TEXAS DEPARTMENT OF INSURANCE
Financial Regulation Division - Financial Analysis Section (303-1A)
333 Guadalupe, Austin, Texas 78701 ✯ PO Box 149104, Austin, Texas 78714-9104
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CCRC Form #8

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

Certification of Changes to Disclosure Statement

I, _____ do certify that I am
(Name)

an officer of _____ with the title of
(Provider/Facility)

_____ .
(Title)

I, furthermore certify that I am familiar with the statutes and rules governing Continuing Care Facilities, that I am responsible for the filings submitted to the Texas Department of Insurance in regards to the disclosure statement, and that I have personal knowledge of the submission of all items in regards to this disclosure statement. I further certify that the attached revisions, as indexed below, constitute the only changes, additions and deletions to the disclosure statement.

ATTACHED REVISIONS:

Description of Change	Subsection	Page No. and/or Name of Attachment
1.		
2.		
3.		
4.		
5.		
6.		

_____
(Signature of Officer)

STATE OF _____

COUNTY OF _____

Subscribed and sworn to me before this _____ day of _____, 20_____.

_____
Notary Public Signature

_____
Printed Name

(Seal)

My commission expires _____.