

Illinois Insurance Supplier Diversity Report for the Filing Year

(Fields will expand to accommodate all text input. Please consult 50 Ill. Adm. Code 910 for additional guidance.)

Filing submitted as (Choose one): Risk-Bearing Entity Reporting Group
Filing Entity/Group Official Name:
NAIC Code: (If filing as Risk-Bearing Entity)
NAIC Group Code: (Provide if you have one, regardless of filing type)

If filing as a Reporting Group, provide the official name and NAIC Code of every affiliated risk-bearing entity under 50 Ill. Adm. Code 910.20 in the same supplier diversity program or procurement program.
Official Names: NAIC Codes:

1. Does your Entity / Group have a supplier diversity program?
Yes No No, but creating within the next 12 months
2. Please provide the point of contact for vendors to communicate about registering with the Entity / Group's supplier diversity program or other procurement program.
Name: Telephone:
Email: Web Portal Link:
3. Please list all government and private local and State certifications the Entity / Group accepts or recognizes for minority-owned, women-owned, LGBT-owned, or veteran-owned business status. If a local or State certification does not exist for one of these statuses, and for other statuses if desired by the Entity / Group, please list any national or international certifications accepted. You also may, but are not required to, identify any certifications accepted for businesses owned by persons with a disability or by any other historically underrepresented population defined by your supplier diversity program. If you have your own certification program to recognize one or more inclusion supplier statuses, please explain your eligibility verification requirements. If certifications are not accepted or recognized, write "N/A":
4. Does your Entity / Group set internal goals for its supplier diversity program?
Yes No N/A, no supplier diversity program

If yes, please provide a breakdown of the voluntary goals on inclusion suppliers for the current calendar year in each category of the Entity / Group's entire procurement budget and the commodity codes or a description of particular goods and services for the area of procurement in which the Entity / Group expects most of those goals to focus this year. *(Spend goals must be expressed either as flat-dollar amounts or as percentages of the total spend on inclusion suppliers for the procurement category. Goals for the number of inclusion suppliers or percentage of inclusion suppliers versus total suppliers should specify whether they are in terms of unique paid suppliers. Other types of goals may be included at the option of the Entity / Group):*

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5. Narrative: Please describe your supplier diversity program and the tactics you employ to achieve the goals of your supplier diversity program both in Illinois and nationally. Please specify whether you track procurement with Tier 2 suppliers. Please also describe whether you conduct any outreach specifically to inclusion suppliers, and if, so, what forms of outreach you use (e.g. direct outreach to specific suppliers, events, types of media, leveraging memberships in associations, etc.). If you have no supplier diversity program, please explain why. If you plan to create a program within the next 12 months, use this section to provide a timeline for its expected beginning and any details available.

Please also provide the results of your supplier diversity program or other procurement program for the preceding calendar year both for suppliers headquartered in Illinois and nationally. For fields that only apply to an Entity / Group with a supplier diversity program, write "N/A" if you do not have one.

For each procurement category, please provide:

- | | | |
|--|----|----------|
| i. total \$ procurement spend: | IL | National |
| ii. if you have a supplier diversity program, the total \$ spend w/ inclusion suppliers: | IL | National |
| iii. total \$ contracts signed: | IL | National |
| iv. total #unique paid suppl'rs: | IL | National |

For each type of certified inclusion supplier the Entity / Group accepts or recognizes, provide:

- | | | |
|--|----|----------|
| i. total \$ spend on inclusion suppliers: | IL | National |
| ii. total \$ contracts w/ inclusion suppliers: | IL | National |
| iii. total # unique paid inclusion suppliers: | IL | National |

If the Entity / Group has a supplier diversity program, please provide the percentage of total procurement spend overall that is composed of total spend on inclusion suppliers overall:

IL	National
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6. Anything you wish to add about your responses or your program? *See* 50 Ill. Adm. Code 910.40(a)(8).