

INSURANCE DEPARTMENT  
STATE OF KANSAS  
HEALTH MAINTENANCE ORGANIZATION  
APPLICATION FOR CERTIFICATE OF AUTHORITY

\_\_\_\_\_, 19\_\_\_\_\_

COMMISSIONER OF INSURANCE, Topeka, Kansas:

On behalf of \_\_\_\_\_  
(Name of Health Maintenance Organization)

\_\_\_\_\_, on \_\_\_\_\_,  
(Registered Corporate Address) (Date)

I (We) hereby apply for a CERTIFICATE OF AUTHORITY to transact business in the State of Kansas as a Health Maintenance Organization.

Very truly yours,

\_\_\_\_\_  
Corporate President Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Corporate Secretary Signature

\_\_\_\_\_  
Printed Name

Business Mailing Address  
and Telephone Number

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