



Mike DeWine, Governor
Jon Husted, Lt Governor

Department
of Insurance

Judith L. French, Director

Application for Certificate of Authority – Multiple Employer Welfare Arrangement

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2658 | 614-644-3256 (Fax) | insurance.ohio.gov

**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 _____