

Ohio Department of Insurance

Mike DeWine – Governor
Jillian Froment – Director



**Renewal Application for Accreditation as an
 Independent Review Organization**

General Information

Legal Name of Applicant		Renewal Application Date	Renewal Year
Contact Name	Contact Title		
Contact Email Address	Contact Phone Number		
Mailing Address Street	City	State	Zip

Certification

hereby applies to renew its accreditation by the Ohio

(Enter legal name of Applicant.)

Department of Insurance to act as an Independent Review Organization, pursuant to Ohio Revised Code §3922.13 and Ohio Administrative Code §3901-8-04.

Select One:

I certify that there have been no material changes that have not already been filed with the Superintendent of Insurance.

The following material changes have occurred *(select all that apply)*:

Change(s) in ownership.
 Explain:

Change(s) in the organization's Articles of Incorporation, Board membership, officers, etc.
 Explain:

Other change(s).
 Explain:

Please include with this application, current certified copies of relevant corporate documents, as changed. Also include completed Biographical Questionnaires (ODI Form INS5035-A), whenever applicable to report a material change pursuant to OAC 3901-8-04.

I, _____, acting on behalf of Applicant, as a Director or Trustee, or
(Enter name of person certifying for Applicant.)
 authorized officer of the Applicant, hereby certify that the information provided on this form is true and complete to the best of my knowledge, information and belief.

 Signature

 Print or type full legal name

 Title

v.01-2016