

State of Washington - Office of the Insurance Commissioner  
PO Box 40255 Olympia, WA 98504-0255

Renewal Application – Licensed Discount Plan Organizations

Legal Name:

OIC #

*Provide the following information on a separate sheet, in the order shown. This renewal application is required under RCW 48.155.020(7) for all licensees which intend to continue to do discount plan business in Washington. Failure to submit the application ninety days prior to the current expiration date may result in non-renewal.*

Part I: General Interrogatories

Since the last report or application to our Office:

1. Has there been any formal or informal regulatory action, pending or which has been taken, against the applicant or any of its officers, directors, trustees, partners or members by any governmental agency?
2. Has there been any civil action against the applicant or any of its officers, directors, trustees, partners or members related to the operation, business affairs, or market conduct of a discount plan organizations?
3. Has the applicant or any of its officers, directors, trustees, partners or members been convicted of any criminal or civil offense (other than minor traffic violations)?
4. Are there any pending criminal or civil actions (other than minor traffic violations) against the applicant or any of its officers, directors, trustees, partners or members?
5. Has the conduct of all discount plan business in Washington been conducted in accordance with Chapter 48.155 RCW?

Part II: Changes to registration information

Since the last report or application to our Office, has there been any change to the following? If so, reference the applicable letter and provide a complete description of the change, along with a copy of any document.

- A. Amendment or change to any Formation or Governing Document (provide a copy if yes)
- B. Change to your registration status with the Washington Secretary of State (provide a copy of your proof of current registration.)
- C. Change to your registered Agent or Service of Process designation
- D. Change to your holding company structure showing all affiliates and percentage of ownership. Identify any change to the listing significant shareholders or owners.
- E. Change to the Directors and Officers (*For any new individual named, submit a completed*

*Biographical Affidavit.)*

- F. Any change to the member complaint procedures.
- G. Any change to any plan periodic charge or processing fee.
- H. Any change to the methods of marketing. Include a current listing of all marketers, including any contracted entities. For each include the name, address, telephone number, and website address. *For each contracted entity, include a copy of the written agreement.*
- I. Any change (including name, address, telephone number, and website address) of any subcontracting party involved in the administration or enrollment of any discount plan.
- J. Any change to the provider network for any plan offered in WA. *For any new network or directly contracted provider, include a copy of the written agreement showing compliance with RCW 48.155.070.*
- K. Any change to the required indemnification (surety bond or depository account)
- L. Any change to the licensing/registration status in any state as a Discount Plan Organization.

**Part III: Required information**

- i) The name and *direct* contact information the designated compliance officer responsible for ensuring compliance with Chapter 48.155 RCW.
- ii) A statement of disclosure of any potential or actual conflict of interest between any person associated with the DPO and the provision of any benefit offered through the DPO.

***The undersigned, duly authorized to make this re-application on behalf of the applicant, hereby swears or affirms that the foregoing statements and information regarding the applicant, and the contents of all attachments, are true to the best of his/her knowledge, information and belief.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name, Title

State of \_\_\_\_\_)

County of \_\_\_\_\_)

) ss:

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public. My Commission Expires: \_\_\_\_\_