



Texas Department of Insurance

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

333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

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HEALTH CARE COLLABORATIVE (HCC) ACQUISITION FORM

TO THE COMMISSIONER OF INSURANCE OF THE STATE OF TEXAS:

On behalf of _____ (Give name of HCC in full)

whose home office is at _____, _____, _____ (Street Address) (City) (State) (ZIP Code)

_____ 20 _____ (Date)

_____ (Mailing Address)

_____ (City) (State) (ZIP Code)

_____ (Office Phone) (Fax Number) (Toll Free Number)

_____ (Location of Books and Records)

_____ (Date of Organization of the HCC) (Employer Identification Number)

Applicant Officers' Certification and Attestation

Chief executive officer of the acquiring entity and the chair of the governing board of the HCC must read the following very carefully. Please check only one box.

We hereby certify:

- No individual or entity acquiring an ownership interest in or control of the certificate holder has been the subject of a disciplinary action taken by any regulatory agency of this state, another state, or the United States.
An individual or entity acquiring an ownership interest in or control of the certificate holder has been the subject of a disciplinary action taken by one or more regulatory agencies of this state, another state, or the United States, and evidence of such disciplinary actions are attached.

And immediately on the change of control, the certificate holder will be able to satisfy the requirements for the issuance of a certificate of authority.

Signature of Chief Executive Officer of Acquiring Entity

Full Legal Name

Date

Signature of Chair of the Governing Board of the HCC

Full Legal Name

Date

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____ and _____,
(Name of Chief Executive Officer of Acquiring Entity) (Name of Chair of the Governing Board of the Applicant)

known to me to be the persons and officers whose names are subscribed to the foregoing instrument and who each after being duly sworn stated on his oath that the statements and representations contained in this form are true and correct.

GIVEN under my hand and seal of office, this the _____ day of _____, 20____.

(Signature of Notary)

(Printed Name of Notary)

Notary Public in and for the County
of _____,
State of _____

(Seal)