HCC
90-01

KANSAS SECRETARY OF STATE

Health Care Card Suppliers Application of Annual Notice

Instructions

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

All information on the health care card suppliers form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

☐ **Filing fee**	The filing fee for this document is **$250**. Mail completed form HCC (Health Care Card Suppliers Application of Annual Notice) along with surety bond form SB (Health Care Card Supplier Bond).
☐ **Payment**	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. **NOTICE: There is a $25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.**
☐ **Renewal date**	The applicant must maintain a surety bond in the amount of $50,000. The surety bond Form SB shall be submitted to the Secretary of State along with the annual notice Form HCC and is subject to the approval of the Kansas Attorney General. This office will forward the bond to the Attorney General prior to filing. The month in which the supplier files its first annual notice with the Secretary of State is the month in which its filings are due annually thereafter, if the filing remains current and in compliance.
☐ **Cancellation of bond**	No surety on a discount card company bond shall cancel such bond without giving written notice thereof to the Secretary of State and discount card company.
☐ **Resident agent**	The resident agent is a person who is a resident of Kansas authorized to accept service of process (lawsuits) on behalf of the applicant. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the applicant.
☐ **Registered office**	The registered office is the address where the resident agent is located, which must be a numbered street address. A P.O. box is unacceptable.
☐ **Mailing address**	The mailing address is where you would like to receive official mail from the Secretary of State's office.
☐ **Signature**	The health care card supplier requires the signature of any individual authorized by the card supplier.

Please proceed to form.

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Print | Reset

Please complete the form, print, sign and mail to the Kansas Secretary of State with the filing fee. Selecting 'Print' will print the form and 'Reset' will clear the entire form.

1. Name of card supplier

2. Name of the resident agent and address of the registered office in Kansas

Must be a street, rural route, or highway. A P.O. box is unacceptable

Name		
Street Address		
City	State KS	Zip

3. Mailing address

Address will be used to send official mail from the Secretary of State's office

Name			
Address			
City	State	Zip	Country

4. I declare under penalty of perjury persuant to the laws of the state of Kansas that the foregoing is true and correct, and I have remitted the required fee.

Signature of Individual Authorized by Card Supplier X	Month	Day	Year
Name of Signer (Printed or typed)	Phone number		

K.S.A. 50-1,101
Rev. 6/25/15 tc

Please review to ensure completion.

SB

KANSAS SECRETARY OF STATE

Health Care Card Supplier Bond

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Topeka, KS 66612-1594

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THIS SPACE FOR OFFICE USE ONLY.

1. Bond Number	
2. Bond amount	

_____, of the City of _____,

State of _____, as Supplier/Principal, and _____, a business

entity organized pursuant to the laws of the _____ and authorized to issue surety bonds (Surety) are indebted to the Kansas Attorney General and other persons identified herein, in the penal sum of fifty-thousand dollars ($50,000), for which payment the Supplier/Principal and Surety bind ourselves and our successors and assigns, jointly and severally.

CONDITION. The condition of this obligation is that Supplier/Principal has filed notice with the Secretary of State to sell discount cards pursuant to the Kansas Discount Card Act (Act), K.S.A. 50-1,100 et seq. and amendments thereto. Pursuant to K.S.A. 50-1,101(b), Supplier/Principal is obligated to maintain a surety bond in the amount of fifty-thousand dollars ($50,000) in favor of any person and the Kansas Attorney General for the benefit of any person who is damaged by any violation of the Act, including any violation by the Supplier/Principal or by any other person that markets, promotes, advertises or otherwise distributes a discount card on behalf of the Supplier/Principal.

If the Supplier/Principal, its agents, employees, and any other person that markets, promotes, advertises or otherwise distributes discount cards on behalf of the Supplier/Principal fails to abide by the provisions of the Act and any amendments thereto, then this obligation shall be null and void. Otherwise, the bond shall be in full force and effect.

LIABILITY. Any person and the Kansas Attorney General, for the benefit of any person who is damaged by any violation of the Act, may bring an action against the Supplier/Principal for violations of the Act and make a claim against this bond.

DURATION. This bond shall become effective on the date the annual notice if filed with the Secretary of State and shall remain in effect for one year.

Please continue to next page.

CANCELLATION. Surety may cancel this bond by providing written notice to the Secretary of State and the Supplier/Principal at least sixty (60) days prior to the effective date of cancellation, but such cancellation shall not affect any liability for acts which may have occurred prior to the effective date of cancellation.

Supplier/Principal Name	Surety Name
Signature X	Signature X
Title	Title

ACKNOWLEDGEMENT BY SURETY

1. State of	
2. County of	

Be it remembered that on this _____ day of _____ 20 _____, before me, the undersigned,

a Notary Public in and for the State of _____, came _____, who is personally known to me to be the same person who acknowledged that he/she executed this bond on behalf of the Surety.

In witness thereof, I have hereunto subscribed my name and affixed my notarial seal on the day and year written.

Notary Public X	My appointment or commission expires:	

Bond approved as to form by the Attorney General pursuant to K.S.A. 50-1,101 and amendments thereto.

Name	Title	Month	Day	Year

Please review to ensure completion.