

Mailing Address: Financial Conditions PO Box 50540 Charleston, WV, 25305-05 Telephone: (304) 558-2100 Facsimile: (304) 558-1365 financial.conditions@wvinsurance.gov www.wvinsurance.gov Location: Financial Conditions 1124 Smith Street, Room 102 Charleston, WV 25301

Charleston, WV 25305-0540 Charleston, WV 25301 www.wvinsurance.gov **Discount Medical Plan Organization Application** Name of Applicant: DBA (if applicable): Home Office Address: Street or PO Box Zip Code City State Mailing Address: Street or PO Box City State Zip Code Contact Person: Phone Number: Fax Number: E-mail Address: Compliance Officer: Address: Phone Number: Fax Number: E-mail Address: **Type of Business Organization:** Corporation Limited Liability Company Partnership Other (Identify/Explain): FEIN Number: State of Domicile: Formation Date: mm/dd/yyyy List all states which the applicant is currently registered as a discount medical plan organization. List all states which a discount medical plan organization application has been refused or denied. List Names and Addresses of all Members, or Officers, or Owners of the Applicant: Full Name Title Address % Ownership



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Please read the following very carefully and answer every question. All copies of documents must be certified. All submitted by the Applicant must include an original signature.	written statemer	nts
1. Has the DMP or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? If you answer Yes, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a certified copy of the charging document, c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.	Yes	No
"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or conditional driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guidge or jury, having entered a plea of guilty or nolo contendre, or having been given probation, a suspended senten	driving with a guilty by verdict	
2. Has the DMP or any owner, partner, officer or director, or manager or member of a limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? If you answer Yes, you must attach to this application: a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment. "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative are means being named as a party to an administrative or arbitration proceeding, which is related to a professional or or "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.	ction. "Involved cupational licen	" also se.
3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager if a limited liability company, for overdue monies by member, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others. If you answer Yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.	Yes	No
4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? If you answer yes, identify the jurisdiction(s).	Yes	No
5. Is the DMP or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If you answer Yes, you must attach to this application: a) a written statement summarizing the details of each incident, b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.	Yes	No
6. Has the DMP or any owner, partner, officer or director, or member or manager if a limited liability company, ever had a contract or any other business relationship terminated for any alleged misconduct? If you answer Yes, you must attach to this application: a) a written statement summarizing the details of each incident and explaining why you feel this incident should	Yes	No

b) certified copies of all relevant documents.

not prevent you from receiving an insurance license, and

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On behalf of the DMP, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

- 1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
- 2. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- 3. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
- 4. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 5. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- 6. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
- 7. For Non-Resident Applications, I certify that I am licensed or registered and in good standing in my home state/resident state.

Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company:

Notarial Acknowledgement Required of all Applicants

Dated and signed this	day of	, 20			
	•	•		I says that the answers to the que	
the declarations contained in t contained on Page 1 have been a		on are true and cor	rect and that	all of the applicable Filing Req	uirements
Signature		Title (Type or P	rint)	Full Legal Name (Type or Pr	rint)
State of	_				
City/County of					
	ecuted the ab	pove instrument and t		ally known to me, who, being duents and answers contained there	
Subscribed and sworn to before	me this	day of	, 20	<u>.</u>	
Affix Seal Here					
		Notary Public			
		My Commission	Expires:		