

# Annual Supplemental Statement Report (ASSR) Form

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## New Submission or Resubmission

Are you filing a brand new submission or resubmitting in full or part?\*

- New Submission  
 Resubmission

Please Note: If you are filing a Resubmission, you will need to provide your Company Information but can select "No" when asked about lines of business for which you do not have any changes. You will not need to re-file information from your initial submission that has not changed.

## Organization Detail

NAIC #(s) \*

Company Name(s) \*

FEIN(s) \*

## Legal Counsel

First Name \*

Last Name \*

Address \*

Email \*

email@example.com

Phone \*

(999) 999-9999

## Filer Information

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Please provide information for the individual completing this filing.

First Name \*

Last Name \*

Email \*

email@example.com

Phone \*

(999) 999-9999

## Comprehensive Major Medical

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Does your company need to report Comprehensive Major Medical lines of business?\*

- Yes  
 No

Does your company need to report Non-Comprehensive Medical lines of business?\*

- Yes  
 No

Does your company need to report Dental lines of business?\*

- Yes  
 No

Does your company need to report Federal Employee Health Plan (FEHP) lines of business?\*

- Yes  
 No

Does your company need to report Limited Benefit lines of business?\*

- Yes  
 No

Does your company need to report Long Term Care lines of business?\*

- Yes  
 No

Does your company need to report Medicare Advantage (Part C) lines of business?\*

- Yes  
 No

Does your company need to report Medicare Part D lines of business?\*

- Yes  
 No

Does your company need to report Medicare Supplement lines of business?\*

- Yes  
 No

Does your company need to report Specified / Named Disease lines of business?\*

- Yes  
 No

Does your company need to report Stop Loss / Excess Loss lines of business?\*

- Yes
- No

Does your company need to report Student lines of business?\*

- Yes
- No