

Contact Information

Kansas Secretary of State
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**KANSAS SECRETARY OF STATE
Health Care Card Suppliers**

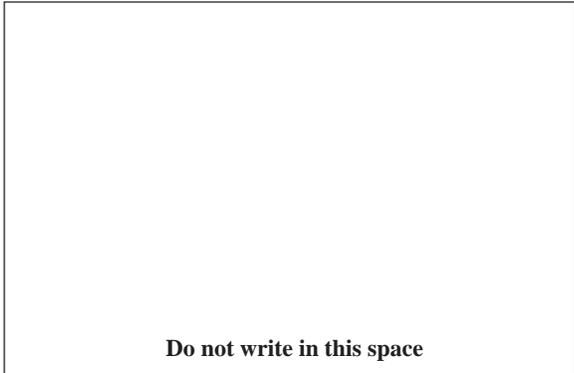


All information must be completed or this document will not be accepted for filing.

1. Name of card supplier:

2. Address:

3. Phone number: _____



4. Kansas law requires a discount health care card supplier to:

- A. Maintain a surety bond in the amount of \$50,000 issued by a surety company authorized to do business in Kansas, or
- B. Establish and maintain a surety account in the amount of \$50,000 at a federally insured bank, savings and loan association or federal savings bank located in the state of Kansas.

A copy of the bond or a statement identifying the surety account must be attached. The statement for a surety account must identify the depository, trustee and account number of the surety account. The bond or surety account must comply with K.S.A. 50-1,101(b)(6).

5. Kansas law requires a discount health care card supplier, both sellers and distributors, to maintain a Kansas resident agent for service of process pursuant to K.S.A. 60-306. Foreign discount health care card suppliers who are not required to register with the Kansas Secretary of State's office should use form ASA - Appointment of Service Agent.

6. The applicant must provide proof annually of the bond's renewal or the continuance of the surety account accompanied by this form and the required filing fee on or before the anniversary date of the applicant's initial filing.

Instructions

- 1. Please submit this form with a \$250 filing fee.
- 2. This form must be accompanied by a copy of the surety bond, or if a surety account is used, a statement identifying the depository, trustee and account number of the surety account.
- 3. This form must be filed annually to comply with Kansas law.

Notice: There is a \$25 service fee for all checks returned by your financial institution.

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**KANSAS SECRETARY OF STATE
Appointment of Service Agent**

ASA

51-15

All information must be completed and the required fee submitted or this document will not be accepted for filing. Please read all instructions before completing this document.

1. _____ hereby appoints
Name of individual, partnership, association or corporation

_____ upon whom process may
Name of service agent — must be a Kansas resident
be served. I consent without limitation or exception that service of process may be issued out of any court upon this service agent.

Do not write in this space

2. The address of the service agent in Kansas (must be a street address; a post office box is unacceptable):

_____ KS _____
Street address City State Zip

3. If the appointing authority is an entity, state of formation: _____

4. The appointing authority's mailing address is:

_____ KS _____
Street address City State Zip

The following section must be completed in the presence of a notary public.

Signature of individual authorized by appointing authority listed in #1 Date

State of _____ Acknowledged before me by _____

County of _____ on this _____ of _____, _____
Day Month Year

Notary's signature

Affix notary's seal here:

My appointment or commission expires _____

Instructions

Note: Nonresident contractors under K.S.A. 16-113 who are foreign corporations, foreign limited partnerships or foreign limited liability companies qualified to do business and in good standing in Kansas are not required to file this form.

- 1. Please submit this form properly notarized with the \$35 filing fee.
- 2. This appointment expires three years from date of filing.

Notice: There is a \$25 service fee for all checks returned by your financial institution.