



**Application for Certificate of Authority -  
Multiple Employer Welfare Arrangement**

**ORC 1739.04(E) – DUE NO LATER THAN JANUARY 1  
\$1,000 ANNUAL FEE MUST ACCOMPANY APPLICATION FOR COA**

To: The Ohio Department of Insurance  
Office of Risk Assessment  
50 West Town Street, Suite 300  
Columbus, Ohio 43215

Date: \_\_\_\_\_

The \_\_\_\_\_  
(Company Name)

of \_\_\_\_\_ in the State of \_\_\_\_\_  
(Statutory City) (State)

Pursuant to section 1739.04 of the Ohio Revised Code, hereby applies for a license to transact the business of offering or providing, through group insurance or group self-insurance programs, medical, surgical, or hospital care or benefits, or benefits in the event of sickness, accident, disability or death, to the employees and their dependents, of two or more employers, or to two or more self-employed individuals and their dependents, as a Multiple Employer Welfare Arrangement in the state of Ohio in accordance with the laws of the State governing such entities.

President or Vice President \_\_\_\_\_

Secretary \_\_\_\_\_