



HEALTH MAINTENANCE ORGANIZATIONS SUBSEQUENT FILING - NAME CHANGE

NOTE: An original plus two (2) copies of all documents MUST be submitted. The original 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. Name Application - It must be published
- 2. Application for Certificate of Authority (Form FIN003)
- 3. Amended Articles of Incorporation certified by Texas Secretary of State if Texas corporation - OR - regulatory authority of State of Domicile if foreign corporation
- 4. Certified copy of approval order or Certificate of Authority from State of Domicile, if foreign corporation, approving or showing new name
- 5. Filing Fee of \$125.00
- 6. Original Texas Certificate of Authority must be surrendered
- 7. Amendments must be received of the following documents:
 - (a) Fidelity Bond
 - (b) Reinsurance Agreement(s)
 - (c) Evidence of Coverage
 - (d) Provider Contracts, Management Contracts and all Agreements

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.