## OMB Control Number: 0938-1086

## Worksheet 1 - Issuer General Information

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:		
State:		
Zip:	4 digit:	

# Individual and Small Group Market J. Do you offer Individual market? Z. Erker the web address for the Individual Marker website If Yes is entered in C15. J. 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		

# 5. Data Submission Contact - Individual Market

First Name:		Last Name:	
Phone Number:		Extension:	
Email:			
Linui.			
Backup Contact			
First Name:		Last Name:	
Phone Number:		Extension:	
Email:			
6. Issuer Data Submission V	alidation Contact - Individual Market		
Primary Contact			
First Name:		Last Name:	
Phone Number:		Extension:	
Email:			
Backup Contact			
Backup Contact		Last Name:	
Email: Backup Contact First Name: Phone Number:		Last Name: Extension:	
Backup Contact First Name:			
Backup Contact First Name: Phone Number:			
Backup Contact First Name: Phone Number: Email:	- Small Group Market		
Backup Contact First Name: Phone Number: Email: 7. Data Submission Contact	- Small Group Market		
Backup Contact First Name: Phone Number: Email: 7. Data Submission Contact Primary Contact	- Small Group Market		
Backup Contact First Name: Phone Number: Email: 7. Data Submission Contact Primary Contact First Name:	- Small Group Market	Extension:	
Backup Contact First Name: Phone Number:	- Small Group Market	Extension:	
Backup Contact First Name: Phone Number: Email: 7. Data Submission Contact Primary Contact First Name: Phone Number:	- Small Group Market	Extension:	
Backup Contact First Name: Phone Number: Email: 7. Data Submission Contact Primary Contact First Name: Phone Number: Email:	- Small Group Market	Extension:	
Backup Contact First Name: Phone Number: Email: 7. Data Submission Contact Primary Contact First Name: Phone Number:	- Small Group Market	Extension:	
Backup Contact First Name: First Name: Fhone Number: Email: 7 Primary Contact First Name: PhoneNumber: Email: Backup Contact	- Small Group Market	Extension: Last Name: Extension:	

#### Primary Contact

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

## 9. Ratings- Individual Market

is issuel 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

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# 4b. Customer Service Contact – Small Group Market

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

#### 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		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															

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

Cross Reference Zip Code

OMB Contr