



**Office of Insurance Regulation**  
***Life & Health Financial Oversight***

**FLORIDA**

**COMPANY CODE:**

\_\_\_\_\_

**FEDERAL EMPLOYER**

**IDENTIFICATION NUMBER**

\_\_\_\_\_ -- \_\_\_\_\_

**ANNUAL REPORT**

**OF THE**

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**NAME OF THE DISCOUNT MEDICAL PLAN ORGANIZATION (DMPO)**

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**(CITY)**

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**(STATE)**

**TO THE**

**OFFICE OF INSURANCE REGULATION**

**OF THE**

**STATE OF FLORIDA**

Life & Health Financial Oversight  
200 East Gaines Street  
Tallahassee, FL 32399 - 0327

**FOR THE FISCAL YEAR ENDED**

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**DUE ON OR BEFORE**

**3 MONTHS AFTER THE END OF EACH FISCAL YEAR END**

**REPORT MUST BE TYPED OR PRINTED**

**Name of Discount Medical Plan Organization (DMPO):**

**Annual Report of DMPO to the Florida Office of Insurance Regulation  
For Fiscal Year Ending \_\_\_\_\_**

|   |  |              |  |
|---|--|--------------|--|
| Federal Employer Identification Number (FEIN)   | _ _ _ _ _ ' _ _ _ _ _  |              |  |
| Complete address of DMPO's principal office   |  |              |  |
|   |  |              |  |
|   |  |              |  |
| Full name & title of DMPO's chief executive officer   |  |              |  |
| Web Site (s. 636.204 (4))   |  |              |  |
| Type of entity (check one)  | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Corporation - For profit<br/> <input type="checkbox"/> Corporation - Not-for-profit<br/> <input type="checkbox"/> Partnership </div> <div> <input type="checkbox"/> Sole proprietorship<br/> <input type="checkbox"/> Limited liability company<br/> <input type="checkbox"/> Other: </div> </div> |              |  |
| <p>This annual report shall be signed below by two corporate officers of the DMPO, if the DMPO is a corporation; the DMPO's partners, if the DMPO is a partnership; the DMPO's owner, if the DMPO is a sole proprietorship; or the DMPO's managing or other duly authorized member, if the DMPO is a limited liability company.</p> |  |              |  |
| Printed name  |  | Printed name |  |
| Title   |  | Title        |  |
| Signature   |  | Signature    |  |

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## **Instructions**

1. Within 3 months after the end of each fiscal year, complete and file this report for the preceding fiscal year with:

The Office of Insurance Regulation  
Life & Health Financial Oversight  
200 E. Gaines Street  
Tallahassee, Florida 32399-0327

2. Provide all requested information on page 2. Have the report signed on page 2 consistent with the instructions thereon.
3. Answer questions a through r on pages 4 and 5, as they pertain to the fiscal year covered by this report. Attach any additional information and/or documentation required as a result of your responses, clearly identifying each attachment and the question number being answered.
4. Attach a copy of the audited financial statements prepared in accordance with generally accepted accounting principles certified by an independent certified public accountant, including the organization's balance sheet, income statement, and statement of changes in cash flow for the preceding fiscal year.

An organization that is a subsidiary of a parent entity that is publicly traded and that prepares audited financial statements reflecting the consolidated operations of the parent entity and the organization may petition the office to accept, in lieu of the audited financial statement of the organization, the audited financial statement of the parent entity and a written guaranty by the parent entity that the minimum capital requirements of the organization required by this part will be met by the parent entity. The Office may accept this petition if all of the following are met:

- The licensee is 100% owned by the parent directly or indirectly
  - The parent receives an unqualified opinion
  - The parent's audited financial statement reflects at least a \$5 million net worth on a GAAP basis
  - The parent provides a parental guarantee as described in s.636.216 (2)(a), F.S.
  - The licensee provides un-audited financial statement on a GAAP basis attested to which reflects a surplus of \$150,000 or more.
  - Licensee requests petition in writing at least 30 days prior to due date of annual report
5. If different from the initial application or the last annual report, complete the schedule on page 7, and include the complete names, address, or Federal taxpayer identifying numbers, titles, and ownership percentages of all officers, directors, managing members, and 10% or greater owners, and for each indicate whether that individual is an officer, director, and/or owner. Please disclose the extent and nature of any contracts or arrangements between such persons and the DMPO, including any possible conflicts of interest. Attach additional pages as needed.
  6. For each individual who, during the period covered by this report, was a member of the DMPO's Board of Directors, Board of Trustees, Executive Committee, or other governing board or

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committee, or who was one of its principal officers or managing members, responsible for the conduct of its affairs, or in a position to exercise control or influence over its affairs, **and for whom the DMPO has not previously done so**, (1) make arrangements to have an investigation report forwarded directly to the Office, and (2) attach to this report: (a) a statement informing the Office of the date that such investigative report was requested, (b) completed NAIC Biographical Statement and Affidavit, and (c) two completed Florida fingerprint cards. Only Florida fingerprint cards will be accepted. Florida fingerprint cards may be obtained by calling the Office of Insurance Regulation, L&H Financial Oversight, at (850) 413-5052.

7. As stated in s.636.204(3), "The office shall issue a license which shall expire 1 year later, and each year on that date thereafter, and which the office shall renew if the licensee pays the annual license fee of \$50 and if the office is satisfied that the licensee is in compliance with this part." Attach evidence of your \$50 renewal fee being paid to the Department of Financial Services, Revenue Processing Section, P.O. Box 6100, Tallahassee, Florida 32314-6100. Page 8 of this report should be detached and mailed to the address given, along with your check for \$50, **prior to the anniversary date of the DMPO obtaining its license.**
8. Answer the questions below as they pertain to the fiscal year covered by this report. Attach any additional information and/or documentation required as a result of your responses.

|   |   | Yes | No |
|---|---|-----|----|
| a | Have there been any changes to any of the DMPO's basic organizational documents, such as its bylaws or articles of incorporation? If so, attach an explanation of all such changes, and copies of the amended documents.  |     |    |
| b | Have there been any changes in the DMPO's ownership? If so, attach a statement containing complete details, and an organizational chart depicting all direct and indirect relationships between the DMPO and all of its affiliates, including the ultimate parent corporation of all such entities. |     |    |
| c | Was the DMPO a party to any civil or criminal legal action, other than as plaintiff in a civil matter? <b><u>If so, attach a statement containing complete details.</u></b>   |     |    |
| d | Is the DMPO doing business in any state(s) other than Florida? If so, attach a schedule of all such state(s).   |     |    |
| e | Was the DMPO's license, registration, or certificate of authority to act as a DMPO suspended or revoked by any governmental agency, or did any governmental agency initiate formal legal proceedings for said purpose? <b><u>If so, attach a statement containing complete details.</u></b>         |     |    |
| f | Has any governmental entity imposed fines or costs, other than normal filing fees or renewal fees, for activities arising from DMPO operations? <b><u>If yes, attach a statement containing complete details.</u></b>   |     |    |
| g | Has the DMPO either maintained a surety bond in its own name, or securities eligible for deposit with Collateral Management, in an amount not less than \$35,000?   |     |    |
| h | Are all advertisements, marketing materials, brochures, and discount cards used by marketers approved in writing for such use by the DMPO?  |     |    |

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|   |  |  |  |
|---|--|--|--|
| i | Does the DMPO have an executed written agreement with each marketer prior to the marketer's marketing, promoting, selling, or distributing the DMPO?   |  |  |
| j | Is the DMPO monitoring the content of all its websites for compliance with s.636.210, s.636.212, and s.636.226 Florida Statutes?   |  |  |
| k | Did the DMPO fail to pay any judgment rendered, if any, against it in any state within 60 days after the judgment became final? <b><u>If so, attach a statement containing complete details.</u></b>   |  |  |
| l | Was the DMPO at any time unable to fully pay when due any debts, or to timely meet any other obligations: <b><u>If so, attach a statement containing complete details.</u></b>   |  |  |
| m | Was the DMPO or any of its owners, officers, or directors, convicted of, or did it (or that person) enter a plea of guilty or nolo contendere to a felony in any state without regard to whether adjudication was withheld? <b><u>If so, attach a statement containing complete details.</u></b> |  |  |
| n | Have all forms required by statute being used been filed with and approved by the Office?  |  |  |
| o | Have all charges to members been filed with the Office and any charge greater than \$30 per month or \$360 per year been approved by the Office?   |  |  |

|   |  | <b>Florida</b> |
|---|--|----------------|
| p | For the year covered by this report, what was the total amount of revenue collected for Florida DMPO business? | \$             |
| q | How many residents of Florida are members of the DMPO?   |                |
| r | List the internet websites used by the DMPO and its marketers.   |                |

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\_\_\_\_\_  
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**CHECK LIST**

**Please indicate by checking the boxes that each action has been taken**

- ☐ This Report has been completed in its entirety with all schedules.
- ☐ Audited CPA financial statements and Opinion Letter are attached.
- ☐ Separate responses, cross-referenced to the question, are attached where appropriate.
- ☐ All financial statements and schedules are mathematically correct.
- ☐ If required, biographical statements, background investigative reports, and fingerprint cards
- ☐ Evidence of payment of license renewal fee.
- ☐ Requests for clarification may be sent electronically to the e-mail address below.

**The person to contact regarding any information contained in this report is:**

\_\_\_\_\_  
(name & position / title)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city, state, zip)

( \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ EXT: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(area code - telephone number - extension)

( \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(area code - fax number)

\_\_\_\_\_  
(e-mail, if applicable)

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**MANAGEMENT / OWNERS  
INFORMATION**

Provide the requested information for all new Officers, Directors, or Other Individuals Responsible for the Operations of the Licensee; include percentage of ownership in the % column. Also, provide the requested information for all new Owners (Members of the Licensee's Organization) with an interest of 10% or greater. If the new Owner is a company, partnership, or other organization, enter the requested information on the last line.

(See instruction 6 on page 3.)

|  | Name | Position/Title | Residence Address | FEIN | % |
|--|------|----------------|-------------------|------|---|
|  |      |                |                   |      |   |
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|  |      |                |                   |      |   |
|  |      |                |                   |      |   |

(If additional space is needed attach a separate sheet to this Schedule.)

For each of the individuals listed above, has the information required by item 5 of the instructions been included? \_\_\_\_\_

For each of the individuals listed above, are the attachments required by item 6 of the instructions been included? \_\_\_\_\_

Have all new officers, directors, and owners been revealed? \_\_\_\_\_

The following Officers and Directors are no longer associated with the DMPO: \_\_\_\_\_

The following, previously reported as having an ownership interest in the DMPO, no longer have an ownership interest:



**Office of Insurance Regulation**  
***Life & Health Financial Oversight***

**REMITTANCE FORM**

**Detach and separately forward this page prior to the due date of the required license renewal with your payment to the address below.**

|  |                               |
|--|-------------------------------|
| Name of Discount Medical Plan Organization |                               |
| Street address                             |                               |
| City, State, Zip                           |                               |
| Federal Employer Identification Number     | __ __ -- __ __ __ __ __ __ __ |
| Florida Company Code                       | __ __ __ __ __                |
| Renewal Date of License                    | _____ <b>20</b> __ __         |

ATTACH CHECK FOR \$50.00 HERE.

MAKE CHECK PAYABLE TO  
DEPARTMENT OF FINANCIAL SERVICES

MAIL PAYMENT & THIS PAGE TO:

DEPARTMENT OF FINANCIAL SERVICES  
REVENUE PROCESSING SECTION  
P. O. BOX 6100  
TALLAHASSEE, FLORIDA 32314-6100

**FOR OFFICE OF INSURANCE REGULATION USE ONLY**

| AMOUNT  | TYPE/CLASS | FEE | FUND ACCOUNT        |
|---------|------------|-----|---------------------|
| \$50.00 | 1300       | L   | Renewal License Fee |