MEDICAL STOP LOSS SURVEY Policies Issued/Renewed Between 6/1/2014 - 5/31/2015

Insurer's Name:								
NAIC Number:								
Group Code:								
Insurer contact's Name:								
Mailing Address:								
Telephone Number:								
E-mail Address:								
Number of Plan Designs:								

Insurer cor	itact's Name:								
Telephone	Number:								
	-								
Threshold	for Minimum Numbe	er of Employees:							
Number	Policy Number	Employer Zip Code	Average Number of Covered Lives	Average Number of Covered Employees	Average Age of Employees	Specific Attachment Point	Aggregate Attachment Point	Estimated Total Annual Premium	SIC Code
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