

**STATE OF ILLINOIS**  
**DIVISION OF INSURANCE**  
**SPRINGFIELD, ILLINOIS**

**Application of Certificate of Authority**

TO: Director of Insurance Division

\_\_\_\_\_, an organization  
incorporated and existing under and by virtue of the laws of the State of \_\_\_\_\_  
hereby makes application for a Certificate of Authority to operate a health maintenance  
organization under the Illinois Health Maintenance Organization Act (215 ILCS 125/1-1 et seq.).

IN WITNESS WHEREOF, the undersigned organization  
has caused this application to be executed in its name by  
its \_\_\_\_\_ and attested by its  
(Title Officer)

\_\_\_\_\_, this \_\_\_\_\_  
(Title Officer)

day of \_\_\_\_\_ A.D., 19 \_\_\_\_\_.

\_\_\_\_\_  
Name of Organization

BY \_\_\_\_\_

Attest: \_\_\_\_\_