

Annual Verification of Fidelity Bond Coverage

Officers and Employees of Management Contractor

_____ certifies that it complies with the requirements of Texas Insurance
HMO name

Code [§ 843.105](#) and Texas Administrative Code [§ 11.204 \(14\) \(E\)](#) regarding fidelity bond coverage for the
officers and employees of its management contractor, _____.
Management Contractor name

The fidelity bond coverage is effective from _____ to _____.
Bond Effective Date Bond End Date

Signature of Officer

Date Officer Signed

Officer Name

Officer Title

Certification

State of _____ County of _____

Before me, a notary public, on this day personally appeared _____
Officer name

known to me to be the person whose name is subscribed above and, being by me first duly sworn, declared
that the statements therein contained are true and correct.

Subscribed and sworn to me before this _____ day of _____, _____.

(Seal)

Notary Public Signature

Printed Name

My commission expires _____