



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.

- 1. **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).
- 2. **PAYMENT:** Please enclose a check or money order payable to the Secretary of State. The health care card supplier application of annual notice received without the appropriate fee will not be accepted for filing. Please do not send cash.
- 3. **RENEWAL DATE:** The applicant must maintain a surety bond in the amount of \$50,000. The surety bond shall be submitted to the Secretary of State along with the annual notice 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 applicant must provide a copy of the bond and thereafter proof of annual renewal of the bond accompanied by this form and the required filing fee of \$250. 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.
- 4. **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.
- 5. **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.
- 6. **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.
- 7. **MAILING ADDRESS:** The mailing address is where you would like to receive official mail from the Secretary of State's office.
- 8. **SIGNATURE:** The health care card supplier requires the signature of any individual authorized by the card supplier.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution.
All information must be completed or this document will not be accepted for filing.*

HCC

90-01

KANSAS SECRETARY OF STATE

**Health Care Card Suppliers
Application of Annual Notice****CONTACT: Kansas Secretary of State, Chris Biggs**Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594(785) 296-4564
kssos@kssos.org
www.kssos.org*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.***1. Name of the card supplier:****2. Name of the resident agent and address of the registered office in Kansas:***Address must be a street address
A P.O. box is unacceptable**Name**Street Address***Kansas***City**State**Zip***3. Mailing address:***This address will be used to send official mail from the Secretary of State's office**Attention Name**Address**City**State**Zip**Country***4. I declare under penalty of perjury pursuant 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

Date (month, day, year)

Phone number

SB

KANSAS SECRETARY OF STATE

**Health Care Card
Supplier Bond****CONTACT: Kansas Secretary of State, Chris Biggs**Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594(785) 296-4564
kssos@kssos.org
www.kssos.org**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 Principal/Supplier 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 abides 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 is filed with the Secretary of State and shall remain in effect for one year.

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

Signature

Title

Title

ACKNOWLEDGEMENT BY SURETY

State of _____

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

Notary Public

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 and Title

Date