

Figure 1: Administrative Page (Edit Issuer General Information)

### Edit Issuer General Information

**World Insurance Company - ND**

(\* ) Indicates a required field

Note: All phone number fields accept a 10 digit number or an 11 digit number beginning with 1. All phone number extension fields accept a maximum of 6 digits.

**Corporate Information**

<b>Issuer Legal Name:</b>	World Insurance Company	<b>State:</b>	ND
<b>Issuer ID:</b>	10141	<b>Issuer Marketing Name:</b>	
<b>Market Coverage:</b>	Individual	<b>Federal EIN:</b>	470339860
<b>NAIC Company Code:</b>	70629	<b>NAIC Group Code:</b>	03527

**Address**

<b>Address Line 1:</b>	11808 Grant Street
<b>Address Line 2:</b>	
<b>City:</b>	Omaha
<b>State:</b>	NE
<b>Zip:</b>	68164

**Individual and Small Group Market**

<b>Do you offer individual?</b>	Yes
<b>Website:</b>	www.worldinsco.com
<b>Do you offer small group?</b>	No
<b>Website:</b>	

**Customer Service Contact - Individual Market**

<b>*Local Number:</b>	402-496-8000
<b>Extension:</b>	
<b>Toll Free Number:</b>	18007867557
<b>TTY:</b>	
<b>*Website:</b>	www.worldinsco.com

**Ratings - Individual Market**

\*Is Issuer rated by any rating company in the last two years? Yes ▾

+ Add New Row

*Rating Company	*Rating Type	*Rating	Rating Company Other/Describe	Rating Type Other/Describe	Delete Row
AM Best ▾	Financial ▾	A-			☒

**Ratings - Small Group Market**

\*Is Issuer rated by any rating company in the last two years? No ▾

Submit Cancel Back

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. The valid OMB control number for this information collection is 0938-1187, expiration date is xx/xx/xxxx. The time required to complete this information collection is estimated to take up to 282.25 hours per issuer per year, including the time to review instructions, gather the information 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, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Figure 2: Administrative Page (Edit Issuer Marketplace Information)

<a href="#">View Issuer Submitted Data</a>	<a href="#">Download Data Submission Tools</a>	<a href="#">Upload Finalized Data Template</a>	<a href="#">Component IDs</a>
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### Edit Issuer Marketplace Information

**World Insurance Company - ND**

Note: All phone number fields accept a 10 digit number or an 11 digit number beginning with 1. All phone number extension fields accept a maximum of 6 digits.

#### Corporate Information

<b>Issuer Legal Name:</b>	World Insurance Company
<b>Issuer Marketplace Marketing Name:</b>	<input type="text"/>
<b>State:</b>	ND
<b>Market Coverage:</b>	Individual

#### Marketplace Issuer Billing Address

<b>Marketplace Billing Name:</b>	<input type="text"/>
<b>Marketplace Address Line 1:</b>	123 World Street
<b>Marketplace Address Line 2:</b>	<input type="text"/>
<b>Marketplace City:</b>	Middletown
<b>Marketplace Address State:</b>	ND ▾
<b>Marketplace Zip:</b> (5 digit number)	12345
<b>Marketplace Zip Extension:</b> (4 digit number)	<input type="text"/>


#### Customer Service Contact - Individual Market

<b>IFP Customer Service Phone</b>	888-111-2222
<b>IFP Customer Service Phone Extension:</b>	123
<b>IFP Customer Service Phone Toll Free:</b>	888-666-4444
<b>IFP Customer Service TTY:</b>	<input type="text"/>
<b>IFP Customer Service URL:</b>	<input type="text"/>

[Submit](#) [Cancel](#) [Back](#)

Figure 3: Accreditation Page (Part 1)

## Accreditation

 Instructions and Reference Material (PDF)  
[3.21 MB]

- Summary
- Program Attestations
- State Licensure
- Good Standing
- Accreditation**
- ECP/Network Adequacy
- Review

**Data Submitter**   Final Submission

Fields marked with an asterisk (\*) are required.

\* Does the applicant currently have any commercial, Medicaid or Exchange health plans in this state, ND, accredited by a HHS recognized accrediting entity?

Yes    No

**Save**   **Submit Section**   **Previous**   **Next**

Figure 4: Accreditation Page (Part 2)

## Accreditation

Instructions and Reference Material (PDF)  
[3.21 MB]

- Summary
- Program Attestations
- State Licensure
- Good Standing
- Accreditation**
- ECP/Network Adequacy
- Review

Data Submitter | Final Submission

Fields marked with an asterisk (\*) are required.

\* Does the applicant currently have any commercial, Medicaid or Exchange health plans in this state, ND, accredited by a HHS recognized accrediting entity?

Yes  No

\* Which accrediting entity? Please select from the list below.

NCQA

URAC

NCQA & URAC

**Upload File(s)**

Document Type: Select document type

Upload File(s): Choose File No file chosen Upload

**Uploaded Supplementary Documentation**

Document Type	File Name	Upload Date	Actions
The applicant has not uploaded any files.			

**Terms and Conditions**

The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Exchange (FFE) (if applicable).

\* I agree to the terms and conditions.

Save Submit Section Previous Next

Figure 5: Accreditation Page (Part 3)

## Accreditation

[Instructions and Reference Material \(PDF\)](#)  
[3.21 MB]

- Summary
- Program Attestations
- State Licensure
- Good Standing
- Accreditation**
- ECP/Network Adequacy
- Review

**Data Submitter** | Final Submission

Fields marked with an asterisk (\*) are required.

\* Does the applicant currently have any commercial, Medicaid or Exchange health plans in this state, ND, accredited by a HHS recognized accrediting entity?

Yes  No

### Upload File(s)

Document Type:

Upload File(s):  No file chosen

### Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
The applicant has not uploaded any files.			

### Terms and Conditions

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