

DISCLOSURE OF AFFILIATIONS WITH OTHER HEALTH CARE OPERATIONS

BY A HOLDING COMPANY, CORPORATION PROPOSING AN HMO/PHSP AS A LINE OF BUSINESS, OR MANAGEMENT CONTRACTOR

(SEE General Instructions, I. ORGANIZATION AND MANAGEMENT, B-2)

List all health care or health related operations, institutional or noninstitutional, that have been operated, owned or otherwise controlled during the past 10 years by a holding company forming the proposed HMO/PHSP as a subsidiary or a corporation proposing to operate an HMO/PHSP as a separate line of business. Refer to the General Instructions (as referenced above) regarding applicant's responsibility for documentation of compliance of health care operations outside of New York State. Management contractors must list all health care or health care related operations with an affiliation with the management contractor.

Name and Address of Operation	Type of Operation	Date Licensed	Name and Address of Contact Person in State Regulatory Agency

(Attach additional sheets if necessary)

1. Are all the operations listed above in compliance with applicable state laws and regulations?

YES NO

NOTE: If "No," attach an explanation including the date and nature of the violation, the plan of correction or other resolution.

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2. Has the holding company, corporation or management contractor ever been subjected to financial penalties or suspension of revocation of its operating certificate or license because of failure to comply with provisions governing the conduct and operation of the facility(ies)?

YES NO

NOTE: If "Yes," complete for each violation.

NAME AND ADDRESS OF OPERATION INVOLVED

NATURE OF VIOLATION

AGENCY OR BODY ENFORCING IT

STEPS TAKEN TO REMEDY VIOLATION

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