



Mike DeWine, Governor  
Jon Husted, Lt Governor

Department  
of Insurance

Judith L. French, Director

# Health Insuring Corporations HIC Financial Disclosure Form

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

PER OHIO REVISED CODE 1751.32 (F)

**TO BE SUBMITTED WITH ANNUAL STATEMENT**

\_\_\_\_\_  
(Name of Health Insuring Corporation)

\_\_\_\_\_  
(NAIC No.)

\_\_\_\_\_  
(Federal ID No.)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Wages: \_\_\_\_\_

Expense Reimbursements: \_\_\_\_\_

Other Payments: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Please list below any financial interests, direct or indirect, acquired during the preceding year.