

Worksheet 1 - Issuer General Information

OMB Control Number: 0938-1086

1. Corporate Information

Issuer Legal Name:		State:		Issuer ID:	
Federal EIN:		Market Coverage:		Issuer Marketing Name:	
NAIC Company Code:		NAIC Group Code:			

2. Address

Address Line 1:		
Address Line 2:		
City:		
State:		
Zip:		4 digit: <input type="text"/>

3. Individual and Small Group Market

1) Do you offer Individual market?	
2) Enter the web address for the Individual Market website if Yes is entered in C16.	
3) Do you offer Small Group market?	
4) Enter the web address for the Small Group Market website if Yes is entered in C17.	

4a. Customer Service Contact - Individual Market

Local Number:		Extension:	
Toll Free Number:			
TTY:			
Website Address:			

4b. Customer Service Contact - Small Group Market

Local Number:		Extension:	
Toll Free Number:			
TTY:			
Website Address:			

5. Data Submission Contact - Individual Market

Primary Contact

First Name:		Last Name:	
Phone Number:		Extension:	
Email:			

Backup Contact

First Name:		Last Name:	
Phone Number:		Extension:	
Email:			

6. Issuer Data Submission Validation Contact - Individual Market

Primary Contact

First Name:		Last Name:	
Phone Number:		Extension:	
Email:			

Backup Contact

First Name:		Last Name:	
Phone Number:		Extension:	
Email:			

7. Data Submission Contact - Small Group Market

Primary Contact

First Name:		Last Name:	
Phone Number:		Extension:	
Email:			

Backup Contact

First Name:		Last Name:	
Phone Number:		Extension:	
Email:			

8. Issuer Data Submission Validation Contact - Small Group Market

Primary Contact

First Name:		Last Name:	
Phone Number:		Extension:	
Email:			

Backup Contact

First Name:		Last Name:	
Phone Number:		Extension:	
Email:			

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

10. Ratings - Small Group 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

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection is 0938-1086. The time required to complete this information collection is estimated to average (30.32 hours) or (1,819.2 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS,

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

Cross Reference	Zip Code

OMB Contr