

Office of the
Commissioner



State of Delaware
Department of Insurance

**APPLICATION FOR MANAGED CARE ORGANIZATION
CERTIFICATE OF AUTHORITY – H-1 FORM**

Application is hereby made by:

Corporate Title

Corporate Address

Administrative/Mailing Address

Incorporated or Organized on _____, in _____ as a
stock insurer for a Certificate of Authority to transact the business of insurance within the State of Delaware for
the line of accident and health, as set forth in Title 1, Delaware Code.

Federal Employer's Identification Number (FEIN) _____

Corporate Title

By: _____

Title: _____

Date: _____