



SMALL GROUP HEALTH INSURANCE DATA REPORT

NORTH DAKOTA INSURANCE DEPARTMENT
SFN 54181 (10-2004)

I, the undersigned officer of the carrier shown below, hereby affirm that the information provided herein was prepared under my supervision and that it is true and correct to the best of my knowledge and belief.

Name of Carrier		Carrier Telephone Number
Name of Officer	Title of Officer	
Officer Signature		Date

Total EARNED PREMIUM for North Dakota small employer groups	
Total INCURRED CLAIMS for North Dakota small employer groups	
Number of Covered Lives for ALL contracts issued or renewed to small employer groups	
Number of Covered Lives for NEW contracts issued or renewed to small employer groups	

* NOTE: Covered lives should include the insured and dependents.

Please provide the following additional data on your **small employer business for the last calendar year**, pursuant to North Dakota Administrative Code 45- 06-06.1

	NEW	RENEWED
Number of ALL contracts in force		
Number of ALL certificates in force		
Number of STANDARD contracts in force		
Number of BASIC contracts in force		
Number of ALL contracts in force by the first three digits of the zip code		
580 <input type="text"/> 582 <input type="text"/> 584 <input type="text"/> 586 <input type="text"/> 588 <input type="text"/>		
581 <input type="text"/> 583 <input type="text"/> 585 <input type="text"/> 587 <input type="text"/>		
Number of ALL contracts that were voluntarily nonrenewed		
Of these contracts, indicate the number of groups which:		
Switched Carriers <input type="text"/> Self-Funded <input type="text"/> Dropped Coverage <input type="text"/>		
Number of ALL contracts terminated/involuntarily non-renewed for:		
Fraud/Misrepresentation <input type="text"/> Employee Participation <input type="text"/>		
Employee Participation <input type="text"/> Other <input type="text"/>		
Number of NEW contracts issued to employers who had been uninsured for at least 3 months prior to issue		
In addition to the required North Dakota Basic and Standard Policies, what other plans, if any, are available to new applicants?		
Percent of Change in New Business Rates	Provide an 800-number for potential employers to contact for more information on your plans	

Please return by **March 15** to:

North Dakota Insurance Department
600 East Boulevard
Bismarck, ND 58505
FAX: 701-328-4880