

Date: _____

Company Name	_____
NAIC Company Code Contact	_____
Person	_____
Title	_____
Phone #	_____
Consumer Toll-Free Phone #	_____
Company Website	_____

Place a \checkmark beside the plans offered in DE:

Plan A Plan B Plan C Plan D Plan F Plan G Plan I
Plan K Plan L Plan M Plan N High Deductible Plan F

Place a \checkmark beside the rating method used in Delaware.

Issue Age Community Rated Attained Age

Total number of Insureds (Standard Plans) effective December 31, 2016 _____

Please send completed survey by February 20, 2017 to
DOI_DMABinfo@state.de.us

Company _____ NAIC Code _____ Date: _____

Please provide base rates excluding any adjustments for discounts and/or factors. Please e-mail the completed form to DOI_DMABinfo@state.de.us. **This is a fillable form.** We ask that you please complete our chart as opposed to sending company printouts or other in-house charts. We need **ANNUAL RATES**. Contact Lokia Turner at (302) 674-7366 with any questions you may have.

PLANS							
Age	A	B	C	D	F	G	K
Under 65 Disabled							
Under 65 ESRD							
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66							
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PLANS				
Age	High Ded F	L	M	N
Under 65 Disabled				
Under 65 ESRD				
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