

Federal Employer's
Identification No.

STATE OF WISCONSIN
OFFICE OF THE COMMISSIONER OF INSURANCE
P.O. Box 7873
Madison, WI 53707-7873

APPLICATION FOR PERMIT—CARE MANAGEMENT ORGANIZATION

TO: Office of the Commissioner of Insurance

Application is hereby made for a permit pursuant to ch. 648, Wis. Stat., and in support thereof, the following information and documentary evidence is submitted:

1. Type of organization: _____ County _____ Long-Term Care District _____ Corporation _____ Incorporation Date

2. Name of organization:	
3. Street address:	
City:	State:
Zip:	Telephone number:

4. Address of applicant's home office:	
City:	State:
Zip:	Telephone number:

5. Name of attorney or principal filing this application:	
6. Street address of person filing this application:	
City:	State:
Zip:	Telephone number:

- 7. A copy of the Certificate of Incorporation, if applicable.
- 8. A copy of the Articles of Incorporation, if applicable.
- 9. A copy of the Bylaws, certified by the Secretary of the organization.

10. Name, residence address and occupation of all controlling persons and directors and principal officers of the current organization and the preceding 10 years.
11. Biographical Statements that will evidence that the management of the organization is competent and trustworthy and can successfully manage its affairs in compliance with the law.
(oci.wi.gov/Documents/OCIForms/33-004.pdf)
12. A statement of the history and operations of the sponsor including a detailed description of the plan for conducting a care management business in Wisconsin.
13. For organizations that are affiliated with another organization and/or company as defined in s. Ins 57.01, Wis. Adm. Code, provide the following:
 - a. Copies of all management, exclusive agency, administrative services, or other operating contracts with affiliates or sponsors.
 - b. A copy of the latest prospectus of any affiliate required to file under the Federal Securities Act.
 - c. A copy of the organization chart showing the relationship and percentage of ownership among affiliated companies and a brief description of the principal business of affiliates within the organization.
 - d. Financial statements of any controlling affiliates or sponsors, including balance sheet as of the end of each fiscal year, and operating statement for each year for the most recent three years.
 - e. A consent to jurisdiction. (Form C - outlined in ch. Ins 57, Wis. Adm. Code, Appendix 1)
14. A copy of the applicant's most recent financial statements prepared on an accrual basis in accordance with generally accepted accounting principles and audited by an independent certified public accountant.
15. All care management organizations permitted after January 1, 2010, under ch. 648, Wis. Stat., must meet the following financial requirements:
 - a. **Insolvency Funding.** The minimum deposit into the insolvency fund shall be in accordance with s. 648.75, Wis. Stat.
 - b. **Working Capital.** The permittee shall maintain a minimum working capital in accordance with s. Ins 57.04 (1), Wis. Adm. Code.
 - c. **Restricted Reserves.** The permittee shall maintain a minimum restricted reserve balance in accordance with s. Ins 57.04 (2), Wis. Adm. Code.
 - d. **Setting Greater Amounts.** The Commissioner may set greater amounts for insolvency funding, working capital, and restricted reserves on finding that the financial stability of the organization requires it.
 - e. **Financial Guarantees.** Financial guarantee information should include a summary of all financial guarantees by providers, sponsors, controlling affiliates, or parents, or any other guarantee, which is intended to ensure the financial success of the organization. Such guarantees include, but are not limited to, hold-harmless agreements by providers, solvency insurance, reinsurance, or other guarantees.

16. All applications for permit to become a care management organization shall include a proposed business plan that contains all the information outlined in s. Ins 57.05, Wis. Adm. Code, including financial projections of the anticipated operating results at the end of each of the next three years of operations, based on reasonable estimates of income and operating expenses. The business plan shall be the same business plan, including format, that is filed with the Department of Health Services to obtain a contract. All amendments to the business plan shall be filed with each agency.

I do solemnly swear or affirm that I am familiar with the laws of Wisconsin relating to care management organizations; that all the foregoing information and documentary evidence submitted is true and correct to the best of my knowledge and belief.

Authorized Signature	Title
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