ATTACHMENT C

(For Insurance Carriers Only)

INSURE OKLAHOMA EMPLOYER SPONSORED INSURANCE PROGRAM (ESI).
Please provide the details outlined below for each form that may be used to write an insurance contract through the Insure Oklahoma program.
NOTE: ***Any changes or modifications to the details below must be submitted to the Health Care Authority.***

Exact Insurance Company Name	NAIC Company Code	Oklahoma Insurance Department Filing Number if applicable	SERFF tracking number if applicable	Oklahoma Form Number	Date of Approval By the Oklahoma Insurance Department