



**HEALTH MAINTENANCE ORGANIZATIONS
SUBSEQUENT FILING - HOME OFFICE CHANGE**

NOTE: All documents must contain original signatures and notarizations where appropriate. If HMO is a foreign corporation, documents requiring certification must contain original signatures and certifications from the Insurance Department or regulatory authority of the HMO's state of domicile. Facsimiles and photocopies are not acceptable.

- ___ 1. Application for Certificate of Authority (Form FIN003)
- ___ 2. Amended Articles of Incorporation certified by Texas Secretary of State if Texas corporation - OR - regulatory authority of State of Domicile if foreign corporation – if applicable
- ___ 3. Certified copy of approval order or Certificate of Authority from State of Domicile, if foreign corporation, approving or showing new home office
- ___ 4. Filing Fee of \$50.00 - APPLIES TO FOREIGN CORPORATIONS ONLY
- ___ 5. Original Texas Certificate of Authority must be surrendered

INCOMPLETE APPLICATIONS IMPEDE TIMELY REVIEW BY THE DEPARTMENT, THEREFORE, IT IS EXTREMELY IMPORTANT THAT APPLICATIONS ARE COMPLETE. SUBMIT A COMPLETE FILING TO THE TEXAS DEPARTMENT OF INSURANCE, COMPANY LICENSING & REGISTRATION DIVISION, MC 305-2C, P. O. BOX 149104, AUSTIN, TX 78714-9104. FOR QUESTIONS OR MORE INFORMATION, CALL (512) 322-4370.

THESE GUIDELINES ARE GENERAL IN NATURE AND DO NOT SUPERCEDE STATUTE OR REGULATION. THEY ARE NOT INTENDED TO BE ALL INCLUSIVE AND ADDITIONAL DOCUMENTATION MAY BE REQUESTED.