MANAGED CARE ORGANIZATION CHECKLIST

NAME OF COMPANY: _____

( ) FOREIGN STATE OF DOMICILE:_____NAIC:_____

( ) DOMESTIC

DATE RECEIVED

Form H-1 Application for Managed Care Organization Certificate of Authority. _____

Form H-2 Admittance Questionnaire. _____

Articles/Certificate of incorporation, certified by home state. _____

By-laws, certified by Secretary of the company. _____

$100, 000 Deposit.

( ) Domestic Company - Escrow Agreement _____

( ) Foreign Company – Certificate of Deposit _____

Biographicals. _____

Statement identifying the states where the MCO is authorized to operate; any state where it has pending an application for authorization to operate; any state where it has been cited for a violation of any laws or legislation, and an explanation of any such alleged violation, including status or outcome. _____

Business Plan _____

Copies of management, agency or administrative contracts. _____

Form 12 – Uniform Consent to Service Process. _____

Form H-4 (Designation of Person to Receive Bulletins, etc. _____

Most recent Annual Statement. _____

Audited Financial Report, certified by CPA. _____

Report of Examination within 3 years; explanation regarding age of the Report if older than 3 yrs. _____

Combined Capital and Surplus - $450, 000 ($300,000 capital and $150,000 surplus. _____

$1000 Application Fee; $500 Annual Continuation Fee.
Checks made payable to the Delaware Department of Insurance. _____