



OFFICE OF THE  
**HEALTH INSURANCE COMMISSIONER**  
STATE OF RHODE ISLAND

**Bond of Discount Medical Plan Organization to the  
General Treasurer of the State of Rhode Island**

R.I. Gen. Laws § 27-74-6

Bond No. \_\_\_\_\_ Premium \_\_\_\_\_

We, \_\_\_\_\_, as Principal and  
\_\_\_\_\_, an admitted Surety insurer, as Surety

hereon, bind ourselves unto the State of Rhode Island in the penal sum of FIFTY THOUSAND DOLLARS (\$50,000) to be paid to the General Treasurer of the State of Rhode Island and Providence Plantations, which sum shall be the limit of total aggregate liability hereunder.

The condition of the obligation is that if the Principal is a Discount Medical Organization Plan registered with the Office of the Health Insurance Commissioner of the State of Rhode Island, said Principal shall comply with the requirements of R.I. Gen. Laws §§ 27-74-1 et seq., and the regulations promulgated thereunder; if the Principal shall so comply as required by law, then this obligation shall become null and void; otherwise to remain in full force and effect.

This bond shall remain in force and effect until the Commissioner releases the Surety from further liability or until the Surety cancels the bond. The Surety may cancel the bond and be release of further liability hereunder by delivering thirty (30) days notice to the Commissioner. Such cancellation shall not affect any liability incurred or occurred prior to the termination of the thirty (30) day period.

In witness whereof the Principal has subscribed his (her, its) signature, and the Surety has subscribed its full and correct name and affixed its corporate seal on the date shown opposite its signature.

This bond shall take effect on \_\_\_\_\_.

\_\_\_\_\_  
Principal \_\_\_\_\_  
Date

\_\_\_\_\_  
Surety \_\_\_\_\_  
Date

A COPY OF THE POWER OF ATTORNEY EVIDENCING AUTHORITY OF THE SIGNER OF THE BOND MUST BE ATTACHED.