

California INSURER/CLAIM ADMINISTRATOR ID LIST

Sender ID FEIN: _____

Sender ID Physical Postal Code: _____

#	Insurer/Claim Administrator/Self Insurer Legal Name	Insurer/CA Self Insurer FEIN	NAIC (if applicable)	Trading Partner Type* Insurer/CA/Self Insurer
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Please add additional lines and pages as needed.

* Trading Partner Types:

1 = Self Administered Insurer

2 = Self Administered, Self-Insurer (employer)

3 = Third Party Administrator of insurer

4 = Third Party Administrator of self-insurer

5 = Service Bureau

6 = Other: _____