



**Oklahoma Insurance Department
Discount Medical Plan Organization
Surety Bond**

Bond No: _____

KNOW ALL BY THESE PRESENTS that _____, doing business as _____, a registered Discount Medical Plan Organization in the State of Oklahoma as Principal, and _____, as Surety, are held and firmly bound unto the Oklahoma Insurance Department, as Oblige, for use and benefit of the people of the State of Oklahoma, in the full and just sum of \$ _____¹, for the payment of which sum, will and truly to be made, we hereby bind ourselves, and each of our administrators, successors and assigns, jointly and severally, firmly by these presents.

The Principal intends to meet the registration requirements of the Oklahoma Insurance Department and has applied to the Oklahoma Insurance Commissioner for registration as a Discount Medical Plan Organization, or has obtained registration, and is required by OKLA. STAT. TIT. 36 § 1219.4 (P)(1) to maintain a bond as a condition of said registration.

The bond of the above bonded Principal is conditioned upon full accounting and due payments to the person entitled thereto as an incident of Discount Medical Plan Organization transactions and funds brought into the Discount Medical Plan Organization's possession under the license.

In no event shall the aggregate liability of the Surety for any and all claims to one or more claimants exceed the bond penalty. The liability of the Principal shall in no way be limited merely by the Surety's satisfaction hereof.

This bond shall be effective upon execution and remain in continuous force and effect unless the registration of the Principal is suspended, revoked or otherwise terminated or released by the Commissioner, or without prejudice to a liability previously incurred, the Surety may cancel this bond by giving thirty (30) days advance written notice to said Principal and the Commissioner.

SIGNED, SEALED AND DATED this _____ day of _____, 20_____.

Authorized representative of Principal

Printed Name of representative

Surety Name and OID Certificate of Authority Number

(Seal)

By: _____
Attorney in Fact²

¹ Pursuant to OKLA. STAT. TIT. 36 § 1219.4 (P)(1), the amount must be not less than \$35,000.00.

² Please attach a copy of the Power of Attorney to this form.