

Texas Department of Insurance

Financial Regulation Division–Company Licensing & Registration Office, Mail Code 305-2C 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104 512-322-3507 telephone • 512-490-1035 fax • www.tdi.texas.gov

HEALTH CARE COLLABORATIVE OFFICERS AND DIRECTORS PAGE

(Name of Company/HCC)		(Address)	
A. OFFICERS **(List Full Legal Name)	*SOCIAL SECURITY NUMBER	TITLE	DATE FIRST APPOINTED OR ELECTED
Click here to enter text.	Click here to enter text.	Chief Executive Officer	Click here to enter a date.
Click here to enter text.	Click here to enter text.	President	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Executive Director	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Secretary	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Treasurer	Click here to enter a date.
Click here to enter text.	Click here to enter text.	CFO or Controller	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Chief Operating Officer	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Clinical Director	Click here to enter a date.
B. Governing Board † **(List Full Legal Name)	*SOCIAL SECU NUMBER	RITY PHYSICIAN (Yes or No)	DATE FIRST APPOINTED OR ELECTED
Click here to enter text.	Click here to enter text.		Click here to enter a date.
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Click here to enter text.	Click here to enter text.		Click here to enter a date.

Use reverse side for additional space.

STATE OF Click here to enter text.

COUNTY OF Click here to enter text.

On this day personally appeared Click here to enter text. President/Chief Executive Officer, Click here to enter text. Secretary, and Click here to enter text., Treasurer of Click here to enter text. being persons known to me, and who each after being duly sworn stated on his or her oath that the statements and representations contained in this form are true and correct.

President or Chief Executive OfficerSecretaryTreasurerSubscribed and sworn to be the said affiants on the Click here to enter text. day of Click here to enter text.20Click here to enter text.to enter text.

Notary Public in and for _____

(SEAL)

County, State of _____

* Refer to Public Law 93-579 Disclosure of Social Security Account Number.

- ** Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous year.
- † Health maintenance organizations must also include partners.

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under Section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact TDI at AgencyCounsel@tdi.state.tx.us or at (512) 475-1757.