

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

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

Address

Address Line 1:	11808 Grant Street
Address Line 2:	
City:	Omaha
State:	NE
Zip:	68164

Individual and Small Group Market

Do you offer individual?	Yes
Website:	www.worldinsco.com
Do you offer small group?	No
Website:	

Customer Service Contact - Individual Market

*Local Number:	402-496-8000
Extension:	
Toll Free Number:	18007867557
TTY:	
*Website:	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)

View Issuer Submitted Data	Download Data Submission Tools	Upload Finalized Data Template	Component IDs
--	--	--	-------------------------------

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

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

Marketplace Issuer Billing Address

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


Customer Service Contact - Individual Market

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

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.