

**HIOS Issuer ID:\* 27439**  
**Issuer State:\* MN**

**Time Insurance Company**  
**Individual**

<b>Service Area ID*</b>	<b>Service Area Name*</b>	<b>State*</b>	<b>County Name</b>	<b>Partial County</b>
MNS001	MN Statewide	Yes		