

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 Officer

Full Legal Name of Officer

Full Legal Name of Witness