

## Health Care Collaborative (HCC) Acquisition Form

To the commissioner of insurance in the state of Texas:

\_\_\_\_\_  
(Date )

On behalf of:

\_\_\_\_\_  
(state full name of Health Care Collaborative)

### Home Office

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Contact Information

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Toll Free \_\_\_\_\_

### Location of Books and Records

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
(Date of the HCC's Organization)

### Applicant Officer's Certification and Attestation

The Chief Executive Officer of the acquiring entity and the Chair of the Governing Board of the HCC must read the following very carefully. Check only one box.

- No individual or entity acquiring an ownership interest in or control of the certificate holder has been the subject of a disciplinary action taken by any regulatory agency of this state, another state, or the United States.
- An individual or entity acquiring an ownership interest in or control of the certificate holder has been the subject of a disciplinary action taken by one or more regulatory agencies of this state, another state, or the United States and evidence of such disciplinary actions are required.

And immediately on the change of control, the certificate holder will be able to satisfy the requirements for the issuance of a certificate of authority.

We individually hereby certify under penalty of perjury under the laws of the applicable jurisdictions that the foregoing statements are true and correct to the best of our knowledge and belief.

\_\_\_\_\_  
Signature of Chief Executive Officer of Acquiring Entity

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Signature of Chair of Governing Board of the HCC

\_\_\_\_\_  
Full Legal Name

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_