



# TEXAS DEPARTMENT OF INSURANCE

Financial Regulation Division - Company Licensing and Registration (103-CL)  
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## OFFICERS AND DIRECTORS PAGE

(Name of Company/HMO)

(Address)

Complete all items and each column for CURRENT OFFICERS and DIRECTORS/PARTNERS † of the Company/HMO as listed below.

A. OFFICERS **(List Full Name)	*SOCIAL SECURITY NUMBER	TITLE	DATE FIRST APPOINTED OR ELECTED
		Chief Executive Officer	
		President	
		Executive Director	
		Secretary	
		Treasurer	
		CFO/Controller	
		Chief Operating Officer	
		Medical Director	

B. DIRECTORS/PARTNERS † **(List Full Name)	*SOCIAL SECURITY NUMBER	TITLE	DATE FIRST APPOINTED OR ELECTED
		Director	
		Director	
		Director	
		Director	
		Director	
		Director	
		Director	
		Director	
		Director	
		Director	

Use reverse side for additional space.

