

(2) That each contract executed, or proposed to be executed, by the applicant and any hospital, physician, chiroprapist, pharmacist, dentist or optometrist, for the furnishing of hospital, medical, chiropodial, pharmaceutical, dental or optometric service to the subscribers to the health service plan, obligates, or will when executed, obligate each hospital, physician, chiroprapist, pharmacist, dentist or optometrist party thereto to render the service to which each subscriber may be entitled under the terms and conditions of the various contracts issued, or proposed to be issued, by the applicant to subscribers to the plan, and that each subscriber shall be entitled to reimbursement for any such chiropodial or optometric service, whether the said service is performed by a doctor of medicine, duly licensed chiroprapist, or duly licensed optometrist.

(3) That each contract issued, or proposed to be issued, to subscribers to the plan is in a form approved by the Insurance Commissioner, and that the rates charged, or proposed to be charged, for each form of such contract are fair and reasonable;

(4) That no contributions to the funds of the corporation for working capital are repayable by the corporation except out of the earned premiums over and above operating expenses, payments to participating hospitals, physicians, chiroprapists, pharmacists, dentists, or optometrists and such reserve as the Insurance Commissioner may deem adequate;

(5) That the amount of money actually received by the applicant upon the term specified in paragraph (4) hereof for working capital is sufficient to carry all acquisition costs and operating expenses for a period of at least three months from the date of the issuance of the certificate of authority or license, but in no case to be less than ten thousand dollars (\$10,000).

(c) Any corporation to which such certificate of authority or license has been issued, until expiration or revocation thereof, shall be authorized to issue contracts in the form or forms filed with the Insurance Commissioner, to the persons who may become subscribers to such plan.

356.

No corporation subject to the provisions of this subtitle shall amend its certificate of incorporation, its bylaws, the terms and provisions of contracts executed or to be executed with hospitals, physicians, chiroprapists, pharmacists, dentists, or optometrists, and the terms and provisions of contracts issued, or proposed to be issued, to subscribers of the plan, until such proposed amendments have been first submitted to, and approved by, the Insurance Commissioner, *and payment made of the fees provided for by Section 41 of this article*; not shall any change be made in the table of rates charged, or proposed to be charged, to subscribers for any form of contract issued or to be issued for hospital, medical, chiropodial, pharmaceutical, dental or optometric care until such proposed change has been submitted to, and approved by, the Insurance Commissioner. Upon the adoption of any such amendment or change, following its approval by the Insurance Commissioner, such corporation shall file a copy thereof with the Insurance Commissioner, duly certified to by at least two (2) of the executive officers of such corporation.