

ASSURANT HEALTH

501 West Michigan
P. O. Box 624
Milwaukee, WI 53201-0624
Telephone: (414) 271-3011

July 19, 2007

[REDACTED]
TOM [REDACTED]
[REDACTED]
[REDACTED] MN [REDACTED]

000407CRI 00001
MICHAEL MACKEY
2401 FOUNTAIN VIEW DR STE 900
HOUSTON TX 77057-

Application: [REDACTED]

Teresa [REDACTED]

Dear Teresa [REDACTED]

Thank you for applying for health insurance with Us.

We have completed our underwriting review of the information provided to determine your eligibility for health insurance. Based on our underwriting guidelines, practices and procedures, we were unable to offer any coverage at this time for: TOM

This decision was based on information received regarding:
ALCOHOLISM AND ANXIETY

The information we based our decision on was obtained from:
HEALTH HISTORY INTERVIEW

This decision may have been influenced in part by information in a consumer report made, at our request, by the Medical Information Bureau, Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617)426-3660; (866)692-6901.

The Bureau did not make the decision regarding your eligibility and is unable to provide you with the specific reasons for the decision.

You have a right under the Fair Credit Reporting Act to know the information contained in your credit file at the consumer reporting agency. You may obtain a free copy of the report from the Bureau if you request it no later than 60 days after you receive this notice. In addition, if you find that any information contained in the report you receive is inaccurate or incomplete, you have the right to dispute the matter with the reporting agency.

If we refuse to correct, amend, or delete disputed personal information, you may file an appeal with the Commissioner of the Minnesota Department of Commerce.

Notice of the Minnesota Comprehensive Health Association (MCHA)

You and/or your dependents may be eligible for health insurance coverage under the Minnesota Comprehensive Health Association (MCHA), which has been established for people who need health insurance and can afford it, but cannot obtain it because of a medical or physical condition. You may be eligible for MCHA coverage if you have been a Minnesota resident for six months and meet the following criteria:

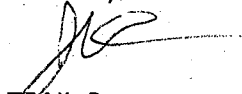
- You have been rejected for individual health coverage within six months of the application; or
- You have reached the age of 65 or over and are not eligible for Medicare; or
- You are an eligible individual under the Health Insurance Portability and Accountability Act (HIPAA); or
- You have been treated within the last three years for a presumptive condition identified on the MCHA application form.

We have enclosed a copy of the Comprehensive Hospital and Medical-Surgical Expense Coverage brochure for your convenience. If you are interested in obtaining more information about MCHA and the availability of coverage under the Comprehensive Hospital and Medical-Surgical Expense plan, please contact:

MCHA
MEDICA
Mail Route CP 280
401 Carlson Parkway
Minnetonka, MN 55305
1-866-894-8053

If you have any questions regarding this situation, please write to us.

Cordially,



TEAM R
Individual Medical Underwriting Department

JWAKE

Enclosure