risk in a changing world.

Strategy and Goals

The Department's dedicated staff address and balance a wide range of issues shaping the insurance marketplace, seeking optimal regulatory outcomes for consumers and our regulated entities. Annually, the Department examines the political, economic, social, technological, legal, and environmental trends and projections that are likely to influence the NHID's efforts and focus.

To respond to these challenges and opportunities, our strategy aims to expand and improve how we deliver guidance and services. The Department will continue improving how it serves consumers and regulated entities, strengthening collaboration, modernizing regulatory processes, and measuring whether our work produces meaningful results.

We will do this by focusing on NHID goals that deliver on our mission through Consumer Protection & Outreach; Talent Management & Professional Development; Regulatory Transparency and Modernization; and Speed to Market.

1. We will increase awareness of our mission to educate, protect, and inform New Hampshire consumers.
2. We will invest in our team through professional development and employee engagement to support a learning culture and advance succession planning solutions.
3. We will continue to modernize and preserve state-based regulation through efficient and effective financial review and market regulation, as well as external advocacy to national audiences.
4. We will continue to improve our review procedures to improve accuracy and efficiency in our regulatory oversight of all lines of insurance business.

The NHID continues to focus on its organizational agility, investing in the people, practices, and policies that support rapid adaptation to changing circumstances while continuing to deliver excellent services.

The NHID team is focused on building three specific organizational competencies:

1. Trust and respect across its operational units and divisions;
2. Cultivating and strengthening partnerships and collaborations internally and externally;
3. Continuous improvements to internal processes in ways that foster commitment and accountability; and focusing on the delivery of high-quality services and results.

Insurance Department Staff by Division

Administrative Division

David J. Bettencourt	Insurance Commissioner
Keith Nyhan	Deputy Insurance Commissioner
Jason Dexter	Assistant Commissioner
Sandra Barlow	43-6010 ADMIN ASSTS-5
Madison Trites	43-6010 ADMIN ASSTS-5

Human Resources Unit

Hannah Arseneaux	11-3120 HUMAN RES MGRS-3
Katrina Gagne	13-1070 HUMAN RES WKRS-2

Communications Unit

Andrew Demers	Communications Director
Adam Kierstead	27-3030 PUB RELATIONS SPECS-4

Producer Licensing Unit

Cheryl Moses	11-9190 MISC MGRS-3
Cheryl Gagnon	13-1040 COMPLIANCE OFFICERS-4
Christine Tsirovakas	13-1040 COMPLIANCE OFFICERS-4

Data Analytics Division

Jason Aziz	Director of Health Economics
Morgan Harris	Director of Healthcare Analytics
Maureen Brooks	15-2050 DATA SCIENTISTS-5
Matthew Geoffroy	15-2050 DATA SCIENTISTS-5

Financial Regulation Division

Vacant	Director of Financial Regulation

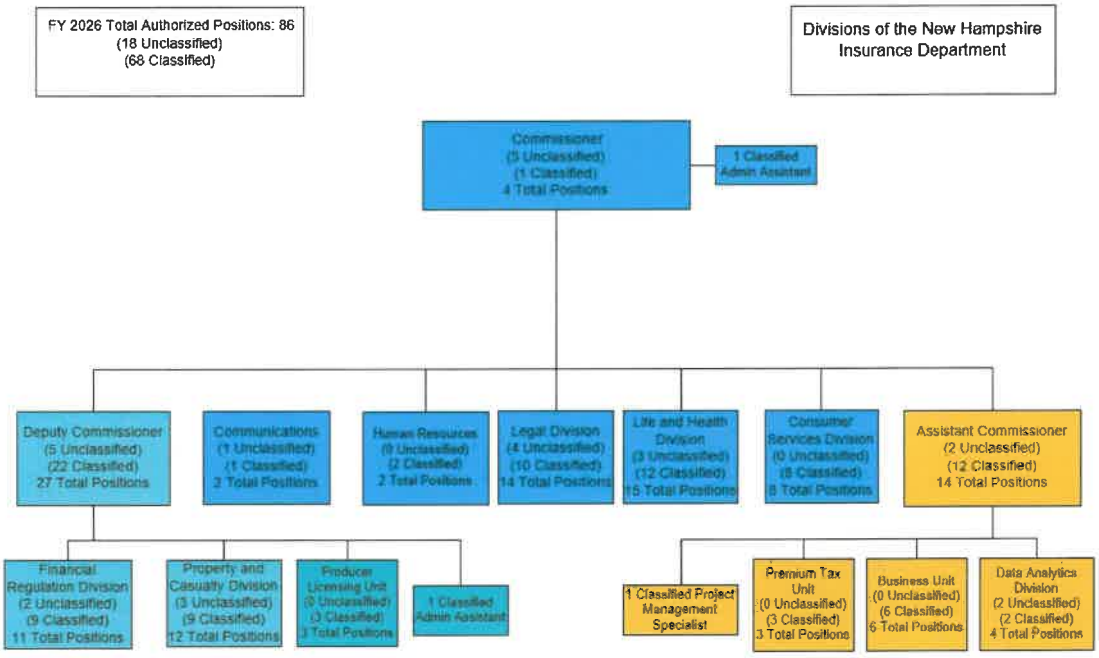
Celina Prescott	13-1040 COMPLIANCE OFFICERS-4
Financial Analysis & Company Licensing Unit	
Edward Cataldo	13-2060 FINANCIAL EXAMINERS-6
Tian Xiao	13-2060 FINANCIAL EXAMINERS-5
Alissa Bandt	13-2060 FINANCIAL EXAMINERS-4
Linda Zalinskie	13-2060 FINANCIAL EXAMINERS-3
John McCarte	13-2060 FINANCIAL EXAMINERS-2
Victoria Belrose	13-2060 FINANCIAL EXAMINERS-3
Financial Examinations Unit	
Colin Wilkins	Chief Financial Examiner
Hayward Gillies	13-2060 FINANCIAL EXAMINERS-4
Michael Jesionowski	13-2060 FINANCIAL EXAMINERS-4
Legal Division	
Roni Karnis	General Counsel
Legislative Office Unit	
Jennifer Smith	11-9190 MISC MGRS-4
Legal Counsel Unit	
Emily Doherty	23-1010 LAWYERS-4
Mary Cunningham	23-1010 LAWYERS-4
Brenda Golden Hallisey	23-1010 LAWYERS-4
Sheri Phillips	23-1010 LAWYERS-4
Enforcement Unit	
Joshua Hilliard	Compliance and Enforcement Counsel
Tracy McGraw	23-1010 LAWYERS-3

Donald Belanger	13-1040 COMPLIANCE OFFICERS-8
Sarah Prescott	23-2010 PARALGLS-LGL ASSTS-5
Fraud Unit	
Brian Caldwell	Insurance Fraud Director
Vacant	13-2090 MISC FINAN SPECS-8
Heidi Jordan	Senior Insurance Fraud Investigator
Vacant	43-6010 ADMIN ASSTS-5
Property and Casualty Division	
James Fox	Property and Casualty Director
Allison Layne	43-6010 ADMIN ASSTS-6
P&C Market Regulation Unit	
Douglas Rees	11-9190 MISC MGRS-7
Theresa Finnemore	13-1040 COMPLIANCE OFFICERS-8
Peter Bliss	13-1040 COMPLIANCE OFFICERS-8
Matthew Cutshall	13-1040 COMPLIANCE OFFICERS-7
P&C Forms and Compliance Unit	
LuAnne King	11-9190 MISC MGRS-6
Christopher Merrow	13-1040 COMPLIANCE OFFICERS-8
Susan Neil	13-1040 COMPLIANCE OFFICERS-8
P&C Rates Unit	
Vacant	Chief P&C Actuary
Sean Rosene	Property and Casualty Actuary
Ruju Dave	13-1040 COMPLIANCE OFFICERS-8

Life and Health Division	
Michelle Heaton	Life and Health Director
Michael Angiulo	43-6010 ADMIN ASSTS-6
L&H Rates Unit	
Hsiu Chen Li	Chief Life, Accident, Health Actuary
Leigh Curtis	Health Reform Coordinator
L&H Forms/Compliance Unit	
Quincy Gunn	11-9190 MISC MGRS-6
Debra Lacross	13-1040 COMPLIANCE OFFICERS-8
David Schechtman	13-1040 COMPLIANCE OFFICERS-8
Patricia Lavallee	13-1040 COMPLIANCE OFFICERS-8
Karen McCallister	13-1040 COMPLIANCE OFFICERS-8
L&H Market Regulation Unit	
Victoria Fowler	11-9190 MISC MGRS-7
Shanon Marie Wright	13-1040 COMPLIANCE OFFICERS-8
Gregory Arce	13-1040 COMPLIANCE OFFICERS-8
Victoria Davies	13-1040 COMPLIANCE OFFICERS-7
Yewande Jordan	13-1040 COMPLIANCE OFFICERS-8
Nicole Brunini	13-1040 COMPLIANCE OFFICERS-7
Consumer Services Division	
Robin Tierney	11-9190 MISC MGRS-6
Robert Blanchard	13-1040 COMPLIANCE OFFICERS-7
Jennifer Rolison	13-1030 CLAIMS ADJUST-INV-4
Deborah Hansen	13-1030 CLAIMS ADJUST-INV-4

Georgeanna Drabble	13-1030 CLAIMS ADJUST-INV-4
Vacant	13-1030 CLAIMS ADJUST-INV-4
Vacant	13-1030 CLAIMS ADJUST-INV-3
Heather Boulanger	43-9040 INS CLMS PROC CLRKS-3
Business Operations Division	
Christine Blais	13-1080 PROJECT MGMT SPECS-3
Premium Tax Unit	
Amy Duhaime	13-2010 ACCTS-AUDITORS-9
James Young	13-2010 ACCTS-AUDITORS-8
Jennifer Goodwin	13-2010 ACCTS-AUDITORS-8
Business Unit	
Theodore Perkins	11-1020 GENERAL-OPS MGRS-6
Kimberly Rummo	13-2010 ACCTS-AUDITORS-4
Kyle O'Brien	43-3030 ACCTNG-AUDIT CLERKS-4
Joan Curtis	43-3030 ACCTNG-AUDIT CLERKS-4
Vacant	43-3030 ACCTNG-AUDIT CLERKS-4
Vacant	13-1080 PROJECT MGMT SPECS-5

NHID Organizational Chart



Administration Division

The Administration Division, comprising the Offices of the Commissioner, Deputy Commissioner, and Assistant Commissioner, provides the mission, strategic direction, and executive leadership of the New Hampshire Insurance Department. The Division advances a regulatory philosophy that combines free-market principles with institutional excellence, consumer protection with consumer empowerment, innovation with accountability, and effective governance with appropriate restraint.

As the Department's principal liaison to the Governor's Office, the Division works to ensure that decisions are grounded in sound economics, regulatory excellence, ethical stewardship, and long-term public interest. The Department operates with clarity of purpose, systems-level awareness, and a focus on creating enduring value for Granite Staters and New Hampshire's insurance marketplace.

The Administration Division's goals are built around disciplined decision-making, measurable outcomes, trusted collaboration, and leadership for the long term.

Underlying these goals is a fundamental principle: where competitive markets can address a problem, they should be allowed to do so. Where regulatory action is necessary, it should be evidence-based, proportionate to the demonstrated risk, mindful of costs and unintended consequences, and no broader than necessary to protect consumers and preserve a healthy marketplace.

Consumer Protection

Consumer protection requires both empowered consumers and trustworthy markets. Transparent information, meaningful choice, fair treatment, and effective enforcement strengthen public confidence while allowing competition to work.

The Department will:

- Deliver professional, courteous, and efficient service to consumers, citizens, and regulated entities.
- Achieve timely, data-informed resolution of consumer complaints through disciplined case management.
- Maintain rigorous quality-review standards for investigative matters to promote fairness, consistency, and accountability.
- Ensure timely resolution of matters referred to Enforcement and focus regulatory resources on conduct presenting meaningful consumer or market harm.

- Use complaint and enforcement data to identify emerging trends and distinguish isolated problems from systemic issues requiring regulatory attention.
- Promote consumer access to clear, accurate, and useful information that enables informed decisions in a competitive marketplace.

The Department will not measure consumer protection simply by the amount of regulatory activity undertaken. It will measure whether consumers are informed, treated fairly, receive the benefits and protections to which they are entitled, and have meaningful avenues for assistance when the marketplace fails them.

Talent Management & Professional Development

The Department's people are its greatest institutional asset. The NHID seeks to foster a culture of accountability, trust, professional excellence, self-awareness, and adaptability in which employees can grow, innovate, and lead.

The Department will:

- Develop long-term succession and career pathways for division directors and employees in critical positions to ensure institutional continuity.
- Strengthen the management team through NAIC programs and targeted executive development.
- Recruit talented, versatile employees who demonstrate initiative, analytical ability, sound judgment, adaptability, and commitment to public service.
- Maintain employee turnover at or below 20%.
- Build a diverse and inclusive workforce of subject-matter experts that values collaboration, accountability, intellectual curiosity, and trust.
- Establish structured professional-development opportunities that cultivate the Department's next generation of leaders.
- Implement transparent succession-planning criteria and measurable development objectives.
- Review job descriptions regularly to reflect evolving responsibilities, competencies, and performance expectations.
- Use onboarding and exit surveys to identify opportunities to improve organizational effectiveness and the employee experience.

Leadership at the NHID should combine technical competence with humility, adaptability, and sound judgment. Employees should be empowered to challenge assumptions, identify better approaches, and learn from evidence rather than defend existing processes simply because they are familiar.

Regulatory Transparency, Modernization, and Innovation

Transparency promotes both public trust and efficient markets. Modern regulation should establish clear and predictable rules, protect consumers and solvency, and create room for responsible innovation rather than unnecessarily prescribing how legitimate outcomes must be achieved.

The NHID will:

- Uphold transparency throughout Department operations consistent with RSA 91-A and other applicable confidentiality requirements.
- Advance secure digital transformation through approved technology platforms and tools.
- Improve accuracy, timeliness, and service through continuous quality improvement and better use of data.
- Maintain an open regulatory environment in which innovators can engage with the Department early to identify lawful pathways to market.
- Permit responsible experimentation and remove unnecessary regulatory barriers to innovation rather than attempting to select particular technologies, products, or business models for success.
- Support technology that improves financial literacy, claims transparency, regulatory efficiency, consumer choice, and service responsiveness.
- Ensure that innovation strengthens rather than compromises consumer protection, solvency, fairness, and market competition.
- Periodically review existing regulatory requirements to determine whether they remain necessary, effective, and proportionate to the risks they were intended to address.

New Hampshire should be a jurisdiction where responsible innovators know the rules, receive timely answers, and can compete on the merits of their ideas.

The Department should regulate outcomes and demonstrated risks wherever appropriate rather than unnecessarily prescribing processes or technologies. Innovation should be judged by what it delivers for consumers and markets—not by whether it conforms to familiar methods.

Competitive Markets, State Leadership & Regulatory Restraint

Competition is itself an important form of consumer protection. Healthy insurance markets require financially sound insurers, meaningful consumer choice, accurate information, responsible risk management, and prices capable of reflecting underlying risk.

Accordingly, the Department will:

- Preserve actuarially sound pricing and recognize that insurance prices must be capable of accurately reflecting risk.
- Evaluate affordability alongside availability, solvency, and market sustainability rather than pursuing one objective at the expense of the others.
- Consider the economic costs and potential unintended consequences of regulatory action before imposing new requirements.
- Prefer market-based and less restrictive solutions when they can reasonably address an identified problem.
- Tailor regulatory responses to demonstrated risks rather than hypothetical harms.
- Preserve New Hampshire's ability to experiment, innovate, and respond to the characteristics of its own insurance marketplace.
- Support interstate and national regulatory coordination when it produces meaningful benefits while preserving state authority, accountability, and opportunities for regulatory competition.

Uniformity can create efficiency, particularly in national insurance markets, but uniformity should be a means rather than an end. New Hampshire should cooperate where cooperation adds value and retain the freedom to take a different approach where doing so better serves its consumers and marketplace.

Speed to Market

Regulatory rigor and regulatory efficiency are not competing objectives. A well-functioning regulatory system should provide careful review, predictable standards, and timely decisions so consumers can benefit from competition and innovation.

The Department will:

- Establish and maintain measurable turnaround standards for rate and form filings.
- Reduce unnecessary delays in filing disposition while preserving analytical rigor and actuarial soundness.
- Track filing performance against established benchmarks and identify recurring sources of delay.
- Develop efficient processes for reviewing innovative products, technologies, and emerging insurance solutions.
- Maintain a 24-hour turnaround objective for producer and adjuster licensing applications and inquiries.

- Identify and eliminate regulatory processes that impose administrative cost without producing commensurate consumer, solvency, or market benefit.
- Periodically evaluate whether regulatory processes remain necessary in light of technological, legal, and marketplace changes.

Speed is not achieved by lowering standards. It is achieved by making government better at applying them.

Data, Measurement, & Accountability

An outcomes-based regulatory philosophy requires measurable outcomes.

The Department will use data not merely to describe the marketplace, but to test assumptions, identify emerging risks, allocate regulatory resources, and determine whether its own interventions are producing their intended results.

Where practicable, divisions will establish objective performance measures for core functions, including complaint resolution, enforcement, filing review, licensing, market examinations, consumer service, and other significant regulatory activities.

When considering significant regulatory action, the Department should ask:

What problem are we trying to solve? What evidence demonstrates the problem? Compared with what realistic alternative? What will the intervention cost? What unintended consequences might follow? How will we know whether it worked?

Regulation should be capable of answering those questions.

Where evidence demonstrates that an intervention is ineffective, unnecessarily burdensome, or producing unintended harm, the Department should be willing to modify or discontinue it.

Leadership for the Long View

The role of an insurance regulator is neither to direct the marketplace nor simply to stand aside from it. It is to establish clear and predictable rules, protect consumers, preserve solvency and fair competition, enforce the law when necessary, and otherwise allow markets and innovation to work.

That requires regulatory competence and regulatory humility.

Markets possess knowledge dispersed among millions of consumers, businesses, investors, professionals, and entrepreneurs that no regulatory institution can fully replicate. Government should therefore be cautious about substituting administrative judgment for competitive decision-making absent a demonstrated need.

But restraint does not mean passivity.

Where fraud occurs, laws are violated, promises to consumers are not honored, solvency is threatened, or genuine market failures undermine fair competition and consumer welfare, the Department should act decisively and proportionately.

The Administration Division will evaluate its success not by the volume of regulation it produces, but by outcomes: whether consumers are treated fairly and empowered to make informed decisions; whether insurers remain solvent; whether pricing remains actuarially sound; whether markets remain competitive, accessible, and sustainable; whether responsible innovation can reach consumers; whether regulatory burdens are proportionate to demonstrated risks; and whether the Department earns public confidence through competence, transparency, fairness, and integrity.

The Department should also retain the humility to recognize that every intervention involves tradeoffs. A policy that produces one desirable outcome may impose costs elsewhere. Good regulation therefore requires asking not only whether an action produces benefits, but whether those benefits justify its costs compared with realistic alternatives—and what consequences may follow tomorrow from decisions made today.

Through this approach, the NHID seeks to demonstrate that effective government need not be expansive government, and limited government need not be ineffective government.

When government is well-led, transparent, accountable, empirically grounded, and appropriately constrained, it can enforce the rules necessary for markets to function while preserving the freedom, competition, innovation, and individual choice upon which healthy insurance markets depend.

The ultimate objective is neither more regulation nor less regulation for its own sake.

It is better regulation—and better outcomes for the people of New Hampshire.

Fiscal Year 2026 Achievements

- Delivered financial value for New Hampshire taxpayers: the NHID generated approximately $189.2 million for the State General Fund during Fiscal Year 2026, including approximately $163 million in premium taxes and $26.2 million in fees and fines, while operating as a comparatively small state regulatory agency. This represented approximately $12.8 million, or 7.2%, more than FY 2025, demonstrating substantial fiscal value alongside the Department's regulatory responsibilities.
- Delivered measurable results for New Hampshire consumers: Consumer Services recovered $3,347,135 for Granite Staters during Fiscal Year 2026, including approximately $1.72 million in property and casualty recoveries and $1.63 million in life and health recoveries. The Department also processed 1,663 complaint investigations, handled 5,175 assistance requests, and reviewed 187 external health review applications, combining direct consumer assistance with meaningful financial recoveries.
- Maintained a broad and competitive insurance marketplace: Currently, 1,257 insurance companies are authorized to conduct business in New Hampshire, including 58 domestic and 1,190 foreign companies. The NHID administered 248,194 active individual and business-entity licenses, including 129,532 producer licenses and 118,500 adjuster licenses, and added 5,021 producer and 1,652 adjuster licenses during the fiscal year. The Department's objective remains a marketplace in which responsible companies and professionals can enter, compete, innovate, and serve consumers under clear and predictable rules.
- Maintained targeted regulatory accountability: The Enforcement Division opened 373 investigations and completed 31 administrative actions during Fiscal Year 2026, resulting in $345,250 in assessed fines. The NHID continued to focus enforcement resources on compliance and demonstrated consumer or marketplace harms, reinforcing the principle that competitive markets depend upon clear rules and meaningful accountability when those rules are violated.
- Expanded the evidence base for addressing health-care affordability: the NHID enhanced its health-care data capabilities, including improvements to the Total Healthcare Expenditure Model incorporating direct health-care expenditure measures covering more than 90% of New Hampshire's population. The Department also published analyses examining the New Hampshire health-care dollar, GLP-1/GIP medications, primary-care utilization, and behavioral-health and substance-use-disorder therapies. This work strengthens the State's ability to identify underlying cost drivers and distinguish problems requiring regulatory intervention from those better addressed through competition, transparency, or health-care delivery reforms.

- Secured enactment of major health-care transparency initiatives: Governor Ayotte signed Department-requested HB 705 and HB 297. HB 705 advances health-care cost transparency, while HB 297 gives self-funded employer health benefit plans greater access to their own claims data. Together, these initiatives provide employers, consumers, and policymakers with better information to understand costs and utilization and make more informed decisions, using transparency and purchasing power to strengthen market discipline.
- Advanced the Department's full 2026 legislative agenda through the General Court: In addition to HB 297 and HB 705 becoming law during Fiscal Year 2026, the Legislature completed action before June 30 on additional Department-requested measures, including HB 1197, modernizing and correcting insurance statutes, and SB 562, establishing the Granite State Home Mitigation and Resiliency Program. The Department's legislative agenda emphasized targeted solutions to identified problems while improving statutory clarity, market resilience, and regulatory efficiency.
- Helped improve major insurance legislation beyond the Department's own bills: The NHID worked extensively with legislators and stakeholders on measures involving provider contracting, long-term-care insurance innovation, risk-pooling arrangements for child-care and other caregiving organizations, and pharmacy-benefit-manager regulation. The Department sought to ensure that new requirements addressed identifiable problems without imposing unnecessary costs, restricting competition, or creating unintended consequences, strengthening consumer protections while preserving market flexibility and regulatory predictability.
- Approved another workers' compensation loss-cost reduction: Following actuarial and regulatory review, the NHID approved a 6.1% overall reduction in voluntary workers' compensation loss costs for 2026 and a 5.4% reduction in assigned-risk rates. Rather than attributing favorable underlying loss experience to regulation, the Department's role was to ensure that the filing was actuarially sound and that employers and insurers could benefit promptly from favorable market experience.
- Helped New Hampshire seniors navigate unprecedented Medicare Advantage disruption: Medicare Advantage is a federally regulated program, with federal authorities overseeing program requirements and insurers making decisions about market participation and service areas. As carrier withdrawals and service-area reductions affected tens of thousands of New Hampshire seniors, the NHID responded within the scope of its state authority. The Department expanded consumer education and outreach, coordinated with insurance producers and federal partners, and engaged directly with affected communities, including through forums with seniors in Carroll County. The NHID also implemented stronger advance-notification requirements to identify

emerging market changes earlier and improve communications with consumers. While the NHID does not control insurer participation or federal Medicare Advantage decisions, the Department focused on helping New Hampshire beneficiaries understand their options, navigate coverage changes, and access timely, accurate information.

- Implemented New Hampshire's ground-ambulance balance-billing protections: Following enactment of SB 245, the NHID implemented the State's new prohibition on surprise ground-ambulance balance billing and began the statutorily required work to establish a longer-term, cost-informed reimbursement methodology, including an independent cost study. The Department's implementation has focused on protecting consumers from unexpected bills while developing an evidence-based framework that recognizes the need for financially sustainable emergency medical services.
- Preserved and administered New Hampshire's individual-market reinsurance program: Following federal approval of New Hampshire's Section 1332 waiver extension through 2030, the NHID continued administering the State's reinsurance program during Fiscal Year 2026. CMS estimated approximately $34.1 million in federal pass-through funding for calendar year 2025. The program uses a targeted mechanism to reimburse a portion of exceptionally high-cost claims, reducing volatility in the individual market while preserving private carrier competition and actuarially based pricing.
- Removed unnecessary regulatory barriers and promoted responsible innovation: the NHID reviewed existing regulatory requirements and used available authority to provide flexibility where requirements no longer produced sufficient consumer or market benefit. This included a November 2025 waiver addressing coordination-of-benefits restrictions affecting limited-benefit retiree health products. The Department's approach has been to maintain rigorous standards where they protect consumers, solvency, and fair competition while removing regulatory friction where it adds cost or restricts innovation without corresponding benefit.
- Marked 175 years of state-based insurance regulation and New Hampshire leadership: During Fiscal Year 2026, the NHID celebrated its 175th anniversary, recognizing New Hampshire's distinction as the first state in the nation to establish a formal insurance regulatory authority in 1851. The milestone provided an opportunity not simply to celebrate the Department's history, but to reaffirm the continuing value of professional, accountable, state-based regulation and New Hampshire's role as a laboratory for effective regulatory policy.
- Elevated New Hampshire's national leadership and influence on insurance regulation: During Fiscal Year 2026, Commissioner Bettencourt advanced from Vice Chair to Chair of the National Association of Insurance Commissioners (NAIC) Northeast Zone, securing New Hampshire a seat on the NAIC Executive Committee and a meaningful voice in national

insurance policy. His additional leadership roles, including Chair of the NAIC/Consumer Liaison Committee and commissioner-level Chair of the Casualty Actuarial and Statistical Task Force, strengthened the State's influence on consumer protection, actuarial standards, and emerging regulatory issues. Through these positions, the NHID helped shape national policy discussions affecting Granite Staters, brought national regulatory expertise and emerging practices back to New Hampshire, and advocated for state primacy and regulatory competition. The Department's national engagement reflected a guiding principle: states can coordinate, share expertise, and strengthen regulatory effectiveness without surrendering the authority to respond to the distinct needs of their own markets.

Communications Unit

The NHID's Communications Unit features a communications director who oversees media and public relations for the Insurance Department and an outreach coordinator who is responsible for educating consumers and other stakeholders throughout the state on insurance matters.

The Department's primary outreach platforms include:

The Department's website: insurance.nh.gov
Facebook: https://www.facebook.com/NHInsuranceDepartment/
Twitter: www.twitter.com/NHInsuranceDept
LinkedIn: https://www.linkedin.com/company/new-hampshire-insurance-department
YouTube: www.youtube.com/channel/UCOABb-Rp7OxqWQmUF64adHQ
Press releases: insurance.nh.gov/about-us/media-room

The Department's website contains an archive of reports, forms, checklists, and links to a variety of insurance-related websites, such as state agencies, related non-profits and federal programs, including Medicare and Medicaid.

In Fiscal Year 2026, the Department responded to dozens of press inquiries and issued 38 press releases to inform the public about important insurance-related issues on a range of topics.

Throughout the year, the Communications Unit will:

- Launch proactive outreach and education campaigns targeting regulated entities, producers, and consumers.
- Increase the NHID's public visibility through press events, community engagements, and digital platforms.

- Enhance clarity and timeliness in public communications to build trust and consumer awareness.

Producer Licensing Unit

The Licensing Unit has seen continued growth in the number of licenses issued and maintained in New Hampshire, marking another milestone year for both operational performance and market strength. As of June 30, 2026, New Hampshire had a total of 248,194 active licenses authorized to sell insurance and adjust claims in the state — the highest total in state history. This record growth reflects not only the NHID's operational efficiency but also the continued confidence and trust in the strength of New Hampshire's insurance marketplace.

The state currently has 129,532 individual insurance producers licensed to sell insurance products in New Hampshire. Of those, 6,929 are New Hampshire residents. There are 8,803 business entity producers licensed, including 454 resident business entities. Additionally, there are 118,500 claims adjusters licensed to adjust losses affecting New Hampshire residents. Of those, 786 are resident claim adjusters authorized to handle workers' compensation or property and casualty claims in the state. The Unit also licenses Public Adjusters, Portable Electronic Producers, and Self-Service Storage Producers, all included in the total license count.

Through the strategic use of technology, data-driven process improvements, and cross-agency collaboration, the NHID continues to deliver a licensing system that is faster, more transparent, and more responsive to the needs of both consumers and the insurance industry. The Department has prioritized timely processing times, with most new applications and renewals reviewed within 24 hours. This 24-hour standard is recognized as a model of public-sector responsiveness, demonstrating the NHID's commitment to timely service and regulatory excellence.

Resident Producers and Resident Adjusters are required to pass the appropriate licensing examination prior to becoming licensed. During Fiscal Year 2026, the NHID's examination vendor, PSI, provided all testing services, including options for applicants to complete testing remotely or in person at test sites located across the state and country. The NHID's collaboration with PSI, the National Association of Insurance Commissioners (NAIC), and the National Insurance Producer Registry (NIPR) has strengthened reciprocity, expanded testing access, and supported ongoing professional development for licensees.

Resident producers and adjusters are required to complete continuing education prior to the renewal of their resident licenses. Non-residents complete continuing education in their respective resident states. Currently, the NHID has 401

approved Continuing Education Providers offering a combined 6,880 courses for licensees to enhance their knowledge and maintain professional competency. These courses ensure that producers and adjusters remain well informed and prepared to serve consumers effectively in an evolving marketplace.

These education standards ensure that New Hampshire's producers and adjusters remain aware of the ever-changing insurance market. That knowledge and training allow licensees to better serve the public and strengthen trust in the state's insurance system. Record growth in producer and adjuster licensing reflects more than administrative progress — it signals broad market confidence in New Hampshire's insurance sector. Each new license represents a professional ready to serve Granite State consumers in a fair, ethical, and transparent marketplace.

New Hampshire citizens, the insurance consumer, and the insurance industry can verify license information through online options available on the NHID's website. The Department's electronic systems provide the most accurate, up-to-date information available, further contributing to operational transparency and efficiency.

Data Analytics Division

The Data Analytics Division exists to support the Department's need for data-driven analyses and evidence-based policy development. The Division plays a critical role in informing nearly every major health and insurance policy initiative in New Hampshire. It serves the NHID, other state agencies, policymakers, and the public by providing data and analyses on the New Hampshire insurance markets, health care costs, and premium cost drivers, as well as by reviewing and analyzing insurance rate submissions. The Division also supports multiple internal units across both the Life and Health and Property and Casualty divisions, ensuring that data insights enhance decision-making across the Department.

The Division employs subject matter experts in biostatistics, epidemiology, and health policy analysis, enabling an holistic informatics approach centered on transparency and accountability across all areas of the health care system. The Division's analyses inform virtually all major legislation affecting health care costs and insurance premiums in New Hampshire, ensuring that policy decisions are grounded in rigorous data analyses rather than speculation. Nearly every piece of legislation with potential cost impacts to insurance premiums is reviewed by the Division, which prepares fiscal impact statements, special studies, and evidence-based testimony in response. This process improves policy precision and reduces unintended regulatory burdens while enhancing the overall effectiveness of insurance regulation in the state.

Among the Division's most visible initiatives is NHHealthCost.org, an innovative transparency website that uses claims data to help residents estimate the cost of hundreds of health care procedures at hospitals and other providers across New Hampshire. NHHealthCost.org continues to serve among the most advanced transparency platforms in the nation, empowering consumers, employers, and policymakers to make informed choices by linking cost, quality, and utilization data. Innovations made possible by new Federal healthcare price transparency laws are the Division's next set of goals to improve the utility of healthcare price estimates posted on this valuable resource.

The Division also coordinates the NHID's annual hearing on premium rates and medical cost drivers in New Hampshire, accompanied by a comprehensive report that now includes measures on Total Healthcare Expenditures (THCE). The publication of the state's first "New Hampshire Healthcare Dollar," which presents THCE by service categories, provides policymakers and the public with an unprecedented, data-driven view of how every cent within their healthcare dollar is spent. This simple yet informative visual has become a valuable tool for legislators, policymakers, and industry leaders seeking to make informed decisions using high-quality data.

Additionally, the Division collects and reports pricing information on new, high-cost prescription drug releases. A consumer-facing interactive dashboard on the NHID website is updated quarterly and allows consumers, insurance carriers, healthcare providers, and pharmaceutical manufacturers to view the most recent high-cost drug releases exceeding Medicare Part D specialty thresholds. The NHHealthCost website also tracks and reports on prescription drug costs and utilization, identifying the most expensive, most frequently dispensed, and fastest-growing drugs — consistent with reporting parameters recommended by the National Academy for State Health Policy (NASHP).

The Data Analytics Division has begun reporting on New Hampshire hospital system markets, utilization, and costs. These data, also published on NHHealthCost.org, provide novel insights into the important work of the state's healthcare providers and administrators in maintaining access to quality care and managing healthcare costs for all New Hampshire residents. The set of measures includes inpatient and outpatient volume and discharge amounts (both crude and risk-adjusted), payer mix metrics for the 26 acute care hospitals operating in the state, and inpatient and outpatient market share and market consolidation indicators. By sharing this information publicly, the NHID continues to advance healthcare transparency, helping consumers make informed choices based on both cost and quality.

Financial Regulation Division

The Financial Regulation Division is responsible for ensuring company solvency, conducting financial examinations and financial analyses, and licensing or registering all domestic and foreign insurance companies. The unit analyzes and maintains license applications and renewals for Insurance Companies, PBMS, TPAs, RRGs, UR, MGAs, Discount Medical Plan Organizations, Life Settlements, Advisory Organizations, Surplus lines, Accredited Reinsurers, Motor Clubs, Premium Finance, Consumer Guaranty Contracts, Reinsurance Intermediaries, Purchasing Groups and RSA 405:14-A transactions and maintenance of Deposits.

The New Hampshire Insurance Department currently has 1,257 active licensed insurance companies authorized to conduct business in the state, 58 of which are domiciled in New Hampshire. Of these companies, 375 are licensed to write life and health insurance, while the remaining 882 companies are licensed in various property and casualty lines.

The Division processed and issued 15 new company licenses during Fiscal Year 2026. Seven of these were life and health insurers, and eight were property and casualty insurance companies. One company withdrew from New Hampshire as the result of a merger.

Through rigorous financial analysis and proactive supervision, the Division monitored the solvency of every domestic insurer under its jurisdiction. For the eleventh consecutive year, New Hampshire reported no insurer insolvencies, a testament to prudent regulation and a resilient marketplace. This outcome reflects the Division's ongoing commitment to financial oversight, early intervention, and collaboration with national regulatory partners to maintain a stable and secure insurance environment for policyholders.

While New Hampshire does not license surplus lines companies, it qualifies non-admitted insurers as eligible surplus lines carriers in the state pursuant to RSA 405:26. As of June 30, 2026, 198 unauthorized insurers qualified as eligible surplus lines carriers in New Hampshire.

Financial Examinations

Financial examinations of the following domestic companies were completed during Fiscal Year 2026:

- Landmark American Insurance Company
- Covington Specialty Insurance Company
- Concord General Mutual Insurance Company
- Sunapee Mutual Fire Ins. Company
- Delta Dental Plan of New Hampshire

- Red Tree Insurance Company

Financial examinations of the following domestic companies in progress as of fiscal year-end 2026 include:

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company
- Richmond National Insurance Company
- MEMIC Indemnity Company
- MEMIC Casualty Company

The Financial Regulation Division is additionally responsible for continually reviewing the financial health of all admitted and registered insurance companies in the State of New Hampshire. This Division conducts an in-depth financial review of the Annual and Quarterly Financial Statements and all other supplemental filings made by the state's domestic insurers and attends Supervisory Colleges. In accordance with the NAIC Financial Analysis Handbook, examinations performed by the Department include full-scope periodic examinations and limited-scope or targeted examinations, which focus on specific accounts and/or issues.

Life and Health Division

The Life and Health Division includes several units that ensure compliance with life and health insurance laws and regulations while providing critical policy and data analysis to guide oversight. The products regulated by the Division include life, annuities, major medical, ancillary health, long-term disability, short-term disability, paid family and medical leave, Medicare supplement, dental, and long-term care insurance. The Division also reviews contracts and other filings related to life settlements, ensuring that each product offered in the state meets rigorous standards for fairness, transparency, and consumer protection.

The Division works closely with the New Hampshire Health Plan to oversee the state's Reinsurance Program for the individual health insurance market. Since its implementation, the program has been instrumental in maintaining some of the lowest individual market health insurance premiums in the country and has contributed to a 60 percent increase in enrollment. New Hampshire's Section 1332 Waiver Reinsurance Program continues to be recognized nationally as a model for market-based reform, demonstrating that targeted, data-driven policy can reduce costs, expand coverage, and strengthen private-sector competition without government overreach.

Women's Health Grant

In 2024, the Department applied for and was awarded a federal grant for the "Expanding Access to Women's Health Grant" issued by the Centers for Medicare and Medicaid Services (CMS) and was awarded the full grant amount of $610,871. The purpose of the grant is to provide funding to states to undertake activities to plan and implement consumer protections and market reforms under Part A of Title XVII of the PHS Act. The goal is to improve and expand to enhance access to women's health coverage and services.

The Department carried out three projects under this grant:

1. Conduct a study and produce a report on the current status of access to women's health services in the state, existing impediments to access, and ways to improve access
2. Develop tools to improve regulatory oversight of issuers with respect to coverage for women's health services.
3. Assess New Hampshire's current Essential Health Benefit-benchmark plan with particular attention to coverage for women's health services.

The first two projects have been completed, and the Department applied for a 12-month extension with CMS in July 2026 to continue work under the third project. This request was approved in September 2026 and enables Life and Health staff to continue working closely with the consultant leading this work. This time extension will maximize the value of federal funds already committed to the efforts under this project- including market conduct toolkit enhancements, data asset integration work, continued support for mental health parity efforts and additional staff training. These initiatives are intended to make the Department's oversight more targeted, risk-focused and data driven. The new performance period end date of the grant is September 19, 2027.

The Division also serves as an important resource to the legislature by providing key background information regarding life and health insurance matters, conducting mandate studies upon request for proposed legislation, and working closely with stakeholder groups to advance various insurance related priorities.

Life and Health Rates Unit

The Life and Health Rates Unit is responsible for reviewing actuarial aspects of policy form and rate filings to determine that premium rates are not excessive, inadequate, or unfairly discriminatory and that premium rates conform to statutory requirements.

Life and Health Compliance Unit

The Compliance Unit examines insurance forms, including policies, riders, endorsements, amendments, and applications submitted for approval to ensure conformity with state and federal laws and rules.

All forms must be submitted electronically through the National Association of Insurance Commissioners' System for Electronic Rate and Form Filing (SERFF). Compliance Unit examiners perform an initial review and correspond with filers within 30 days of submission, ensuring quick filing disposition. This allows New Hampshire consumers to have access to new products and enhancements to existing products in a timely manner.

This Unit processed 1,500 rate and form filings with one of the fastest turnaround times in the region, ensuring New Hampshire consumers benefit quickly from product innovation and market competition.

Fiscal Year 2026 L&H Rate and Form Filings Received

L&H Rate and Form Filings	1,500
Interstate Compact Filings Received	812
Total Filings Received	2,312

Closed - Disposition

L&H Filings Closed - Disposition	1,500
Interstate Compact Filings - Disposition	790
Total Filings Closed	2,290

Life and Health Market Regulation Unit

The Life and Health Market Regulation Unit (MRU) is responsible for monitoring company behavior and conducting surveillance as prescribed in the National Association of Insurance Commissioners' (NAIC) Market Regulation Handbook for fraternal, life, accident and health, and health licensees operating in the New Hampshire market.

The goal of the MRU is to protect consumers by identifying and correcting licensee practices that conflict with contract provisions, laws, rules, regulations,

or orders of the Insurance Commissioner. This work is carried out through market analysis and targeted market conduct actions designed to ensure fair and compliant business practices across the industry.

The purpose of market analysis is threefold: to identify licensees requiring additional scrutiny, to detect behaviors that may adversely affect consumers, and to predict potential noncompliant practices before they occur. The MRU expanded its use of data analytics to identify emerging compliance risks before they affect consumers, positioning New Hampshire at the forefront of modern, proactive insurance regulation. The analysis process includes reviewing and assessing consumer complaint data and operational and financial data from licensees obtained through the NAIC and Department data calls required by statute, administrative rule, Department bulletin, and federal law.

Market conduct examiners apply a continuum of market actions to ensure that each regulatory response is appropriately tailored to the issue at hand. These responses range from correspondence with the licensee, to targeted information gathering, to formal investigations or examinations. The MRU also participates in joint and multi-state market conduct actions and remains an active member of the NAIC Market Actions Working Group.

In addition to its oversight work, the MRU has expanded its consumer outreach initiatives, helping residents navigate coverage options, resolve disputes, and understand their rights under both state and federal law. Through its leadership within the NAIC and collaboration with regulators nationwide, the MRU continues to strengthen consumer protection and promote a fair, transparent insurance marketplace for all New Hampshire residents.

Property and Casualty Division

The Property and Casualty Division (P&C) reviews form, rule, and rate filings for compliance with regulatory requirements and performs market conduct analysis, investigations and examinations of property and casualty insurers, including but not limited to automobile, homeowners', general liability, professional liability, and workers' compensation insurance lines. Beginning this year, the Property & Casualty Division also reviews all consumer guaranty contracts for compliance with regulatory requirements.

Property and Casualty Compliance Unit

The Property and Casualty Compliance Unit examines insurance forms, including policies, riders, endorsements, amendments, and applications that have been submitted by licensees for approval to ensure conformity with state laws and rules. In addition, obligors of consumer guaranty contracts are required to file all

contract forms and other contract language, including substantive changes to terms and conditions, for informational and auditing purposes. To ensure compliance with the updated statute, all such consumer guaranty contract filings were reviewed. Before any filing is assigned to examiners for review, every insurance form, rule, and rate filing—along with all consumer guaranty contract filings—undergoes a preliminary intake review by the Property and Casualty Compliance Unit.

All filings by insurers, advisory organizations, and obligors must be submitted electronically through the National Association of Insurance Commissioners' System for Electronic Rate and Form Filing (SERFF). All compliance examiners complete their reviews within an acceptable number of review days, exclusive of regulated entity response periods. This efficient process allows New Hampshire consumers to access new insurance products and enhancements to existing products in a timely manner, while ensuring compliance with all applicable laws and rules.

The Property and Casualty Compliance Unit's responsibilities include the review and approval of certain personal and commercial insurance filings, as well as the review and acknowledgment of consumer guaranty contract filings. Each submission is analyzed to confirm compliance with New Hampshire's insurance laws and administrative rules. Any form language found to be out of compliance is corrected prior to approval or acknowledgment.

Compliance examiners also participate in various working groups and serve on several commissions and boards at the request of the Commissioner, including the Commercial Automobile Insurance Plan, the New Hampshire Reinsurance Facility, and the Speed-to-Market Working Group.

For Fiscal Year 2026, the total number of form filings closed was 3,572, which includes both insurance and consumer guaranty contract filings. Of that total, 2,806 were insurance filings and 766 were consumer guaranty contract filings. This figure represents record throughput for the Unit while maintaining fast turnaround times. The average NHID review period, excluding company response days, was 12.6 business days from initial form review—an achievement that reflects both operational efficiency and the Department's continued commitment to timely, high-quality regulatory review.

Property and Casualty Market Regulation Unit

Market conduct examinations and investigations address market problems or violations of New Hampshire's insurance laws and rules that affect insurance consumers. Examiners review and analyze insurance company market activity to ensure compliance with the state's administrative rules and laws, including reviewing insurers' procedures and processes to confirm that policyholders and

claimants are treated fairly and in accordance with applicable standards. Findings indicating violations of law, rule, or regulatory requirements are addressed through administrative or disciplinary action.

Examinations are conducted in accordance with uniform national standards and include investigations and examinations of insurers, producers, and other Department licensees. The area also participates in certain joint and multi-state market conduct actions and is responsible for maintaining several statistical databases that support analysis, oversight, and enforcement efforts.

During the 2026 fiscal year, the P&C Market Regulation Unit focused on consumer complaints and investigations. Approximately 105 consumer complaints were investigated in addition to 40 investigations of broader issues. These issues generally address claim handling, underwriting or rating practices.

The Market Conduct Unit continued its focus on non-compliant marketing and claims practices of Consumer Guarantee obligors. These efforts follow recent changes to RSA 415-C which provided enhanced consumer protections. Additional activities included market surveys and market analysis.

Private Passenger Auto complaints and investigations accounted for the majority of the Unit's work. Many of the complaints focused on determining the "Fair Market Value" of the damaged vehicle. In many cases, consumers and insurers were provided guidance on the dispute resolution process as outlined in Ins 1002.15 (c) and the addition of document fees as outlined in Ins 1002.15 (e). As a result of our activities, Ins 1002 was revised to provide more clarity benefiting consumers and insurers.

The Unit will continue to monitor company claim handling processes in anticipation of the rule revisions.

Market Regulation Actions and Results for Fiscal Year 2026

Property and Casualty

During the 2026 fiscal year, the P&C Market Regulation Unit focused on consumer complaints and investigations. Approximately 105 consumer complaints were investigated in addition to 40 investigations of broader issues. These issues generally address claim handling, underwriting or rating practices.

The Market Conduct Unit continued its focus on non-compliant marketing and claims practices of Consumer Guarantee obligors. These efforts follow recent changes to RSA 415-C which provided enhanced consumer protections. Additional activities included market surveys and market analysis.

Private Passenger Auto complaints and investigations accounted for the majority of our complaints and investigations, specifically, those involving "Total Losses".

Property and Casualty Actuarial Unit

The Property and Casualty Actuarial Unit is responsible for general market and industry analysis, evaluation of the competitiveness of New Hampshire's insurance markets, and review of all property and casualty rate, rule, underwriting, and predictive model filings. The Unit provides consumer assistance on rate-related issues and workers' compensation inquiries, while also supporting the Market Regulation Unit with fiscal notes, legislative testimony, research, and data analysis related to workers' compensation and other insurance cost or coverage issues.

During Fiscal Year 2026, the Property and Casualty Actuarial Unit reviewed 1,559 loss cost, rate, model, and rule filings across various lines of business. Of these, 89 filings (6 percent) were related to workers' compensation, while the remaining filings were divided between personal lines (23 percent) and other commercial lines (71 percent). As insurance company pricing models become more sophisticated, regulatory actuaries continue to evaluate increasingly complex model types that influence insurance costs, including credit scoring models, catastrophe models, usage-based insurance programs, and predictive models such as generalized linear models, random forests, cluster analysis, and gradient boost models incorporating nontraditional pricing variables. The Unit collaborates with other state insurance departments and the National Association of Insurance Commissioners (NAIC) to maintain consistent and effective review processes for these emerging methodologies.

The Property and Casualty Actuarial Unit also provides support for the state's workers' compensation system. The Workers' Compensation Analyst offers information and technical assistance to consumers, agents, and carriers with inquiries or complaints related to coverage. During Fiscal Year 2026, the Unit responded to 132 such inquiries. It is responsible for reviewing and approving all workers' compensation loss cost, rate, and rule filings, including the annual filing from the National Council on Compensation Insurance (NCCI). In 2026, the Department approved a 6.1 percent decrease in loss costs for the voluntary market as presented by NCCI. The Unit also collaborated with the Property and Casualty Market Regulation Unit to complete the selection process for servicing carriers supporting the residual market in New Hampshire.

The Unit maintains and updates the Department's online premium comparison tools for personal automobile and homeowners insurance. These tools were

updated and relaunched to reflect filings effective August 1, 2025, marking a continued commitment to transparency and consumer empowerment. Since their initial publication, thousands of consumers have relied on these comparisons to obtain pricing information from the leading 35 insurers in New Hampshire, allowing for more informed purchasing decisions.

In accordance with RSA 412:14, the Insurance Commissioner monitors the degree of competition within the state's insurance markets. The Property and Casualty Actuary conducts annual analyses at the state, regional, and national levels to assess competitiveness and ensure that market conditions remain strong. The most recent analysis again confirmed a robust level of competition in New Hampshire's insurance market—an evidence-based affirmation of the Department's commitment to maintaining a free and competitive marketplace.

The Unit underwent some staffing changes during this year. The actuarial Unit now consists of one actuary and the workers compensation analyst. The department does have a continuation plan in place to ensure that productivity remains at a high level.

Consumer Services Division

Consumer Services Unit

The Consumer Services Unit is staffed by six full-time employees: one director, one team leader, one workflow coordinator, and three consumer services officers (CSOs). The CSOs fulfill a threefold mission: educating residents about insurance products, companies, and producers; assisting residents who seek help navigating the complexities of the insurance industry; and working with other Department staff to investigate consumer complaints to ensure that licensees, including companies and insurance agents, comply with New Hampshire insurance laws and rules.

While the Unit's educational and assistance roles remain essential, the primary function continues to be the investigation of formal grievances. In this effort, the Unit's three CSOs review submitted complaints, identify potential violations of state insurance laws and regulations, contact licensees for formal responses, and analyze all facts collected to substantiate or invalidate those allegations. When violations are identified, the CSOs facilitate remediation for affected consumers. When necessary, the Unit collaborates with other NHID divisions, including Legal, Enforcement, and Market Regulation, to initiate market-wide corrective actions and targeted enforcement measures.

Fiscal Year 2026 marked an achievement for the Consumer Services Unit, with total recoveries reaching $3,347,135. This included $1,721,193 in Property and

Casualty claims and $1,625,942 in Life and Health recoveries. The record total reflects the NHID's consumer advocacy and its commitment to resolving disputes efficiently and equitably.

The Consumer Services Unit also maintained a responsive complaint resolution program, managing more than 7,000 consumer inquiries and formal investigations while meeting strict turnaround standards. The Unit's staff are prepared to provide assistance to residents during catastrophic weather events, and support first responders and the New Hampshire Emergency Management Operations Center to ensure rapid response and timely claims guidance for affected consumers.

In addition to direct consumer assistance, the Unit leveraged data and case trends to inform broader policy discussions related to health access, network adequacy, and prior authorization. By translating consumer experience into actionable insights, the NHID strengthened the connection between individual outcomes and systemic improvements.

Through this work, the Consumer Services Unit not only resolved thousands of cases but also advanced public trust in the Department. The team's ~~record~~ recoveries, responsiveness, and collaboration across divisions underscore its vital role in protecting Granite State consumers and promoting fairness, transparency, and accountability in the insurance marketplace.

The following is a summary of the complaints and inquiries received by the Property and Casualty (P&C) and Life and Health (L&H) sub-units.

Property and Casualty

The P&C sub-unit provides insurance consumers with assistance by answering questions, investigating complaints, distributing educational materials, and assisting the NH Emergency Management Operations Center during catastrophic weather events. During Fiscal Year 2026, the unit processed 763 consumer complaint investigations, 80 inquiry investigations, and 1,818 requests for service, during which the Consumer Services Officers answered questions, provided information and referrals, and otherwise assisted the public. On behalf of NH consumers, the sub-unit facilitated the recovery of $1,721,193.

Life and Health

In Fiscal Year 2026, the L&H sub-unit processed 666 consumer complaint investigations, 234 health care provider investigations, 3,277 requests for assistance, and 187 applications for external health review. The L&H Consumer Services Officers responded to consumer complaints and inquiries on a variety of life and health insurance topics, including coverage issues, the impact of

legislation, suitability of annuity sales to seniors, and claims concerns. On behalf of NH consumers, the sub-unit facilitated the recovery of $1,625,942.

The NHID is responsible for administering the appeals process for adverse health insurance claim decisions under RSA 420-J:5 and for certifying independent review organizations, which render the decisions in these appeals. The Department also certifies long term care insurance independent review organizations under Department rule Ins. 3601.

During Fiscal Year 2026, 187 applications for external health review were received. Of those, 86 met the legal requirements to qualify for external review and 47 health insurance company decisions were overturned or partially overturned by the certified external review organizations.

Business and Operations Division

Premium Tax Unit

The Premium Tax Unit is responsible for the accounting and auditing of all general fund and restricted revenue received by the Department. Upon request, the Unit provides revenue and tax-related information to legislative committees to support policymaking and fiscal planning.

In Fiscal Year 2026, the Department received total general fund revenue of $189.2 million, compared to $176.4 million in Fiscal Year 2025. This represents the highest general fund revenue in Department history and underscores the continued strength and stability of New Hampshire's insurance marketplace. The Unit monitors general fund revenue and prepares projections for current and future fiscal years, ensuring accurate reporting and responsible fiscal management.

General fund revenue is generated primarily from two sources: the premium tax on insurance premiums written, and fees collected from companies, producers, and other regulated entities. Premium tax is received from licensed companies, surplus lines producers, and from companies and individuals that acquire insurance policies independently of licensed producers. In Fiscal Year 2026, the Unit reported $163.0 million in premium tax revenue and $26.2 million in licensing and other fee revenue, totaling $189.2 million credited to the general fund. This compares to $150.4 million in premium tax revenue and $26.0 million in licensing and other fee revenue, totaling $176.4 million credited to the general fund in Fiscal Year 2025.

The Premium Tax Unit maintained audit compliance and completed all revenue, licensing, and assessment transactions accurately and on schedule—a testament to its precision, accountability, and commitment to sound financial stewardship. The Unit also administers the Department's administrative assessment, which funds the Department's operational expenditures. Through disciplined oversight of this program, the Department remains entirely self-funded.

In addition, the Unit maintained full compliance with all financial reporting and audit requirements, reinforcing the Department's long-standing commitment to transparency, fiscal integrity, and responsible governance.

For Fiscal Year 2026, the Goals & Objectives for the Premium Tax Unit included:

1. Collect and audit premium tax returns from all required entities.
2. Calculate annual revenue projections and produce revenue reports.
3. Calculate annual administrative assessments, issue invoices, and collect administrative fees.

Business Operations Unit

Throughout the year, the Unit:

1. Processes all A/R and revenue transactions with complete accuracy.
2. Processes all A/P transactions with complete accuracy.
3. Processes Federal Grant and Administrative Assessment transactions with complete accuracy.
4. Project Management Office (PMO) complete 5-10 Projects per year.
5. Works directly with the DoIT Staff (Developers, IT Manager, and BA) to complete the Department's Fiscal Year IT initiatives.

Legal Division

Enforcement Unit

The Enforcement Unit supports the Department's mission of promoting and protecting the public good by ensuring a safe and competitive insurance marketplace through the enforcement of New Hampshire's insurance laws and rules. The Unit conducts investigations and takes administrative action against individuals and entities engaged in the business of insurance in New Hampshire that have violated state law. Referrals to the Enforcement Unit come from other divisions within the Department, including Licensing, Consumer Services, and

Market Regulation, as well as from outside agencies such as the National Association of Insurance Commissioners and other state and federal partners.

In Fiscal Year 2026, the Enforcement Unit secured $345,250 in fines and other recovery. This outcome reflects the Unit's ongoing collaboration with Consumer Services, Market Regulation, and Licensing to identify patterns of noncompliance and pursue systemic remedies that strengthen the overall integrity of the insurance marketplace.

The Enforcement Unit continues to prioritize proactive engagement with licensees to clarify compliance obligations and encourage a culture of transparency and accountability by assisting with messaging through bulletins and webinars. The processing of more than 370 enforcement cases during the fiscal year—each handled efficiently and transparently—demonstrates progress in case management, data tracking, and interdivisional coordination.

The team continues to focus on the application of clear rules and meaningful accountability when insurance laws are violated and initiates targeted investigations of those violating New Hampshire law. Through those investigations and the administrative actions which follow, the Enforcement Unit makes certain that incentives align with the proper application of fines and other remedial measures to ensure consumers are protected in the state and the insurance marketplace in New Hampshire is one of fair competition between regulated entities.

The results the Enforcement Unit obtained during Fiscal Year 2026 include:

Total new cases opened:	**373**
Total Order to Show Causes issued:	**16**
Total adjudicatory hearings scheduled:	**16**
Total adjudicatory hearings conducted:	**4**
Total Consent Orders executed:	**24**
Total licenses revoked:	**0**
Total licenses cancelled:	**34**
Total licenses surrendered:	**0**

Administrative Fines Assessed Through a Hearing:	**$37,000**
Administrative Fines Assessed Through a Consent Order:	**$308,250**
Administrative Fines Assessed in Partnership with Market Conduct:	**$0**
Other Recovery:	$**0**
Total amount of Fines and Recovery:	**$345,250**

Insurance Fraud Unit

In 1993, the Legislature enacted RSA 417:23, authorizing the New Hampshire Insurance Department to establish the New Hampshire Insurance Fraud Investigation Unit. The Fraud Unit investigates suspected insurance fraud and other insurance-related crimes. It is composed of three investigators. When a company has reason to believe that fraud has been committed, it is statutorily required to refer the matter to the Fraud Unit for review. The Unit also accepts referrals from other sources and provides multiple options for submission, including an online referral form, written correspondence, in-person visits, or telephone contact.

In Fiscal Year 2026, the Fraud Unit received more than 500 referrals of suspected fraud or other insurance-related crimes. Of these, more than 50 were developed into criminal investigations, many of which will be presented for prosecution by the County Attorney's Office, the New Hampshire Attorney General's Office.

The Fraud Unit continues to expand its use of digital tools and online referral systems, streamlining case intake and improving coordination with insurers and law enforcement agencies. These enhancements increased efficiency and allowed for faster data sharing, reinforcing New Hampshire's leadership in combating insurance crime and protecting consumers from financial harm.

In pursuing a proactive stance against insurance crimes, the Fraud Unit collaborates with the National Insurance Crime Bureau and other local, state, and federal law enforcement partners, conducting undercover operations when appropriate. While these operations often target suspected healthcare fraud by providers or clinics, they may extend to any line of insurance as necessary to deter and address fraudulent activity across the marketplace.

Rehabilitations & Liquidations

On June 11, 2003, at the request of the New Hampshire Insurance Department, the Merrimack County Superior Court issued an Order of Liquidation placing The Home Insurance Company into liquidation. The Home is one of the largest property-casualty insurer liquidations ever to occur, with marshaled assets of approximately $1.83billion (net of expenses and Class I distributions) as of June 30, 2026, and allowed Class II claims of approximately $3.5 billion as of September 1, 2026. The process of determining claims continues. In August 2019, the Liquidator sought approval of a claim amendment deadline for the final filing of claims in the liquidation. After litigation and appeal, the New Hampshire Supreme Court affirmed the underlying order and established the final deadline for the submission of claims at January 26, 2023. On August 27, 2024, the Liquidator moved for approval of a fifth interim distribution, bringing the total interim distribution percentage to 45%. The Superior Court approved the interim distribution on September 16, 2024, and the distribution was made during November 2024. Two of the Home's subsidiaries Cityvest International Limited (Bermuda Holding Company) and Cityvest Reinsurance Limited (Bermuda Captive) were dissolved on October 30, 2025, and October 31, 2025. The Liquidator continues to determine the remaining claims and collects any reinsurance on those claims. The liquidation is ongoing and court documents and other information regarding The Home Insurance Company in Liquidation, including quarterly reports filed by the Liquidator, may be found on the website at http://www.hicilclerk.org.

Insurance Department Legislation and Rulemaking

Legislation

While passage of legislation is ultimately at the discretion of the Legislature, it is up to Department personnel and the Legislative Director to ensure any initiatives brought forward by the Department are comprehensively drafted, thoroughly researched, fully vetted with industry, and sufficiently explained so that Legislators hearing the bills understand their importance. The following is an overview of the disposition of Department-requested legislation for the 2026 Legislative Session. The NHID made three (3) bill requests, which were all passed and signed into law. Two additional bills that were carried over from the 2025 Legislative Session were also passed and signed into law by the Governor, giving the Department a 100% success rate.

The Department's bills include:

- **HB 297-FN** – relative to providing self-funded employer health benefit plans access to their claims data.

  - **Governor's action**: Signed 6/19/2026; **Effective** 8/18/2026
- **HB 705** – relative to health care cost transparency.
  - **Governor's action**: Signed 3/16/2026; **Effective** certain sections became effective 3/16/2026, with the remainder taking effect following the finalization of federal rules.
- **HB 1194-FN** – relative to credits for assessments paid by insurers and relative to the application of criminal gambling statutes.
  - **Governor's action**: Signed 7/15/2026; **Effective** 9/13/2026
- **HB1197-FN** – making technical corrections to certain insurance laws.
  - **Governor's action**: Signed 7/2/2026; **Effective** 1/1/2027
- **SB 562 –** relative to a home damage mitigation and resiliency program.
  - **Governor's Action**: Signed 7/2/2026; **Effective** 8/31/2026

The following bills were not directly requested by the Department, but the Department assisted the legislature in amending these bills during the legislative process. The Department assisted with these bills to ensure they met the needs and mission of the Department, supported consumers and their interests, and provided relief to various parts of the insurance industry:

- **SB548** – relative to health carrier provider contract standards.
  - **Governor's Action**: Signed 6/19/2026; **Effective** 8/18/2026
- **SB610** – allowing the insurance commissioner to approve innovative short or long-term care policies.
  - **Governor's Action**: Signed 6/12/2026; **Effective** 8/11/2026
- **SB614** – establishing multiple-caregiver self-insured risk coverage arrangements for nonprofit and for-profit providers and servicers.
  - **Governor's Action**: Signed 7/2/2026; **Effective** 7/1/2027
- **HB1268** – modifying the structure and administration of home education programs, and relative to pharmacy benefits managers, managed care laws, notice of drug pricing options and pharmacy benefit manager business practices.
  - **Governor's Action**: Signed 7/10/2026; **Effective** 1/1/2027

Rules

The rulemaking process is set forth in RSA 541-A and is overseen by the Joint Legislative Committee on Administrative Rules (JLCAR), which has ultimate approval authority for any Department rules. Here again, Department personnel and the Legislative Director must ensure (1) all rulemaking proceedings meticulously follow the process established in statute; (2) perform regulatory research and carefully draft language within rules to ensure there are no conflicts with existing rules or statutes; and (3) work closely with JLCAR attorneys to produce Final Proposals for rules that will accomplish the

Department's intent while at the same time meeting JLCAR standards. Rule proposals are thoroughly vetted with industry to solicit feedback for the practical application of any of the Department's rules.

During the period of this Annual Report (July 1, 2025 through June 30, 2026), the Department completed administrative rulemaking proceedings on the following:

Ins 1100 – Confidentiality of HIV Test

Ins 1100 establishes standards for the confidentiality of HIV test results, disclosure requirements of insurance companies, and includes Testing Consent Forms. This rule is applicable to all insurers, their producers, and any other person engaged in the business of insurance who, in connection with an application for insurance, requires an individual to be tested for any antibody or antigen to a human immunodeficiency virus. **Adopted**: 2/6/2026; **Effective** 2/7/2026

Ins 3508 – Permitting the Recognition of Preferred Mortality Tables for use in Determining Minimum Reserve Liabilities

The purpose of Ins 3508 is to recognize, permit, and prescribe the use of mortality tables in determining minimum reserve liabilities - the minimum amount of funds insurance companies are required to hold in reserves to cover the cost of potential future claims. The rule ensures that insurers selling life insurance contracts have set aside sufficient reserves.

Insurers are affected by these rules as they use the mortality tables to ensure that proper reserves are being maintained to cover claims that could be paid out. Consumers benefit from the use of these tables by insurers in knowing that the insurance products they purchased are reliable and the insurers providing them can remain solvent through the claims process. **Adopted**: 2/6/2026; **Effective** 2/7/2026

Ins 800 – Reporting of Statistical Data by P&C Insurance Companies

Ins 800 outlines the guidelines for filing data by property and casualty insurance carriers, and outlines conduct expected when making these filings. The rule ensures accurate and uniform filing of property and casualty insurance data which aids the Department in comparing filings amongst carriers to ensure compliance with state regulations. **Adopted**: 2/6/2026; **Effective** 2/7/2026

Ins 900 – Actuaries

The purpose of Ins 900 is to outline the requirements of actuaries doing business in the state and with the Insurance Department (Department), their responsibilities in reviewing rate filings, and reporting requirements. The rule ensures that actuaries doing business in the state are following appropriate standards in their review of insurance rates for plans being offered to New Hampshire citizens. **Adopted**: 2/6/2026; **Effective** 2/7/2026

Ins 1303.02 – Continuing Education Advisory Councils

Amendments to Part Ins 1303.02 Continuing Education Advisory Councils were requested to simplify and clarify the language of the section relative to the responsibilities of the councils, allow for in-person and virtual participation in council meetings, and to reduce the number of members required for each council. **Adopted**: 2/6/2026; **Effective** 2/7/2026

Ins 2800 – P&C Rate and Supplementary Information Filings

The purpose of Ins 2800 is to outline the requirements for rate and supporting information needed in filings for property and casualty insurers who incorporate prospective loss costs filings made by advisory organizations. Ins 2800 also offers guidance on how to file this information depending on how the loss cost information is being calculated. **Adopted**: 2/6/2026; **Effective** 2/7/2026

Ins 3902 – Individual Supplemental Unemployment Insurance

The purpose of Ins 3902 is to allow for the sale of individual supplemental unemployment insurance and creates standards by which this coverage will be administered. **Adopted**: 2/6/2026; **Effective** 2/7/2026

Ins 4300 – Fiduciary Obligation of Producers

The purpose of Ins 4300 is to outline the fiduciary obligation of producers as they hold and return premiums for their consumers and describes the restrictions in place as they are the trustee of the funds rather than the owner. The rule also outlines the responsibilities of the producers in terms of

recordkeeping, establishment and management of trust accounts and penalties in place when violating these rules. **Adopted**: 2/6/2026; **Effective** 2/7/2026

Ins 2706 – Independent Dispute Resolution for Surprise Medical Billing

Ins 2706 implements SB 173, 2024 Laws 143, Chapter 385-T for the first time. The rule provides a state level independent dispute resolution (IDR) process for out-of-network or non-participating health care providers to use in establishing a fair value price for services provided. Out-of-network providers will now have the choice to have a billing dispute arbitrated at the federal level or state level.

It mirrors the federal No Surprises legislation that became effective in January 2022. These rules closely mirror the federal rules adopted by the Centers for Medicare & Medicaid Services (CMS) outlining the federal independent dispute resolution (IDR) process. The rules also allow out-of-network health care providers to have their dispute with health carriers managed at the state level, as opposed to the federal level, so long as the dispute is eligible, and the providers follow these rules. **Adopted**: 4/20/2026; **Effective** 4/22/2026

Ins 4000 – CHIS Database

Ins 4000 sets the rules relative to the Uniform Reporting System for Health Care Claims Data Sets. These data sets supply the information in the New Hampshire Comprehensive Health Information System (CHIS) utilized by both the Department and the New Hampshire Department of Health & Human Services (DHHS). This data is provided by insurance companies, third-party payers, third-party administrators, and carriers that provide administrative services for a plan sponsor. Amendments to the rule added pharmacy benefit managers as a reporting entity and cleaned up several data elements in the rule that no longer need to be reported in the data files. New data elements are also being added to increase the validity and use cases of the CHIS. **Adopted**: 4/20/2026; **Effective** 4/22/2026

Ins 2703 – External Review

Amendments to Ins 2703 modernized the external review process by allowing for online filings, removing outdated and unused definitions, clarified the intent of the statute as outlined in RSA 420-J:5-a, and simplified the notification requirements to consumers on their right to pursue external review over a disputed claim. Changes to the rule repealed outdated sections and adopted

new language that clarifies the intent and expectations of both providers and carriers when participating in the external review process. **Adopted**: 5/21/2026; **Effective** 5/22/2026

Ins 310 – Military Sales Practices

This rule sets forth standards to protect active-duty service members of the United States Armed Forces from dishonest and predatory insurance sales practices as they relate to the sale of any life insurance or annuity product, pursuant to Section 9 of the Military Personnel Financial Services Protection Act (PL 109-290). Ins 310 is based off model regulation MO-568-1 by the National Association of Insurance Commissioners (NAIC). **Adopted**: 6/26/2026; **Effective** 6/27/2026

Ins 1800 – Continuing Care Communities

The changes made to the rule respond to recent legislative activity, by Laws of 2025, Chapter 296, to modernize the statute, provide greater consumer protections for the residents of Continuing Care Communities, and improve the financial reporting requirements for these communities to ensure they remain financially solvent and good stewards of the funds invested into the communities by its residents. **Adopted**: 6/26/2026; **Effective** 6/27/2026

Appendix A

General Fund Revenue

The following chart provides a historic overview of general fund revenue for Fiscal Years 2017 through 2026. Insurance Department general fund revenue is generated from two sources: premium tax on premiums written by licensed and unlicensed companies, along with fees, primarily from insurance producers. For Fiscal Year 2026, premium tax generated $163.0 million of revenue (86.2%), while producer and other fees generated $26.2 million in revenue (13.8%).

