



Texas Department of Insurance

Financial Regulation Division—Company Licensing & Registration Office, Mail Code 305-2C

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HEALTH CARE COLLABORATIVE OFFICERS AND DIRECTORS PAGE

Click here to enter text.

(Name of Company/HCC)

(Address)

A. OFFICERS ** (List Full Legal Name)	*SOCIAL SECURITY NUMBER	TITLE	DATE FIRST APPOINTED OR ELECTED
Click here to enter text.	Click here to enter text.	Chief Executive Officer	Click here to enter a date.
Click here to enter text.	Click here to enter text.	President	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Executive Director	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Secretary	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Treasurer	Click here to enter a date.
Click here to enter text.	Click here to enter text.	CFO or Controller	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Chief Operating Officer	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Clinical Director	Click here to enter a date.

B. Governing Board † ** (List Full Legal Name)	*SOCIAL SECURITY NUMBER	PHYSICIAN (Yes or No)	DATE FIRST APPOINTED OR ELECTED
Click here to enter text.	Click here to enter text.		Click here to enter a date.
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