

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**Application to Establish and Operate as a Health Maintenance Organization**



TO THE INSURANCE COMMISSIONER OF ARKANSAS

Application is hereby made for a Certificate of Authority to establish and operate as a Health Maintenance Organization in the State of Arkansas.

Name of Applicant Company: \_\_\_\_\_ NAIC No.: \_\_\_\_\_ Group Code \_\_\_\_\_

Home Office Address: \_\_\_\_\_ Phone \_\_\_\_\_

Administrative Office Address: \_\_\_\_\_ Phone \_\_\_\_\_

Primary Location of Books & Records: \_\_\_\_\_ Phone \_\_\_\_\_

Premium Tax Statement Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Producer Licensing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Rate/Form Filing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Consumer Affairs Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Website: \_\_\_\_\_

Application Contact Information: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Date Incorporated/Organized: \_\_\_\_\_ State of Incorporation/Organization: \_\_\_\_\_

Applicant is:  Individual Partnership

Partnership

Corporation

Other (specify) \_\_\_\_\_

If applicant is a partnership:

Is this a  general or  limited partnership?

Give the names and addresses of all partners; specifically identify limited partners, if any.

If applicant is an entity of which ownership is manifested by shares, identify each type of share and state:

Number of shares authorized \_\_\_\_\_

Number of shares outstanding \_\_\_\_\_

Par value \_\_\_\_\_

Give the name, residence address, title and number and percent of shares directly or beneficially owned by every officer and director and every person, firm or corporation owning or controlling 10% or more of the shares of each type.

Name	Address	Title	No. of Shares	Percent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Ultimate Owner/Holding Company: \_\_\_\_\_

Has the Applicant Company ever been refused admission to this or any other state prior to the date of this application?

Yes

No

If yes, give full explanation in an attached letter.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**Applicant Company Officers' Certification and Attestation**

One of the officers (listed below) of the Applicant Company must read the following very carefully:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant Company, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant Company is licensed or to which the Applicant Company is applying for licensure.
3. I acknowledge that I am the \_\_\_\_\_ of the Applicant Company, am authorized to execute and am executing this document on behalf of the Applicant Company.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of President

\_\_\_\_\_

Full Legal Name of President

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Secretary

\_\_\_\_\_

Full Legal Name of Secretary

\_\_\_\_\_

Name of Applicant Company

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Full Legal Name of Witness