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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

DMB_No 1545-0047 2009 Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection and ending For the 2009 calendar year, or tax year beginning NEW HAMPSHIRE INDIVIDUAL HEALTH Please Check if applicable C Name of organization Employer identification number use IRS PLAN BENEFIT ASSOCIATION Address change label or 02-0499340 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 603-227-7265 PILLSBURY ST Specific Termination City or town, state or country, and ZIP + 4 16,414,410 G Gross receipts \$ Instruc CONCORD NH 03301 tions. Amended return H(a) Is this a group return for Name and address of principal officer Application pending BETH ROBERTS, CHAIR affiliates? No Are all affiliates 1 PILLSBURY ST CONCORD NH 03301 If "No," attach a list (see instructions) X 501(c) (26) ◀ (insert no) 4947(a)(1) or Tax-exempt status Website: WWW.NHHEALTHPLAN.ORG **H(c)** Group exemption number ▶ 2001 Type of organization Corporation Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: EST BY STATE STATUTE TO A) PROVIDE SUBSIDIZATION TO CARRIERS EXPERIENCING Governance CATASTROPHIC CLAIMS IN THE INDIV HEALTH INSURERS MARKET AND B) TO PROVIDE HEALTH INSURANCE TO NH RESIDENTS DECLINED COVERAGE IN THE PRIVATE MARKET. 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 10 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of employees (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 598,883 999,309 8 Contributions and grants (Part VIII, line 1h) 13,138,275 6,952,135 Program service revenue (Part VIII, line 2g) 331,424 146,774 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,098,218 14,068,582 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 13,515,160 13,884,326 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f 24f) 13,515<u>,</u>160 13,884,326 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 553,422 -5,786,108 19 Revenue less expenses Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 11,003,652 5,290,327 20 Total assets (Part X, line 16) OGDEN. UT 3,363,195 3,469,110 21 Total liabilities (Part X, line 26) 640,457 1,821,217 22 Net assets or fund balances. Subtract line 21 from line 2 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is free correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer BETH ROBERTS CHAIR Type or print name and title Preparer's identifying number Check if Preparer's Paid signature 05/06/10 employed P00650823 Preparer's MASON RICH 02-0365196 æ P.A EIN **Use Only** Firm's name (or yours 6 BICENTENNIAL SQ if self-employed), Phone address, and ZIP + 4 ▶ 603-224-2000 CONCORD, NH 03301-4058 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2009)

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Part III Statement of Pro 1 Briefly describe the organization EST BY STATE STATE CATASTROPHIC CLAIM HEALTH INSURANCE	TUTE TO A)PRO IMS IN THE IN	OVIDE SUBSIDIZ DIV HEALTH IN	ISURERS MARK	ET AND B) TO	PROVIDE
2 Did the organization undertake a the pnor Form 990 or 990-EZ? If "Yes," describe these new ser		ervices during the year which	ch were not listed on		Yes X No
3 Did the organization cease cond services? If "Yes," describe these change:	ducting, or make significan	nt changes in how it conduc	ts, any program		Yes X No
4 Describe the exempt purpose a Section 501(c)(3) and 501(c)(4) allocations to others, the total ex	organizations and section	n 4947(a)(1) trusts are requ	ired to report the amour		
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(Expenses \$

4d Other program services (Describe in Schedule O.)

4e Total program service expenses ▶

including grants of \$ 13,884,326

) (Revenue \$

Part IV Checklist of Required Schedules

1 is the croganization described in section 501c(x)3 or 4947(x)17 (other than a private foundation)? If Yes, complete Schedule B, Schedule of Contributors? 2 is the croganization required to complete Schedule B, Schedule of Contributors? 3 is the croganization required to complete Schedule C, Part I 4 is contributed by the contribution of the c			,		Yes	No
2 Is the organization required to complete Schedule B. Schedule of Controlutors? Did the organization engage in direct or incrince follotical campaign and totales on obehalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(4) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(a) noise and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any semilar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical trassures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical trassures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, dieth imanigement, credit reports, or debt engolation services? If "Yes," complete Schedule D, Part V, II Did the organization report an amount for limit particular assets in term, permanent, or quasi-indrovenents? If "Yes, complete Schedule D, Part V, II II X Did the organization report an amount for limit particular assets in term, permanent, or quasi-indrovenents? If "Yes," complete Schedule D, Part V, II Did the organization report an amount for limit particular program related in Part X, line 101 II "Yes," complete Schedule D, Part X, II Did the organization report	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
3 Did the organization engage in direct or indirect prolifect (campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(s)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(s)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III Section 501(s)(3) organizations. Did the organizations is the organization subject to the section 6003(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain and work or any smaller funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land rease, or historic structures? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21: serve as a custodian for amounts not listed in Part X; or provide cards counseling, debt management, credit repair, or debt negolation services? If "Yes," complete Schedule D, Part IV Did the organization of encil, or frough a related organization, hold assets in term, permanent, or quasi-indownems? If "Yes," complete Schedule D, Part VI, VII, VIII, VII, X, X is a splicable. Did the organization report an amount for investments—crober securities in Part X, line 10? If "Yes," complete Schedule D, Part VI, VII, VII, VII, X, X is a splicable. Did the organization report an amount for other assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VI, VII, VII, VII, X, X, X, X is a splicable. Did the organization report an amount for other sasset reported in Part X, line 10? If "Yes," complete Schedule D, Part VI, VII, VII, VII, X, Yes, Yes, Complete Schedule D, Part VI, VII, VII, X, Yes,		complete Schedule A		1		X
acandidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy last," If "Yes," complete Schedule C, Part II Debug organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II Did the organization maintain and proxy last," If "Yes," complete Schedule C, Part II Did the organization maintain end before the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collicitions of works of art, histonical treasures, or other similar assess? If "Yes," complete Schedule D, Part II Did the organization maintain collicitions of works of art, histonical treasures, or other similar assessor? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, Ine 21; serve as a custodian for amounts not listed in Part X, for provide credit courseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VIV, VII, IV, IV, X x as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VIV, VII, IV, IV, X as applicable and the organization report an amount for lowestments—program related in Part X, line 107 If "Yes," complete Schedule D, Part VIV, VIV, IV, IV, IV, X as a spilicable D, Part VIV, VIV, IV, IV, IV, X as a spilicable D, Part X, IV, IV, IV, IV, IV, X as a spilicable D, Part X, IV, IV, IV, IV, IV, IV, IV, IV, IV, IV	2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	X	
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II P. A. S. Did the organization maintain collections of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part II P. Did the organization or proof an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part V P. Did the organization or proof of the following questions "Yes?" If so, complete Schedule D, Part V I. Is the organization's answer to any of the following questions "Yes?" If so, complete Schedule D, Part VI, VII, VIII, IX, or X as applicable P. Part VI. VIII, VIII, IX, or X as applicable P. Part VI. VIII, VIII, IX, or X as applicable P. Part VI. VIII, VIII, IX, or X as applicable P. Part VI. VIII, VIII, IX, or X as applicable P. Part VI. VIII, VIII, IX, or X as applicable P. Part VI. VIII, VIII, IX, or X as applicable P. Part VIII, Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments—other securities in Part X, line 11 Part Ix is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII. Did the organization report an amount for other liabilities in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X X. Did the organization separate in dependent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X. Did the organization seport on Part I		the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
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				19	<u> </u>	
	<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20_		

<u> Pa</u>	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1 24		x
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		x
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		x
04-	employees? If "Yes," complete Schedule J	23_		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	240		x
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c 24d		-
d ora	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	250		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	254		
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		x
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		x
	If "Yes," complete Schedule L, Part III	27		_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	·	x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		x
_	Schedule L, Part IV	200		-
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		1	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	200	x	
20	Part IV	28c 29		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
24	conservation contributions? If "Yes," complete Schedule M	30	 	-
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
22	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	131	<u> </u>	
32	Schedule N, Part II	32		x
22		32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
34	III, IV, and V, line 1	34		x
25	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		 **
35		35		x
26	Schedule R, Part V, line 2	33	 	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		ł
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			x
20	Part VI	37		<u>^</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	x	
	19? Note. All Form 990 filers are required to complete Schedule O	38	1 60	 _

`Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	i i		İ
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	1_		
	Prohibited Tax Shelter Transaction?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			x
	organization solicit any contributions that were not tax deductible?	6a_		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6		
_	gifts were not tax deductible?	6b		┢
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		x
	and services provided to the payor?	7b		-
D	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		\vdash
С	required to file Form 8282?	7c		x
	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		 -
u	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7	•	
•	benefit contract?	7e	1	x
•	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
-	required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		}	j
а	Did the organization make any taxable distributions under section 4966?	9a		<u></u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter:]
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	4		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	↓ —
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		L	<u> </u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management				Τ.,	Γ
.	Enter the number of veting members of the severing hadi	ایدا	10		Yes	No
1a	Enter the number of voting members of the governing body	1a 1b	10			
ь	Enter the number of voting members that are independent	10	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2		x
•	any other officer, director, trustee, or key employee?				 	_
3	Did the organization delegate control over management duties customanly performed by or under the direct				x	
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3	├	v
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	•		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	•	•	5		X
6	Does the organization have members or stockholders?			. 6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			_		7.7
	of the governing body?			. 7a	 	X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7 <u>b</u>	+	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?			<u>8a</u>	X	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?			. <u>8b</u>	X	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Int	ernal				
<u>Rev</u>	enue Code.)			_	_	
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			ŀ		
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b	<u> </u>	ļ
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?			11	X	<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				<u> </u>	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			,		-
	rise to conflicts?			12t	X	<u> </u>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			·		
	describe in Schedule O how this is done			120	X	
13	Does the organization have a written whistleblower policy?		•	13	X	
14	Does the organization have a written document retention and destruction policy?	•	•	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	1	X
b	Other officers or key employees of the organization	•		15t		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			l		
	with a taxable entity during the year?			16a	İ	x
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	•		1.00		1
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			166	, I	l
500	tion C. Disclosure		·	<u> </u>	<u>'.l.</u>	
17	· · · · · · · · · · · · · · · · · · ·			•	•	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	y <i>)</i>				
	available for public inspection. Indicate how you make these available. Check all that apply					
	X Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	l				
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
	organization. ▶ JOHN HASTINGS 1 PILLSBURY ST.			600 0	. -	
C	ONCORD NH 0330	1		<u>603-2:</u>	<u> 25-6</u>	633

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Form **990** (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 List persons in the following order, individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	ition		C) k all t	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BETH ROBERTS	1 00									
CHAIR	1.00	X	 _	 —		 		. 0	0	<u>C</u>
DAVID SKY	1									•
DIRECTOR	1.00	X	 	 	_	_		0	0	0
ROD TURNER						1				•
VICE CHAIR	1.00	X	<u> </u>	 	_	╄		0	0	0
BRUCE P. KING										•
TREASURER	1.00	X	<u> </u>	ļ	⊢	╁		0	0	<u>_</u>
MARK BERQUIST			ŀ		Ì			ام		•
DIRECTOR	1.00	X	├ ─	 —	⊨	\vdash	-	0	0	0
DAVID M. ELLIS	1 00				ł		ŀ	٨		•
SECRETARY	1.00	X	⊢	┢	┢	┾		0	0	0
MARTHA MCLEOD	1 00					İ		ا		O
ASST SECRETARY	1.00	X	├	├		+	_	0	0	
DAVID TRUDO	1 00	 •		1		1	İ	ا	o	O
DIRECTOR TABLES HOWE	1.00	X	┢	┢	┢	╁	 	0		<u>_</u>
LISA KAPLAN HOWE	1.00	x				1		ol	ol	c
JON HENDRICKSON	1.00	1	-	╁─┈	┢	1		 	<u> </u>	
DIRECTOR	1.00	x			l			ol	o	C
DOUG WENNERS	1.00	 ^	\vdash	1	┢	十一	-	<u> </u>		
DIRECTOR	1.00	x						ol	o	O
	1.00	<u> </u>	H			 		Ĭ		
·		-		-	-	<u> </u>				
			١.							
		\vdash	†-	\vdash	\vdash		\vdash			
		+	\vdash	\vdash	-	╁-				

(A) Name and Title	(B) Average			((C)	yees, hat ap		(D) Reportable	(E) Reportable	(F) Estimated	Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations			
											~		
											-		
1b Total							>						
2 Total number of individuals (increportable compensation from	•		to th	ose I	liste	d abo	ve)	who received more than \$1	00,000 in				
3 Did the organization list any fo	rmer officer, direc	ctor o	or tru	stee	, key	emp	loye	ee, or highest compensated		Yes			
employee on line 1a? If "Yes," 4 For any individual listed on line	1a, is the sum o	f repo	ortab	le co	mpe	ensat	ion a			3	X		
the organization and related or individual	· .								uch	4	х		
5 Did any person listed on line 1 services rendered to the organ										5	x		
Section B. Independent Contract Complete this table for your five	e highest comper	nsate	d inc	depe	nder	nt cor	ntrac	ctors that received more tha	n \$100,000 of				
compensation from the organiz	(A) business address						T -	Descrip	(B) tion of services	(C) Compens	sation		
AMERICAN REPUBLIC IN DES MOINES	SURANCE CO	. 5	03		601	61		AVENUE INS PROVIDER			25,672		
BENEFIT MANAGEMENT I	NC				РО	BO	1	090, 16TH STREET	י				
GREAT BEND HELMS COMPANY	KS	6	75		1 E	,III	_	<mark>TPA SERVICES</mark> RY STREET, SUITE	200	4	40,492		
CONCORD	NH	0	<u>33</u>	01			N	<u>MANAGEMENT</u>		1	83,750		
							\vdash	<u> </u>					
2 Total number of independent of	ontractors (includ	ling b	out n	ot lim	nited	to th	ose	listed above) who received					
more than \$100,000 in comper	nsation from the o	rgan	ızatı	on 🕨	•					3 Form 99	0 (2009)		

<u>Pa</u>	rt VI	II Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
တ္ဆ	10	Federated campaigns	1a		-		revenue		312, 513, 01 514
ant		Membership dues	1b						
무림		Fundraising events	1c						
Program Service Revenue Contributions, gifts, grants		•	1d						
	u	Related organizations	1e		999,309	İ			
	•	Government grants (contributions)	16		333,303				
	'	All other contributions, gifts, grants, and similar amounts not included above	_{1f}						
	~	Noncash contributions included in lines 1a-		<u> </u>					
Sel	•	Total. Add lines 1a-1f	'' '	•	•	999,309			
		Total: Nac III jos Ta II			Busn. Code				
e	2a	POLICYHOLDER PREMIUN	4S			6,855,304	6,855,304		
多	ь	MEMBER ASSESSMENTS		•		67,236	67,236		
<u>8</u>	c	SUBSIDY ASSESSMENTS	•			29,595	29,595		
Š	d								
E	е								
ogra	f	All other program service reven	ue	•					
ے	g	Total. Add lines 2a-2f			•	6,952,135			
	3	Investment income (including d	ividend	is, interes	t, and				
		other similar amounts)			▶	139,466			139,466
	4	Income from investment of tax-	exemp	t bond pro	oceeds 🕨				
	5	Royalties .			•				· · · · · · · · · · · · · · · · · · ·
		(ı) Real		(II) F	Personal				
	6a	Gross Rents							
	þ	Less rental exps							
	C	Rental inc or (loss)							
	d 7a	Net rental income or (loss) Gross amount from (i) Securition		I (Other				
		sales of assets (1) Securities		(11)	Other				
		other than inventory 8,323	,500						
	b	Less cost or other basis & sales exps 8,316	102						
			,308						
	d	Net gain or (loss)	, 500	L	—	7,308	İ		7,308
	-	Gross income from fundraising ever	nts		• •				
en u	"-	(not including \$							
• ∧6		of contributions reported on line 1c)	•						
Other Reven		See Part IV, line 18	а			ļ		İ	
the	ь	Less direct expenses	ь						
0		Net income or (loss) from fundi	raising	events	•				
	9a	Gross income from garning activitie	s						
		See Part IV, line 19	а						
		Less: direct expenses	b						
		Net income or (loss) from game	ng acti	vities	<u> </u>				
	10a	Gross sales of inventory, less							
		returns and allowances	а						
		Less: cost of goods sold	ь						
	C	Net income or (loss) from sales		entory	. •				
		Miscellaneous Revenue	•		Busn. Code		1		
	11a	•							
	b				 				
	0	All other reverses							<u> </u>
		All other revenue Total. Add lines 11a–11d							
		Total Revenue. See instruction	ns	•		8,098,218	6,952,135	0	146,774

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Form **990** (2009)

Form 990 (2009)
Part IX Sta

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

			/B\	1 (0)	(0)
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22			ļ	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	T			_
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	183,750			
b	Legal	30,405		İ	
c	Accounting	18,838			
ď	Lobbying	= -,			
e	Professional fundraising services See Part IV, line 17	· · · · · ·			
f	Investment management fees				
g	Other				
12	Advertising and promotion	3,944			· · · · · · · · · · · · · · · · · · ·
13	Office expenses	1,123			<u> </u>
14	Information technology	-,			<u> </u>
	Royalties				<u> </u>
15					
16 17	Occupancy	3,716			
17 18	Travel	3,110			
18	Payments of travel or entertainment expenses	!			
40	for any federal, state, or local public officials	4,406		 	-
19	Conferences, conventions, and meetings	3,300	 		
20	Interest				
21	Payments to affiliates	<u> </u>			
22	Depreciation, depletion, and amortization	11,500		 	
23	Insurance	11,500		 	
24	Other evenence Herritz evenes and				
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	11 070 007			
a	LOSS & RESERVE	11,879,897 1,125,672			
b	CARRIER SUBSIDIES			 	
С.	ADMIN SERVICES	535,441		+	
d	AGENT REFERRAL FEES	62,200			
e	BANK CHARGES	12,945		 	
f	All other expenses	10,489		 	
25_	Total functional expenses. Add lines 1 through 24f	13,884,326			
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs			1	
	from a combined educational campaign and				
	fundraising solicitation	l I		1	1

orm 990 Part X			-0499340		Page 11
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		2,910,150	1	931,043
2	Savings and temporary cash investments			2	· · · · ·
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		2,662,940	4	720,473
5	Receivables from current and former officers, directors	s, trustees, key			
	employees, and highest compensated employees. Co	mplete Part II of			
1	Schedule L			5	·
6	Receivables from other disqualified persons (as define	ed under section			
-	4958(f)(1)) and persons described in section 4958(c)(3)	3)(B) Complete			
,	Part II of Schedule L			6	
j 7	Notes and loans receivable, net			7	
7 8	Inventones for sale or use			8	
9	Prepaid expenses and deferred charges		10,072	9	58,155
10a	Land, buildings, and equipment: cost or				
	other basis. Complete Part VI of Schedule D	10a		- 1	
	Less: accumulated depreciation .	10b		10c	0 500 654
11	Investments—publicly traded securities		5,420,490	11	3,580,656
	Investments—other secunties. See Part IV, line 11			12	
_ I	Investments—program-related See Part IV, line 11			13	
- 1	Intangible assets			14	
1	Other assets. See Part IV, line 11		11 002 CE2	15	E 200 227
	Total assets. Add lines 1 through 15 (must equal line	34)	11,003,652 25,334	16	5,290,327 22,734
	Accounts payable and accrued expenses		25,334	17	22,134
	Grants payable		535,861	18	644,376
19	Deferred revenue		555,661	19	044,370
i i	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV	, , ,		21	
22	Payables to current and former officers, directors, trus				
21 22	employees, highest compensated employees, and dis	quaimed		22	
- 1	persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated th	urd parties		23	
	Unsecured notes and loans payable to unrelated third			24	
- 1	Other liabilities. Complete Part X of Schedule D	parues	2,802,000	25	2,802,000
	Total liabilities. Add lines 17 through 25		3,363,195		3,469,110
	Organizations that follow SFAS 117, check here ▶	X and	3/333/233		
3	complete lines 27 through 29, and lines 33 and 34.	<u> </u>			
27	Unrestricted net assets		7,640,457	27	1,821,217
28	Temporarily restricted net assets			28	
2 29	Permanently restricted net assets			29	
3	Organizations that do not follow SFAS 117, check	here >			
[]	and complete lines 30 through 34.	_			
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipme	ent fund		31	
32	Retained earnings, endowment, accumulated income	, or other funds		32	
27 28 29 30 31 32 33 33	Total net assets or fund balances		7,640,457	33	1,821,217
ž 34	Total liabilities and net assets/fund balances		11,003,652	34	5,290,327

Form **990** (2009)

Form	990 (2009) NEW HAMPSHIRE INDIVIDUAL HEALTH 02-0499340		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
-			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_		!
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O		,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection Employer identification number Name of the organization NEW HAMPSHIRE INDIVIDUAL HEALTH PLAN BENEFIT ASSOCIATION 02-0499340 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sched	dule D (Form 990) 2009 NEW HAMPSH	IRE INDIVID	UAL HEALTH	02-0499	9340	Page 2
Pa	rt III Organizations Maintaining C	Collections of Art,	Historical Treasu	ires, or Other Sim	ilar Assets ((continued)
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, chec	k any of the following t	that are a significant use	of its	
а	Public exhibition	d 🗌 Loan	or exchange program	s		
b	Scholarly research	e Othe				
c	Preservation for future generations	c out	'			
4	Provide a description of the organization's collect Part XIV	ctions and explain how t	hey further the organiz	ation's exempt purpose	ın	
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be					Yes No
Pa	ert IV Escrow and Custodial Arrar				s" to Form 99	
	IV, line 9, or reported an amount of the second of the	ount on Form 990,	Part X, line 21.			
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or other	assets not		-
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	table			
		,				Amount
С	Beginning balance				1c	
	Additions during the year	•	•	•	1d	
					1e	
e	Distributions during the year		••		· 16	
, T	Ending balance	000 B: 1 V I :: 010			. ["]	
	Did the organization include an amount on Form	1 990, Part X, line 21?		•		∟ Yes ∟ No
	If "Yes," explain the arrangement in Part XIV.	· · · · · · · · · · · · · · · · · · ·			/ Um n 40	
<u> Pa</u>	irt V Endowment Funds. Comple					
		(a) Current year	(b) Pnor year	(c) Two years back (d	d) Three years back	(e) Four years back
1a	Beginning of year balance			ļ <u>-</u>		
b	Contributions .					
C	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships			·		
	Other expenditures for facilities					
	and programs					1
f	Administrative expenses					
·	End of year balance				1.	
ว	Provide the estimated percentage of the year er	nd halance held as:		1		
	Board designated or quasi-endowment	o/				
a	·	⁷⁶				
D	Permanent endowment %					
C	Term endowment ▶ %					
3a	Are there endowment funds not in the possession	on of the organization th	at are held and admini	stered for the		<u> </u>
	organization by.					Yes No_
	(i) unrelated organizations					3a(i)
	(ii) related organizations				•	3a(ii)
b	If "Yes" to 3a(ii), are the related organizations list	sted as required on Scho	edule R?			3b
4_	Describe in Part XIV the intended uses of the or					
Pa	art VI Investments—Land, Buildin	gs, and Equipmer	t. See Form 990), Part X, line 10.		
	Description of investment	(a) Cost or other basis			nulated	(d) Book value
		(investment)	basis (other) deprecia	ation	
1a	Land			<u> </u>		
	Buildings					
	Leasehold improvements					
			-	-		
	Equipment	-				
	Other		ump (R) line 10(a) \			
otal	I. Add lines 1a through 1e (Column (d) must equ	ы гопп ээо, Рап X, col	umm (D), line TU(C))	•	<u> </u>	

Column (b) must equal Form 990, Part X, col. (B) line 12.) Part XI Investments—Program Related. See Form 990. Part X, line 12. Part XI Investments—Program Related. See Form 990. Part X, line 13. Column (b) must equal Form 990, Part X, col. (B) line 12.) Part X Other Assets. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-d-year market value Co	Page 3
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Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes	
1. (a) Description of liability (b) Amount Federal income taxes	
Federal income taxes	
LOSS RESERVES 2,002,000	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2,802,000	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2,802,000 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the	

organization's liability for uncertain tax positions under FIN 48

	dule D (Form 990) 2009 NEW HAMPSHIRE INDIVIDUAL HEALT		<u>2-049934</u>		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financ	ial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	8,098,218
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	<u>13,884,326</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	<u>-5,786,108</u>
4	Net unrealized gains (losses) on investments			4	<u>-33,132</u>
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net). Add lines 4 through 8			9	-33,132
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	-5,819,240
Pá	rt XII Reconciliation of Revenue per Audited Financial Statement	s With Reven	ue per Retui	n	
1	Total revenue, gains, and other support per audited financial statements			1	8,065,086
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	-33,132		
b	Donated services and use of facilities	2b	-		
C	Recovenes of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	33,132
3	Subtract line 2e from line 1			3	8,098,218
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,098,218
Pa	irt XIII Reconciliation of Expenses per Audited Financial Statemen	nts With Expe	nses per Re	turn	
1	Total expenses and losses per audited financial statements	•		1	13,884,326
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a			
b	Pnor year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	_
3	Subtract line 2e from line 1			3	13,884,326
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		. 1	
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	13,884,326
Pa	art XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV,	lines 1b		
and :	2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines	2d and 4b. Also co	mplete		
hıs į	part to provide any additional information				
_					
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Schedule D (Fo	rm 990) 2009	NEW	HAMPSHIRE	INDIVIDUAL HEAL	TH 02-0499340	Page 5
Part XIV	Suppleme	ental Info	HAMPSHIRE ormation (continuation)	ued)		
	1.1.			<u> </u>		
	·				. – – – – – – – – – – – –	
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SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

 OMB No 1545-0047

2009 Open To Public

Inspection

Name of the organization

NEW HAMPSHIRE INDIVIDUAL HEALTH
PLAN BENEFIT ASSOCIATION

Employer identification number

02-0499340

Part I	Excess Benefit Transactions (section			d section 501/	c)(4) organ	izations only	•	<u> </u>		<u></u>		-		
	Complete if the organization answered "Yes" of							40b.						
1	(a) Name of disqualified person			(b) Description of transaction							(c)	ted?		
1 (a) Name of disqualified person						(b) Descriptio	II OI transaction				Yes	<u> </u>	No	
	.			<u> </u> _										
														
•			•											
2 Enter	the amount of tax imposed on the organization ma	nagers	or disqu	ialified persons	during the	e year								
	section 4958							▶ \$						
	the amount of tax, if any, on line 2, above, reimbur			inization				> \$			· · · ·			
Part II	Loans to and/or From Interested P Complete if the organization answered "Yes" of			art IV lina 26	or Form O	00 E7 Port \	/ line 38a							
								Ĺ.,.		<i>(</i> 0.4.		Ī.,,,		
	(a) Name of interested person and purpose	(b) Loan to or from the		(c) Onginal principal amount		(d) Balance due		1			f) Approved by board or		(g) Written agreement?	
		organiz	zation?							committee?		_		
		To From						Yes	No	Yes	No	Yes	No	
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Γotal .					▶ 9	<u> </u>		\vdash		 	L	H		
Part III	Grants or Assistance Benefitting I	nteres	sted P	ersons.		<u> </u>		1		·		<u> </u>		
	Complete if the organization answered "Yes" of													
(a) Name of interested person			(b) Relationship between interested person and the				(c) Amount and type of					ance		
			<u> </u>	organization										
				-			<u> </u>							
								 						
						·								
								<u>. </u>						
Part IV	Business Transactions Involving I													
	Complete if the organization answered "Yes" of	on Form	1990, P	art IV, line 28a	, 28b, or 2	8c.					_	17-10	<u></u>	
(a) Name of interested person		(b) Relationship between interested person and the organization		•	(c) Amount of		(d) Description of tr		of trans	ansaction		of	Shanng org	
						transaction						Yes	No	
SEE STA	TEMENT	- Organiza										1.53	x	
												1	 	
												 	 	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public

OMB No 1545-0047

Name of the organization NEW HAMPSHIRE INDIVIDUAL HEALTH PLAN BENEFIT ASSOCIATION

Employer identification number

02-0499340

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

THE ORGANIZATION HIRES A MANAGEMENT COMPANY TO RUN ALL OF THE PROGRAMS IN THE HEALTH PLAN. THE TRUSTEES OVERSEE THE OPERATIONS OF THE MANAGEMENT COMPANY.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE 990 IS PRESENTED TO THE AUDIT COMMITTEE BEFORE IT IS FILED.

THE AUDIT COMMITTEE REVIEWS THE RETURN FOR ACCURACY AND REPORTS ITS

FINDINGS TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS APPROVES THE

990 BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE CONFLICT OF INTEREST POLICY IS PART OF THE ETHICS POLICY. IT REQUIRES

THAT THE ORGANIZATION DO AN ANNUAL UPDATE AND DISCLOSURE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE HELD IN CARE OF HELMS & CO IN CONCORD, NH AND AVAILABLE UPON REQUEST

SCHEDULE O - ADDITIONAL INFORMATION

THE RECONCILIATION OF NET INCOME FROM THE FINANCIAL STATEMENTS TO THE TAX
RETURNS SHOWS A DIFFERENCE IN THE REVENUE FOR UNREALIZED GAIN LOSS. THE
UNREALIZED GAIN/LOSS IS REPORTED SEPERATELY, AT THE BOTTOM OF THE FINANCIAL
STATEMENTS SO THE REVENUES DON'T TIE BACK TO THE FINANCIAL STATEMENTS BUT
THE NET INCOME/LOSS NUMBER AGREES.

Name of the organization

NEW HAMPSHIRE INDIVIDUAL HEALTH

Employer Identification number 02-0499340

SCHEDULE L, PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS.

THE ASSOCIATION'S MEMBERSHIP CONSISTS, BY STATUTE, OF ALL INSURERS LICENSED TO TRANSACT HEALTH INSURANCE IN THE STATE THAT OFFER POLICIES FOR MAJOR MEDICAL COVERAGE ON AN EXPENSE-INCURRED BASIS AND ALL LICENSED HOSPITALS, MEDICAL SERVICE CORPORATIONS, OR OTHER ORGANIZATIONS, IF ANY, IN THE STATE THAT OFFER SUBSCRIBER CONTRACTS FOR MAJOR MEDICAL COVERAGE. THE ASSESSMENTS ARE LEVIED ON ALL MEMBERS BASED ON PROJECTED CASH FLOW. THE ASSESSMENTS ARE DETERMINED BY THE BOARD OF DIRECTORS WHICH IS COMPRISED OF REPRESENTATIVES FOR THE MEMBERS AS REQUIRED BY NEW HAMPSHIRE STATUTE.