

Officers and Directors Page

	(Name of Com	pany/HMO)		(Address)
	plete all items and each co pany/HMO as listed below	lumn for CURRENT OFFICERS	and DIRECTORS/PA	ARTNERS † of the
A.	OFFICERS	*SOCIAL SECURITY	TITLE	DATE FIRST APPOINTED
	**(List Full Name)	NUMBER		OR ELECTED
		Chief	Executive Officer	
			President	
		Exe	ecutive Director	
			Secretary	
			Treasurer	
		С	FO/Controller	
		Chief	Operating Officer	
		M	edical Director	
В.	DIRECTORS/PARTNERS †	*SOCIAL SECURITY	TITLE	DATE FIRST APPOINTED
	**(List Full Name)	NUMBER		OR ELECTED
			Director	

STATE OF						
COUNTY OF						
On this day personally appeared	<i>-</i>	President;				
Secretary; and	Treasurer of	·				
being persons known to me, and who each after being duly sworn stated on his oath that the statements and representations contained in this form are true and correct.						
President	Secretary	Treasurer				
Subscribed and sworn to be the said affiants on the day of, 20						
(SEAL)		olic in and for				
	County, Sta	ate of				

- * Disclosure of your social security number is required by Texas Family Code § 231.302. If you do not have a social security number, you must file a sworn affidavit stating your name and the fact that you do not have a social security number and why no social security number is held.
- ** 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 (HMO) must also include Partners.

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.