Worksheet 1 - Issuer General Inform	ation						OMB Control Number: 0938-1086	
1. Corporate Information								
Issuer Legal Name:		State:		Issuer ID:		1		
Federal EIN:		Market Coverage:		Issuer Marketing Name:		İ		
NAIC Company Code		NAIC Group Code:				1		
2. Address Address Line 1:				1				
Address Line 1: Address Line 2:		+						
City:		1						
State:		i						
Zip:		4 digit:		İ				
•	-	-	-	-				
3. Individual and Small Group Market		1						
Do you offer Individual market? Enter the web address for the Individual.								
Enter the web address for the Individual Market website if Yes is entered in C15.								
3). Do you offer Small Group market?								
Enter the web address for the Small Group Market website if Yes is entered in C17.								
4a. Customer Service Contact - Individual M	arket			_	4b. Customer Service Contact - Small Grou	p Market		
Local Number:		Extension:			Local Number:		Extension:	
Toll Free Number		-			Toll Free Number			
TTY: Website Address		1			TTY: Website Address		+	
Website Address				ı	Website Address			_
5. Data Submission Contact - Individual Mark	et							
Primary Contact				_				
First Name:		Last Name:		l				
Phone Number:		Extension:						
Email:				<u>l</u>				
Backup Contact								
First Name:		Last Name:		1				
Phone Number:		Extension:		İ				
Email:								
6. Issuer Data Submission Validation Contact Primary Contact	t - Individual Market							
First Name:		Last Name:	1	1				
Phone Number:		Extension:		ł				
Email:		1		1				
				•				
Backup Contact								
First Name:		Last Name:						
Phone Number:		Extension:		-				
Email:				J.				
7. Data Submission Contact - Small Group M	arket							
Primary Contact			_					
First Name:		Last Name:						
Phone Number:		Extension:		ļ				
Email:				ļ.				
Backup Contact								
First Name:		Last Name:		1				
Phone Number:		Extension:		1				
Email:				l				
A transport Cutanti Control Control	. Court Court Market							
8. Issuer Data Submission Validation Contact Primary Contact	t - этан Group Market							
First Name:		Last Name:		1				
Phone Number:		Extension:		i				
Email:				l				
Backup Contact		l	1	1				
First Name: Phone Number:		Last Name: Extension:		ł				
Email:		Extension.		1				
				•				
9. Ratings- Individual Market					_			
Is Issuer rated by any rating company?								
Rating Company (rated in the past 2 years)	Rating Type	Rating	Rating Company Other/Describe	Rating Type Other/Describe	_			
					+			
					1			
10. Ratings- Small Group Market Is Issuer rated by any rating company?					7			
Rating Company (rated in the past 2 years)	Rating Type	Rating	Rating Company Other/Describe	Rating Type Other/Describe				
James James and the proof of James J				5 yes serious				

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Worksheet 2 - Product Information
Please enter applications, denials and up-rates that occurred in: Q1-2011 (Jan. 1 - Mar. 31, 2011) OMB Control Nu

											Website Address		Number of	Number of		
Cross			Enrollment Code/Group	1	Other Product Type	Association	Product	Individual or	Website Address	Website Address	(Provider URL)	Covers Whole	Applications	Applications	Number of Up-	
Reference	Product ID	Product Name	Number	Product Type	Description	Product?	Enrollment	Small Group	(Benefit at a Glance)	(Formulary)	Enter "indemnity" if none	State?	Received	Denied	Rated Offers	
1																1

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Worksheet 3 - Geographic Coverage (Required if product does not cover whole State)

Cross Reference	Zip Code

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