

EXHIBIT CC: 20xx
New Jersey Small Employer Health Benefits Program
Carrier Small Employer Market Share Report

This report must be completed in accordance with the provisions of N.J.A.C. 11:21-10, and certified by the Chief Financial Officer or other duly authorized officer of the Carrier. This report must be completed and returned on or before **April 1, 20xx**.

Part A. Carrier Information

Carrier's Name:	
Carrier's NAIC Number:	

Affiliated carriers shall submit one combined Market Share Report, listing all affiliates that had group health benefits plans in force for small employers in the preceding calendar year in the lines provided below. However, any insurance company, health service corporation, hospital service corporation or medical service corporation that is an affiliate of a health maintenance organization located in the State, and any health maintenance organization located in the State that is affiliated with an insurance company, health service corporation, hospital service corporation, or medical service corporation shall submit separate Market Share Reports.

Affiliated Carriers: (Name and NAIC Number)	

Part B. Personal Respondent Information

Name:			
Title:			
Phone:		Fax:	
Email:			
Mailing Address:			

Part C. Calendar Year Information for 20xx

1. Net earned premium for all small employer group health benefits plans in 20xx:	\$
2. Less refunds paid in 20xx:	\$
3. Assessable Net Earned Premium (1-2=3):	\$

Part D. Certification

I certify that I am the Chief Financial Officer or other duly authorized officer of the company and that the information provided in this Report is accurate and complete, and has been prepared in accordance with the provisions of N.J.A.C. 11:21-10.

Printed Name:	
Title:	
Signature:	Date:

