Small Employer Health Insurance Reform Act Yearly Report

Company Name:		Due: March 15 th annually
Company Address:		
Oklahoma Company Number:		
Contact Person:	Phone Number:	
Pursuant to Regulation 365:10-5-161(ginformation with the Commissioner relacarrier to small employers in this state.		
A. The number of small employers that were issued health benefit plans in the previous calendar year (separated as to newly issued plans and renewals)	(New Issues)	(Renewals)
B. The number of small employers that were issued the basic health benefit plan and the standard health benefit plan in the previous calendar year (separated as to newly issued plans and renewals and as to class of business)	(New Issues)	(Renewals)
C. The number of small employer health benefit plans in force in each county or by zip code of the state as of December 31 of the previous calendar year (Note: we prefer by county) You may attach another sheet(s)		
D. The number of small employer health benefit plans that were voluntarily not renewed by small employers in the previous calendar year		
E. The number of small employer health benefit plans that were terminated or non-renewed (for reasons other than nonpayment of premium) by the carrier in the previous calendar year		
F. The number of small employer health benefit plans that were issued to small employer that were uninsured for at least the three (3) months prior to issue		
G. Calendar Year Net Premium		
H. Covered Lives		