



OFFICE OF INSURANCE REGULATION
Company Admissions

APPLICATION FOR ACCREDITED REINSURER STATUS

This package is designed to assist individuals in preparing the Application for Accredited Reinsurer Status. It may be used for a life and health insurer or property and casualty insurer. This status authorizes a foreign or alien life and health or property and casualty insurer to transact the business of reinsurance in the state of Florida as an accredited reinsurer. This package includes four (4) categories of information:

Section I	Application Forms
Section II	Legal
Section III	Financial
Section IV	Management

Please submit the application in a tabbed binder. (Example: The tab labeled II-1 would contain the Uniform Consent to Service of Process form.)

Submit the completed application package to:

Office of Insurance Regulation
Company Admissions
200 East Gaines Street
Tallahassee, Florida 32399-0332

IN ORDER FOR A SUBMISSION TO BE CONSIDERED A COMPLETE APPLICATION, ALL REQUIRED INFORMATION MUST BE INCLUDED IN THE FILING. FILINGS THAT DO NOT INCLUDE ALL REQUIRED INFORMATION WILL BE DISAPPROVED OR RETURNED.

APPLICATION FOR ACCREDITED REINSURER STATUS

INSTRUCTIONS

SECTION I - APPLICATION FORM & FEES

Section I-1 Application Fees

The cost and expenses incurred by the Office of Insurance Regulation to review a reinsurer's request for accreditation shall be charged for and collected from the requesting reinsurer. An invoice will be provided (Form OIR-C1-1465, REV 5/02) to the reinsurer after the application has been processed. Costs are defined as the sum of the time spent by Office personnel calculated at payroll rates inclusive of personnel benefit expenses and overhead expenses for each Office employee, and other Department expenses related to processing the application; or, the actual charges incurred by a third party retained to review the application. Should it become necessary to hire an outside consultant in the process of the review, the reinsurer shall be contacted in advance to consent to this and agree to the cost. In the event that the Office and the reinsurer agree to utilize the services of an outside consultant to conduct the review, the following applies:

- (a) The acceptability of a person or firm to the Office shall be determined based on consideration of the person or firm's professional competence, objectivity, and cost.
- (b) Consent of the reinsurer shall be demonstrated by written confirmation from an officer of that insurer which indicates agreement that an examination be performed by the person or firm, and acknowledgement that the person or firm is acceptable to the reinsurer and that the cost will be paid by the applicant.
- (c) All payments for services under this provision shall be made directly to the person or firm in accordance with the rates and terms agreed to by the Department, the reinsurer, and the person or firm performing the examination.

Section I-2 Fingerprint Fees

Applicants are required to prepay electronically for the processing of the fingerprint cards required in section IV-4. Please see form OIR-C1-938 for instructions. The fingerprint cards are to be submitted with the application filing.

Place a copy of your on-line payment confirmation along with the fingerprint cards in the management section (IV-4).

NOTE: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards. Please see form OIR-C1-938 for instructions.

NOTE: **Individuals who are non-U.S. citizens with no social security number should continue to submit payment of fingerprint fees per instructions in form OIR-C1-903.**

APPLICATION FOR ACCREDITED REINSURER STATUS

Section I-3 Application for Accredited Reinsurer Status

Submit the original Application for Accredited Reinsurer Status (this Form) and OIR-C1-927, REV 5/02, listing the lines of business (and respective code numbers) the company intends to reinsure in the state of Florida, signed (original signatures) by the president or chief executive officer and the secretary of the company under corporate seal. When an Accredited Reinsurer Status is granted by the Office of Insurance Regulation, it will include only those lines listed on this form. The company must be authorized in its state of domicile for the lines of business requested.

APPLICATION FOR ACCREDITED REINSURER STATUS

SECTION II - LEGAL

Section II-1 Service of Process Consent and Agreement

Provide an executed Uniform Consent to Service of Process form (Form OIR-C1-1524, REV 5/02) under corporate seal and signed by the president or chief executive officer and secretary.

Section II-2 Certificate of Status

All foreign corporations, including insurance companies organized under the laws of another state or country, are required to secure a charter to do business through the office of the Secretary of State of Florida.

Complete and submit the Application by Foreign Corporation For Authorization To Transact Business in Florida to the Secretary of State's office. The applicant must specifically request a certified copy of the Certificate of Status and include this original Certificate (not a copy) with the application as proof of filing with the Secretary of State as a foreign corporation. If you have any questions concerning this filing, please contact the Division of Corporations at (850) 245-6051.

Note: The Secretary of State will issue a charter to an insurance company before the Office of Insurance Regulation completes its processing of an application for accreditation. This charter authorizes the company to engage in any type of business except insurance. Your company may not conduct business in Florida until it has been approved as an accredited reinsurer by the Director of the Office of Insurance Regulation.

Section II-3 Certificate of Compliance

A certificate of compliance is a document issued by the public official having supervision of insurance in the applicant's state of domicile which verifies the company is duly organized and authorized to transact insurance or reinsurance and lists the lines of business it is authorized to transact. The certificate must be an original, sealed by the insurer's state of domicile and list the lines of business the company is authorized to write.

Section II-4 Attorney-in-Fact (Reciprocal Applicants Only)

Provide a copy of the applicant's power of attorney certified by the attorney-in-fact. The power of attorney submitted must comply with Sections 629.101 and 629.111, Florida Statutes.

Section II-5 Subscriber Agreement (Reciprocal Applicants Only)

Provide a copy of the subscriber agreement certified by the applicant's attorney-in-fact.

APPLICATION FOR ACCREDITED REINSURER STATUS

Section II-6 Appointment and Authority-of-United States Manager (Alien Applicants Only)

Provide a copy of the appointment and authority of the applicant's United States Manager certified by its officer having custody of its records. The certification must be original and under the seal of the officer in the state of domicile having custody of the records.

Section II-7 Certificate of Assuming Insurer

The applicant must complete the attached form AR-1, OIR-C1-1464, REV 5/02. By completion of the form, the applicant agrees, subject to the terms of the form, to submit to this state's jurisdiction, submits to this state's authority to examine its books and records, designates the Chief Financial Officer as its lawful attorney for service of process, and to provide and keep current a listing of insurers domiciled in this state reinsured by the applicant.

APPLICATION FOR ACCREDITED REINSURER STATUS

SECTION III - FINANCIAL

Section III-1 Holding Company Registration Statement

Provide a Holding Company Registration Statement certified by the state of domicile, if the insurer is a member of an insurance holding company system (OIR-DO--516, REV 4/97 is enclosed). The certification must be an original and under the seal of the insurer's state of domicile. An insurance holding company system consists of two or more affiliated persons, one or more of which is an insurer. If the insurer is not a member of an insurance holding company system, a statement to such fact signed by at least two executive officers and under the insurer's corporate seal.

Provide a copy of the SEC 10K report if the ultimate parent is required to file this report with the Federal Securities and Exchange Commission. The applicant should also provide a copy of any other audited consolidated financial statements in which it is included.

Section III-2 Annual Statement

Submit the most recent year end annual statement on the National Association of Insurance Commissioners' (NAIC) format including a "Statement of Actuarial Opinion". The statement must be sworn by at least two executive officers (original signatures) of the insurer or certified by the state of domicile. All schedules must be complete. Provide verification that the general interrogatories, notes to financial statements, and the organization charts are included as part of the annual statement.

Section III-3 Quarterly Statements

Provide all quarterly financial statements in NAIC format covering the current year-to-date period. These statements do not have to be certified by the state of domicile, but must be signed by the company's officers and must be notarized (original signatures). Supplemental loss developmental schedules (also in NAIC format) must be included for each quarter.

Section III-4 Statutorily Mandated Examination Reports

Provide the most recent report of examination performed and certified by its state of domicile. If the most recent period covered by the examination is not within the three years, the Office of Insurance Regulation may accept an audited certified public accountant's report prepared on a basis consistent with the insurance laws of the state of domicile. The certification must be an original, under the seal of the insurer's state of domicile, and certify that the state of domicile has accepted the CPA report in lieu of a statutory examination. Reports on a consolidated basis do not meet this requirement. This must be a separate (stand alone) audited report on the applicant.

Section III-5 Statutory Financial Statements Audited by Certified Public Accountants

Applicant must provide a copy of the latest audited certified public accountant's report on the insurer prepared on a basis consistent with the insurance laws of the insurer's state of domicile.

APPLICATION FOR ACCREDITED REINSURER STATUS

Section III-6 Previous Florida Business History

Provide a brief history of the company since its incorporation. Include any changes of ownership or actions taken by governmental agencies that have or had jurisdiction over the insurer. Include any history that the applicant has had in withdrawing from Florida as a whole or in discontinuing a particular line of business in this state. The statement should include any parent companies or subsidiaries.

Section III-7 Certificate of Deposit (Foreign Applicants Only)

Provide an original Certificate of Deposit under the seal of the insurer's state of domicile or state of entry into the United States. This is a document issued by the public official having supervision of insurance in the applicant's state of domicile showing the amount and composition of the deposit maintained by the insurer in another state.

APPLICATION FOR ACCREDITED REINSURER STATUS

SECTION IV - MANAGEMENT

NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE FIRST, MIDDLE AND LAST NAMES (NO ABBREVIATIONS).

Section IV-1 Management Information

Provide the full names and titles of all officers, directors of the applicant, and all shareholders (owning 10% or more of the outstanding stock of the company) with their respective titles and ownership information in this section.

As to the immediate parent and the ultimate parent of the applicant, if applicable, provide the full names and titles for the officers and directors who exercise control over the licensee and all shareholders owning or controlling 10% or more of the parent company's stock.

Companies in the organizational structure from, and including, the immediate parent through the ultimate parent must provide the names and titles of all officers and directors.

Please use the attached Management Information form.

Section IV-2 Biographical Statements and Affidavits as to All Company Officers, Directors and Shareholders

Provide a National Association of Insurance Commissioners (NAIC) biographical affidavit (OIR-C1-1423) for each officer, director, and shareholder listed in Section IV-1 except for those companies in the organizational structure between the immediate parent and the ultimate parent. All questions must be answered. All "Yes" answers must be explained.

Each biographical affidavit must be submitted to the Office containing an original signature and original notary seal. If, however, the biographical affidavits are currently on file and are not more than two years old, no submission is necessary.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, instead of including the SSN on page 6 of the NAIC form, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also please stamp CONFIDENTIAL at the top and bottom of the separate page.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office. The duties of the Office in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

APPLICATION FOR ACCREDITED REINSURER STATUS

Section IV-3 Background Investigative Report

An Investigative Background Report must be provided for each person listed in Section IV-1 above except for those companies in the organizational structure between the immediate parent and the ultimate parent. Background reports must be submitted by the selected background investigator vendor prior to or contemporaneously with the application filing. Please refer to form OIR-C1-905 for instructions.

Section IV-4 Fingerprint cards

Fingerprint cards must be completed for each person listed in Section IV-1. The cards will be furnished by the Office upon request. **No cards other than those furnished by the Office will be accepted.** The cards must be completed at a law enforcement agency and returned to this Office for processing. Please refer to form OIR-C1-938 for instructions.

Due to the length of time required by law enforcement agencies to process fingerprint cards, it is suggested that the cards be ordered immediately so they may be submitted before or with the application.

Please place the completed fingerprint cards in this section.

Note: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards and fees as noted above. Please refer to form OIR-C1-938 for instructions.

Waiver of Fingerprint Requirements

In lieu of requiring new fingerprint checks, the Office will accept a certification from another state insurance company regulatory licensing body that fingerprint checks have been completed by that state and that no reason to disapprove or limit the involvement of the person investigated in the named company was found. The certification obtained must be an original document, prepared on a form or letter that reflects the official letterhead of the entity making the certification, specifically listing the name of the reinsurer and the full name of each person investigated, and contain a statement that no reason was found to disapprove, remove, or limit the involvement of the people named. The person completing the certification including their title and telephone number must sign the certification. The certification shall be mailed directly by the state certifying to :

Florida Office of Insurance Regulation
Company Admissions
200 East Gaines Street
Tallahassee, Florida 32399-0332

APPLICATION FOR ACCREDITED REINSURER STATUS

CHECK LIST

SECTION I - APPLICATION FORM & FEES

Company Name: _____

<u>Item #</u>		<u>Completion Check List</u>
1.	Application fee paid.....	<input type="checkbox"/>
	(a) Copy of invoice included	<input type="checkbox"/>
	(b) Copy of check.....	<input type="checkbox"/>
2.	Fingerprint fee paid electronically	<input type="checkbox"/>
	a. Copy of on-line payment confirmation	<input type="checkbox"/>
	or, if applicable	
	b. Copy of form OIR-C1-903 (invoice) included.....	<input type="checkbox"/>
	c. Copy of check included	<input type="checkbox"/>
	d. Originals mailed to Bureau of Financial Services	<input type="checkbox"/>
3.	Company Completed Application for Reinsurer Status (Official Form)	<input type="checkbox"/>
	(a) All lines of reinsurance to be transacted listed by code number	<input type="checkbox"/>
	(b) Under corporate seal of company	<input type="checkbox"/>
	(c) Signed by (original signatures)	
	1. President or Chief Executive Officer.....	<input type="checkbox"/>
	2. Secretary	<input type="checkbox"/>

APPLICATION FOR ACCREDITED REINSURER STATUS

SECTION II - LEGAL DOCUMENTS

Company Name: _____

<u>Item #</u>		<u>Completion Check List</u>
1.	Uniform Consent to Service of Process (Form OIR-C1-1524, REV. 5/02).....	<input type="checkbox"/>
	(a) Signed and dated by	
	1. President or Chief Executive Officer.....	<input type="checkbox"/>
	2. Secretary	<input type="checkbox"/>
	(b) Under corporate seal of company	<input type="checkbox"/>
2.	Original Certificate of Status issued by the Florida Secretary of State evidencing registration as a foreign corporation	<input type="checkbox"/>
3.	Certificate of Compliance from state or country of domicile	<input type="checkbox"/>
	(a) Original certification from state of domicile.....	<input type="checkbox"/>
	(b) List lines of reinsurance authorized to transact	<input type="checkbox"/>
4.	Attorney-in-Fact Power of Attorney (Reciprocal Applicants Only).....	<input type="checkbox"/>
	(a) Power of attorney certified by applicant's attorney-in-fact.....	<input type="checkbox"/>
	(b) Power of attorney complies with Sections 629.101 and 629.111, Florida Statutes	<input type="checkbox"/>
5.	Subscriber Agreement (Reciprocals Only).....	<input type="checkbox"/>
	(a) Certified by attorney-in-fact	<input type="checkbox"/>
6.	Appointment by applicants officer	<input type="checkbox"/>
7.	Certificate of Assuming Insurer (Form AR-1, OIR-C1-1464, REV 5/02)	<input type="checkbox"/>
	(a) Signed and dated by the President or Chief Executive Officer.....	<input type="checkbox"/>

APPLICATION FOR ACCREDITED REINSURER STATUS

SECTION III - FINANCIAL

Company Name: _____

<u>Item #</u>		<u>Completion Check List</u>
1.	Holding Company Registration Statement	<input type="checkbox"/>
	(a) Registration Provided	<input type="checkbox"/>
	1. Original certification by state of domicile	<input type="checkbox"/>
	or	
	(b) Statement that company is not a member of a holding company system	<input type="checkbox"/>
	1. Signed by two officers.....	<input type="checkbox"/>
	2. Under corporate seal of Company	<input type="checkbox"/>
	(c) SEC 10K report if ultimate parent is required to file with the SEC (most current year, if available)	<input type="checkbox"/>
	(d) Audited consolidated financial statement (most current year, if available)	<input type="checkbox"/>
2.	Annual Statement (most current year)	<input type="checkbox"/>
	(a) Signed by two executive officers	<input type="checkbox"/>
	and	
	(b) Notary seal	<input type="checkbox"/>
	or	
	(c) Certified by state of domicile	<input type="checkbox"/>
	(d) Supplemental schedules included.....	<input type="checkbox"/>
	(e) Actuarial opinion included	<input type="checkbox"/>

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
APPLICATION FOR ACCREDITED REINSURER STATUS**

<u>Item #</u>		<u>Completion Check List</u>
3.	Quarterly Financial Statements (Supplemental Financial Statements) in NAIC format.....	<input type="checkbox"/>
	(a) All statements for current year-to-date included.....	<input type="checkbox"/>
	(b) Signed by company officers	<input type="checkbox"/>
	(c) Notarized	<input type="checkbox"/>
4.	Most recent Statutory Examination Report (by state of domicile)	<input type="checkbox"/>
	(a) Original certification by state of domicile	<input type="checkbox"/>
	(b) Three year period timely as to application.....	<input type="checkbox"/>
	if over three year period also include:	
	(c) Audited certified public accountant's report (in lieu of state of domicile exam report)	<input type="checkbox"/>
	(d) Under seal of state of domicile with certification letter	<input type="checkbox"/>
5.	Statutory Financial Statements audited by Certified Public Accountant, including letter of internal control	<input type="checkbox"/>
	Report provided (most current year)	<input type="checkbox"/>
6.	Previous Florida Business History statement.....	<input type="checkbox"/>
7.	Certificate of Deposit (foreign reinsurer only).....	<input type="checkbox"/>
	(a) Original certification under seal of state of domicile	<input type="checkbox"/>
	(b) Deposited assets or securities listed	<input type="checkbox"/>

APPLICATION FOR ACCREDITED REINSURER STATUS

SECTION IV - MANAGEMENT

Company Name: _____

<u>Item #</u>		<u>Completion Check List</u>
1.	Listing of all company officers, directors and shareholders (including entities) owning 10% or more of applicant.....	<input type="checkbox"/>
2.	Listing of all immediate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock	<input type="checkbox"/>
3.	Listing of all intermediary parent(s) (between immediate parent(s) and ultimate parent(s)), officers, directors and shareholders (including entities) owning 10% or more of parent company's stock. Note, do not complete biographical affidavits or order investigative reports or fingerprint cards.....	<input type="checkbox"/>
4.	Listing of all ultimate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock	<input type="checkbox"/>
5.	Biographical Affidavits for company officers, directors and shareholders (including entities) owning 10% or more of applicant	<input type="checkbox"/>
	As to each biographical:	
(a)	All information completed	<input type="checkbox"/>
(b)	Contains original signature	<input type="checkbox"/>
(c)	Notarized (Original)	<input type="checkbox"/>
(d)	SSN on a separate page.....	<input type="checkbox"/>

APPLICATION FOR ACCREDITED REINSURER STATUS

<u>Item #</u>		<u>Completion Check List</u>
6.	Biographical Affidavits for immediate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock	<input type="checkbox"/>
	As to each biographical:	
	(a) All information completed	<input type="checkbox"/>
	(b) Contains original signature	<input type="checkbox"/>
	(c) Notarized (Original)	<input type="checkbox"/>
	(d) SSN on a separate page.....	<input type="checkbox"/>
7.	Biographical Affidavits for ultimate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock	<input type="checkbox"/>
	As to each biographical:	
	(a) All information completed	<input type="checkbox"/>
	(b) Contains original signature	<input type="checkbox"/>
	(c) Notarized (Original)	<input type="checkbox"/>
	(d) SSN on a separate page.....	<input type="checkbox"/>
8.	Background investigative reports for company officers, directors and shareholders (including entities) owning 10% or more of applicant.....	<input type="checkbox"/>

APPLICATION FOR ACCREDITED REINSURER STATUS

<u>Item #</u>		<u>Completion Check List</u>
9.	Background investigative reports for immediate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock.....	<input type="checkbox"/>
10.	Background investigative reports for ultimate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock.....	<input type="checkbox"/>
11.	Fingerprint cards enclosed for each company officer, director, and shareholder (including entities) owning 10% or more of applicant.....	<input type="checkbox"/>
	As to each fingerprint card:	
	(a) Contains original signature.....	<input type="checkbox"/>
	(b) Florida cards only.....	<input type="checkbox"/>
	(c) All information completed (DOB, citizenship, vital statistics, SSN on a separate page)	<input type="checkbox"/>
12.	Fingerprint cards enclosed for each immediate parent(s) officer, director and shareholder (including entities) owning 10% or more of parent company's stock.....	<input type="checkbox"/>
	As to each fingerprint card:	
	(a) Contains original signature.....	<input type="checkbox"/>
	(b) Florida cards only.....	<input type="checkbox"/>
	(c) All information completed (DOB, citizenship, vital statistics, SSN on a separate page)	<input type="checkbox"/>

APPLICATION FOR ACCREDITED REINSURER STATUS

<u>Item #</u>		<u>Completion Check List</u>
13.	Fingerprint cards enclosed for each ultimate parent(s) officer, director and shareholder (including entities) owning 10% or more of parent company's stock.....	<input type="checkbox"/>
	As to each fingerprint card:	
	(a) Contains original signature.....	<input type="checkbox"/>
	(b) Florida cards only.....	<input type="checkbox"/>
	(c) All information completed (DOB, citizenship, vital statistics, SSN on a separate page)	<input type="checkbox"/>

THE COMPLETED CHECKLIST MUST BE RETURNED WITH THE APPLICATION PACKAGE

CHECKLIST VERIFICATION

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by (Entity Name) _____, that he/she has read said application, that he/she knows the contents thereof and verifies that the items indicated in the application checklist have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person acted, executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Dated _____
_____ (Give full and exact name of Applicant)

Signature of President, Secretary, or Treasurer

Printed Name

Printed Title

**INVOICE
 PAYMENT OF APPLICATION FILING FEES
 APPLICATION FOR ACCREDITED REINSURER STATUS**

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE NUMBER: _____

ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

 (CITY) (STATE) (ZIP CODE)

In reference to the recent submission by the above-referenced reinsurer regarding its application to do business in Florida, it is necessary that you return this form with the proper payment as listed below.

PLEASE NOTE:

1. Send a check in the proper amount made payable to the Florida Department of Financial Services and mail check and invoice only to the Florida Department of Financial Services, Bureau of Financial Services, P.O. Box 6100, Tallahassee, Florida 32314-6100.
2. Send a copy of the check and a copy of the invoice along with the completed application package to the Florida Office of Insurance Regulation, Company Admissions 200 East Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.

	<u>B/T</u>	<u>TY/CL</u> <u>F/T</u>	<u>AMOUNT</u>
Filing Fee			Variable

**APPLICATION TO CONDUCT BUSINESS IN THE STATE OF FLORIDA
ACCREDITED REINSURER STATUS**

_____, 20 ____

TO THE FLORIDA OFFICE OF INSURANCE REGULATION,
TALIAHASSEE, FLORIDA

SIR: The _____
(Give name of company or association in full)

Federal Identification Number _____

of _____
(Home Office Address) (City) (State) (Zip)

Phone Number _____

through its duly authorized officers, hereby applies for approval to transact the following kinds of insurance or branches of business in the State of Florida, under the laws thereof, during the year ending May 31, 20____.

Class of Business

Code Number

By _____
President or Chief Executive Officer

Corporate
Seal

Attest _____

Secretary

**OFFICE OF INSURANCE REGULATION
LINES OF BUSINESS BY COMPANY CODES**

R010 Reinsurance - Fire
R020 Reinsurance - Allied Lines
R030 Reinsurance - Farmowners Multi Peril
R040 Reinsurance - Homeowners Multi Peril
R050 Reinsurance - Commercial Multi Peril
R080 Reinsurance - Ocean Marine
R090 Reinsurance - Inland Marine
R100 Reinsurance - Financial Guaranty
R106 Reinsurance - Auto Warranties
R110 Reinsurance - Medical Malpractice
R120 Reinsurance - Earthquake
R160 Reinsurance - Workers' Compensation
R170 Reinsurance - Other Liability
R173 Reinsurance - Prepaid Legal
R192 Reinsurance - Private Passenger Auto Liability
R194 Reinsurance - Commercial Auto Liability
R211 Reinsurance - Private Passenger Auto Physical Damage
R212 Reinsurance - Commercial Auto Physical Damage
R220 Reinsurance - Aircraft
R230 Reinsurance - Fidelity
R240 Reinsurance - Surety
R245 Reinsurance - Bail Bonds
R250 Reinsurance - Glass
R260 Reinsurance - Burglary and Theft
R270 Reinsurance - Boiler and Machinery
R280 Reinsurance - Credit
R285 Reinsurance - Title
R290 Reinsurance - Livestock
R300 Reinsurance - Industrial Fire
R310 Reinsurance - Mortgage Guaranty
R400 Reinsurance - Ordinary Life and Annuity
R405 Reinsurance - Individual/Group Variable Annuities
R410 Reinsurance - Group Life and Annuity
R420 Reinsurance - Variable Life
**R425 Reinsurance - Fraternal Life
**R430 Reinsurance - Fraternal Health
R440 Reinsurance - Credit Life
R441 Reinsurance - Credit Disability
R450 Reinsurance - Accident and Health
R520 Reinsurance - Industrial Extended Coverage
R540 Reinsurance - Mobile Home Multi Peril
R550 Reinsurance - Mobile Home Physical Damage
R570 Reinsurance - Crop Hail
R607 Reinsurance - Home Warranties
R608 Reinsurance - Service Warranties
R610 Reinsurance - Other Warranty
R620 Reinsurance - Miscellaneous Casualty

**A Fraternal Benefit Society can cede business but can only reinsure another society as part of a merger or consolidation. [632.614, Florida Statutes]

Applicant Name _____

NAIC No. _____

FEIN: _____

Uniform Consent to Service of Process

_____ Original Designation

_____ Amended Designation
(must be submitted directly to states)

Insurer Name: _____

Previous Name (if applicable): _____

Home Office Address: _____

City, State, Zip: _____ NAIC CoCode: _____

The entity named above, organized under the laws of _____, for purposes of complying with the laws of the State(s) designate hereunder relating to the holding of a certificate of authority or the conduct of an insurance business within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding against it in the State(s) so designated; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State(s) so designated; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the entity outstanding in the State. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

Applicant Officers' Certification and Attestation

One of the two Officers (listed below) of the Applicant must read the following very carefully and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant.
2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at _____.

Date

Signature of President

Full Legal Name of President

Date

Signature of Secretary

Full Legal Name of Secretary

Uniform Consent to Service of Process

Exhibit A

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process:

Table with 2 columns of state abbreviations and their corresponding insurance roles. States listed include AL, AK, AZ, AR, AS, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, MD, ME, MI, MN, MS, MT, NE, NH, NV, NJ, NM, NY, NC, ND, OH, OR, OK, PR, RI, SC, SD, TN, TX, UT, VT, VI, WA, WV, WY.

For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with full name and address where service of process is to be forwarded. Use additional pages as necessary. Exhibit not required for New Jersey, and North Carolina. Florida accepts only an individual as the entity and requires an email address. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit B. SC will not forward to an individual by name; however, it will forward to a position, e.g., Attention: President (or Compliance Officer, etc.).

* Attach a completed Exhibit B listing the Resident Agent for the insurer (one per state). Include state name, Resident Agent's full name and street address. Use additional pages as necessary. (DC* requires an agent within a ten mile radius of the District).

^ Initial pleadings only. Kansas requires two signatures.

@ Form accepted only as part of a Uniform Certificate of Authority application.

MA will send the required form to the applicant when the approval process reaches that point.

Exhibit A

Exhibit B

Complete for each state indicated in Exhibit A:

State _____ Name of Entity _____

Phone Number _____ Fax Number _____

Email Address _____

Mailing Address _____

Street Address _____

State _____ Name of Entity _____

Phone Number _____ Fax Number _____

Email Address _____

Mailing Address _____

Street Address _____

State _____ Name of Entity _____

Phone Number _____ Fax Number _____

Email Address _____

Mailing Address _____

Street Address _____

State _____ Name of Entity _____

Phone Number _____ Fax Number _____

Email Address _____

Mailing Address _____

Street Address _____

State _____ Name of Entity _____

Phone Number _____ Fax Number _____

Email Address _____

Mailing Address _____

Street Address _____

Exhibit B

Resolution Authorizing Appointment of Attorney

BE IT RESOLVED by the Board of Directors or other governing body of

(company name)

this _____ day of _____, 20____, that the President or Secretary of said entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Consent to Service of Process to give irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction in the state(s) of

in which the action shall arise, or in which plaintiff may reside, by service of process in the state(s) indicated above and irrevocably appoints the officer(s) of the state(s) and their successors in such offices or appoints the agent(s) so designated in the Uniform Consent to Service of Process and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said entity according to the laws of said state.

CERTIFICATION

I, _____, Secretary of

(company name)

state that this is a true and accurate copy of the resolution adopted effective the ____ day of _____, 20 ____ by the Board of Directors or governing board at a meeting held on the _____ day of _____, 20 ____ or by written consent dated ____ day of _____, 20 ____.

Secretary

FORM AR-1

CERTIFICATE OF ASSUMING INSURER

I, _____, _____ of _____,
(name of officer) (title of officer) (name of assuming insurer)

the assuming insurer under a reinsurance agreement with one or more insurers domiciled
in _____, hereby certify that _____ (“Assuming Insurer”)
(name of state) (name of assuming insurer)

1. Submits to the jurisdiction of any court of competent jurisdiction in _____ (ceding insurer’s state of domicile) for the adjudication of any issues arising out of the reinsurance agreement, agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or should be understood to constitute a waiver of Assuming Insurer’s rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. This paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreement to arbitrate their disputes if such an obligation is created in the agreement.
2. Designates the Chief Financial Officer of _____ (ceding insurer’s state of domicile) as its lawful attorney upon whom may be served any lawful process in any action, suit or proceeding arising out of the reinsurance agreement instituted by or on behalf of the ceding insurer.
3. Submits to the authority of the Insurance Commissioner of _____ (ceding insurer’s state of domicile) to examine its books and records and agrees to bear the expense of any such examination.
4. Submits with this form a current list of insurers domiciled in _____ (ceding insurer’s state of domicile) reinsured by Assuming Insurer and undertakes to submit additions to or deletions from the list to the Insurance Commissioner at least once per calendar quarter.

Dated: _____
_____ (name of assuming insurer)

BY: _____
(name of officer)

(title of officer)

**Office of Insurance Regulation
INSURANCE HOLDING COMPANY SYSTEM
REGISTRATION STATEMENT
OF**

(State name of insurer)

and

(Name above all Florida domestic insurer members of the holding company system)

(Name above all admitted foreign insurer members of the holding company system)

Rule 4-143.046, Florida Administrative Code, requires that the registrant submit the following items to the Insurance Commissioner:

ITEM I

Describe the corporate and the capital structure of the insurer and all its affiliates. Attach financial statements if not incorporated by reference in accordance with rule 4-143.048.

ITEM II

Identify the ownership and management of the insurer and all of its affiliates; include each person who is directly or indirectly the beneficial owner of more than 10% of any class of any equity security or who is a director or officer of the insurer and any of its affiliates.

ITEM III

List all of the following agreements in force, relationships subsisting, and transactions currently outstanding between such insurer and its affiliates:

- (1) loans other investments, or purchases, sales or exchanges of securities of the affiliates by the insurer by its affiliates;
- (2) purchases, sales, or exchanges of assets;

**OIR-D0-516
REV 4/97**

NOTE: THIS FORM AND METHOD OF PAYMENT FOR USE ONLY BY NON-U.S. CITIZENS WITH NO SOCIAL SECURITY NUMBER – ALL OTHER APPLICANTS SEE OIR-C1-938 FOR FINGERPRINT PROCESSING PAYMENT INSTRUCTIONS



OFFICE OF INSURANCE REGULATION
Company Admissions

INVOICE FOR NON-U.S. CITIZENS WITH NO SOCIAL SECURITY NUMBER

REQUEST FOR PAYMENT OF FINGERPRINT CHARGES

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

_____ CITY STATE ZIP CODE

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

_____ CITY STATE ZIP CODE

In reference to the recent submission by the above referenced insurer regarding the fingerprint cards requested on each officer and/or director, it is necessary that this form and the fingerprint cards be returned with the proper payment as listed below for the processing of these cards.

PLEASE NOTE:

1. Send a check in the proper amount payable to the Florida Department of Financial Services and **mail check and invoice only** to the Department of Financial Services, Bureau of Financial Services, Post Office Box 6100, Tallahassee, Florida 32314-6100.
2. Send fingerprint cards, a **copy** of the check and invoice along with the completed application package to the Florida Office of Insurance Regulation, Company Admissions, Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0332.

B/T
C

TY/CL
1002

F/T
F

FEE SCHEDULE:

Number of Cards _____ @ \$64.00 per person ... \$ _____

Attach list of individuals for whom fingerprint cards are submitted with this invoice.



OFFICE OF INSURANCE REGULATION
Company Admissions

INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package.
2. Please refer to the NAIC website at http://www.naic.org/industry_ucaa.htm, "Third Party Vendors for Background Reports", for specific information regarding background investigation vendors.
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will transmit investigative reports electronically to the Florida Office of Insurance Regulation ("Office") to this e-mail address: bkgrnd-inv@flor.com in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.
5. Applicants are required to arrange for the reports to be directly transmitted to the Office by the selected vendor to this e-mail address: bkgrnd-inv@flor.com prior to or contemporaneously with the submission of each application filing, with the exception of acquisition filings.
6. Acquisition filings must include evidence indicating that background reports have been ordered, including proof of payment.
7. Any questions regarding this process may be directed to the Office at appcoord@flor.com



Office of Insurance Regulation
Company Admissions

FINGERPRINT CARD AND PAYMENT INSTRUCTIONS

For instructions on payment of fingerprint processing fees, and for using the digital fingerprint option, see Page 2.

Fingerprints submitted on a card not provided by the Florida Office of Insurance Regulation will not be accepted.

THE CARD MUST BE SIGNED BY THE APPLICANT.

FLORIDA RESIDENTS: You must take the fingerprint card to a law enforcement agency in Florida for fingerprint service.

OUT OF STATE RESIDENTS: CONSULT YOUR LOCAL LAW ENFORCEMENT AGENCIES FOR ADDITIONAL INSTRUCTIONS.

The top portion of the fingerprint card must be completed in order for FDLE and FBI to process the card. If the law enforcement agency does not fill out the top portion of the card for you, you are responsible for filling it out with all information applicable to you.

The following specific instructions should be followed:

- ◆ Fingers should be washed and dried thoroughly prior to prints being taken.
- ◆ Do not sign the fingerprint card until you are in the presence of the person who will take the fingerprints.
- ◆ The fingerprint card **MUST** be typed or filled out in **BLACK INK**.
- ◆ Your name, at the top of the fingerprint card, and all other information should be typed or printed clearly.
- ◆ Identity of private contractors should be shown in space "EMPLOYER AND ADDRESS".
- ◆ The section titled Date of Birth DOB, Place of Birth POB, SEX, HGT (height), WGT, (weight), EYES, and HAIR must all be filled out.

RACE- Use W for White, B for Black, A for Asian, I for Indian, etc. DO NOT USE THE LETTER C.

HGT- Use feet and Inches. DO NOT USE TOTAL INCHES.

EYES AND HAIR- To describe color of eyes and hair, use appropriate three letter code from the following list:

<u>COLOR</u>	<u>CODE</u>	
Bald**	BAL	(Hair Only)
Black	BLK	(Hair Only)
Blond or Strawberry	BLN	(Hair Only)
Blue	BLU	(Eyes Only)
Brown	BRO	
Gray or Partially Gray	GRY	(Hair Only)
Green	GRN	(Eyes Only)
Hazel	HAZ	(Eyes Only)
Red or Auburn	RED	(Hair Only)
White	WHI	(Hair Only)

- ◆ **Bald (BAL) is to be used when the subject has lost most of the hair on top of their head.
- ◆ The section titled Citizenship CTZ is for your citizenship –USA, Cuba, Canada, etc.
- ◆ The section titled Armed Forces No. MNU is for your military service number if you have one.
- ◆ The section titled Social Security No. SOC is for your social security number if you have one, and it is VERY IMPORTANT. However, pursuant to section 119.072, Florida Statutes, the social security number must be collected and maintained on a separate page, see attached.
- ◆ You are not required to fill out the sections titled:

Your No. OCA
 FBI No. FBI
 Miscellaneous No. MNU

Do not fold or damage the fingerprint card in any way. The fingerprint card cannot be processed if it has been folded, erased or damaged. You may include cardboard backing to protect the fingerprint card if you like.

NOTICE: Your fingerprint card must be typed or filled out in BLACK INK. Information which has been entered on the cards may not be altered in any way, i.e., erased, covered with correction fluid or tape, marked out, etc. In addition, cards may not be folded, stapled, torn or marred in any way.

FINGERPRINT PAYMENT AND LIVESCAN INSTRUCTIONS

When submitting paper fingerprint cards:

1. Pre-payment of fingerprint processing fees shall be made electronically at www.fldfsprints.com

Step 1: Begin Registration.
Step 2: Enter Your CRI: FL921400Z – OIR – INSURANCE COMPANY OFFICER/DIRECTOR.
Step 3: Pay for Ink Card Submission.
Step 4: Enter Personal Information.

2. Submit a copy of the on-line payment confirmation along with the completed cards and other filing documents to Florida Office of Insurance Regulation, Company Admissions Section, 200 E. Gaines Street, Tallahassee, FL 32399-0332.

When using the LiveScan Option (Florida residents only):

1. Pre-payment of fingerprint processing fees for LiveScan submissions shall be made electronically at www.fldfsprints.com.

Step 1: Begin Registration.
Step 2: Enter Your CRI: FL921400Z – OIR – INSURANCE COMPANY OFFICER/DIRECTOR
Step 3: Enter a zip code to determine the closest fingerprinting location **or** choose the region you will be in for your identification appointment.
Step 4: Enter Personal Information.

2. Submit a copy of the on-line payment confirmation along with other filing documents to Florida Office of Insurance Regulation, Company Admissions Section, 200 E. Gaines Street, Tallahassee, FL 32399-0332.

Individuals who are non-U.S. citizens with no social security number should continue to submit payment of fingerprint fees per instructions in form OIR-C1-903.

For questions email appcoord@flor.com.

CONFIDENTIAL

Pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07, Florida Statutes, and section 24(a), Art. I of the State Constitution. The requirement must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record.

Applicant's Name: _____

Applicant's Social Security Number: _____

The requirement for the applicant's social security is mandatory.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

CONFIDENTIAL



OFFICE OF INSURANCE REGULATION

Company Admissions

**MANAGEMENT INFORMATION FORM
COMPLETE LIST OF OFFICERS,
DIRECTORS, AND SHAREHOLDERS (10% OR MORE)**

**COMPANY
NAME:** _____

OFFICERS:

TITLES:

OWNERSHIP PERCENTAGE:

DIRECTORS:

SHAREHOLDERS:



OFFICE OF INSURANCE REGULATION

Company Admissions

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). _____

2. a. Are you a citizen of the United States?

b. Are you a citizen of any other country, if so, what country? _____

3. Affiant's Occupation or Profession. _____

4. Affiant's business address. _____

Business telephone. _____

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>

7. Present or proposed position with the applicant entity. _____

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending
 Dates (MM/YY) _____ - _____ Employer's Name _____
 Address _____ City _____ State/Province _____
 Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
 Supervisor / Contact _____

Beginning/Ending
 Dates (MM/YY) _____ - _____ Employer's Name _____
 Address _____ City _____ State/Province _____
 Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
 Supervisor / Contact _____

Beginning/Ending
 Dates (MM/YY) _____ - _____ Employer's Name _____
 Address _____ City _____ State/Province _____
 Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
 Supervisor / Contact _____

Beginning/Ending
 Dates (MM/YY) _____ - _____ Employer's Name _____
 Address _____ City _____ State/Province _____
 Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? _____ If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? _____

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? _____

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? _____

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? _____
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? _____
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? _____
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? _____
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? _____
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. _____

If any of the stock is pledged or hypothecated in any way, give details. _____

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

14. Have you ever been adjudged a bankrupt? _____ If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? _____

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? _____

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _____ day of _____ 20__ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ By

_____, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires



OFFICE OF INSURANCE REGULATION
Company Admissions

Applicant Name (Company) _____

NAIC No. _____
FEIN: _____

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

1. Affiant's Full Name (Initials Not Acceptable). _____
2. Have you ever used any other name including nickname, maiden name or aliases? ____ If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number _____
4. Government Identification Number if not a U.S. Citizen _____

Applicant Name (Company) _____

NAIC No. _____
FEIN: _____

5. Foreign Student ID# (if applicable) _____

6. Date of Birth: (MM/DD/YY) _____ Place of Birth: City _____
State/Province _____ Country _____

7 Name of Affiant's Spouse (if applicable) _____

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this _____ day of _____, 20____ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ By _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*All states except California, Minnesota and Oklahoma*)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ **[insert company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ **[insert company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____ By _____, and

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ **[insert company name]** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to _____ **[insert company's designated person, position, or department, address and phone]**.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____. By _____, and

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of _____ **[insert company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through _____ **[insert name of CRA, address]** (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ **[insert company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ By _____, and

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires