



**OFFICE OF INSURANCE REGULATION**  
***Company Admissions***

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**APPLICATION FOR CERTIFICATE OF AUTHORITY  
INSURANCE ADMINISTRATOR**

The Administrator's license application requires four (4) categories of information:

- |             |   |                          |
|-------------|---|--------------------------|
| Section I   | - | Application Fee and Form |
| Section II  | - | Legal                    |
| Section III | - | Financial                |
| Section IV  | - | Management               |

Each of these sections is processed by different bureaus of the office. It is extremely important that the application be **completed** in its entirety in the format specified.

Please submit your package tabularized in a binder that has been two-hole punched at the top and place the tabs at the bottom of the documents. (Example: The tab labeled II-1 would contain the certified Articles of Incorporation.)

**PLEASE NOTE: THE COMPLETED CHECKLIST MUST BE RETURNED WITH THE APPLICATION PACKAGE!**

Mail the completed application to:

Office of Insurance Regulation  
Company Admissions  
200 East Gaines Street, Larson Building  
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 CERTIFICATE OF AUTHORITY  
INSURANCE ADMINISTRATOR**

**INSTRUCTIONS  
SECTION I - APPLICATION FEE AND FORM**

**Section I-1 Application Fee**

Applicants must pay an application filing fee of \$100. This fee is due and payable at the time of filing the application for licensure.

Secure your check to the INVOICE (included in this package) and send to:

Florida Department of Financial Services  
Bureau of Financial Services  
Post Office Box 6100  
Tallahassee, Florida 32314-6100

Place a copy of the invoice and a copy of the check with your application filing. This procedure will expedite the processing of your application and assure a timely recording of the fee.

**Section I-2 Fingerprint Fee**

Applicants are required to prepay electronically for the processing of the fingerprint cards required in section IV-5. 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-5).

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.**

**Section I-3 Application for License to Conduct Business as an Administrator in the State of Florida.**

Complete this form and have it signed by the President and Secretary of the company. An original signature and corporate seal are required on the application form submitted to the Office.

# APPLICATION FOR CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR

## SECTION II - LEGAL

### **Section II-1 Articles of Incorporation**

Include the applicant's Articles of Incorporation and all amendments. They must be recently certified by the official public records custodian in the applicant's state of domicile. The certification letter must be an original.

### **Section II-2 Certificate of Status from state of domicile**

A certificate of status is a document issued by the applicant's state of domicile public records custodian for corporate records, generally the Secretary of State. The certificate documents that the company is duly organized and that all state taxes and fees have been paid. The certificate must show good standing, be sealed by the state, and be a recently prepared original document, not a photocopy.

### **Section II-3 Company Bylaws**

Please submit a copy of the company's current bylaws. The Bylaws must be sealed, signed, and dated by the Secretary of the company. NO signatures other than the Secretary's will be accepted. The Secretary's statement must also be recently dated.

### **Section II-4 Certificate of Status from Florida Secretary of State**

All foreign corporations, including 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.

If you have any questions concerning filing with the Secretary of State, please contact their Division of Corporations at (850) 245-6051.

The Secretary of State will mail you a Certificate of Status. This original certificate must be forwarded to the Office of Insurance Regulation as part of your administrator's application as proof of your filing with the Secretary of State as a foreign corporation.

**Important Note:** The Secretary of State will issue a charter to an administrator before the Office of Insurance Regulation of Insurance completes its processing of an application for a certificate of authority. This charter authorizes the company to engage in any type of business except insurance. **Your company MAY NOT engage in the business of an administrator in Florida until it has been issued a Certificate of Authority by the Director of Insurance Regulation.**

## **Section II-5      Fictitious Name Filing**

If the applicant plans to utilize a fictitious name, provide documentation of your compliance with Section 865.09, Florida Statutes, dealing with fictitious names. Contact the Florida Secretary of State at the following telephone number for assistance in complying with these requirements (850) 488-9000.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
INSURANCE ADMINISTRATOR**

**INSTRUCTIONS  
SECTION III - FINANCIAL**

**Section III-1     Financial Statements**

- A. If applicant has been in existence for 2 or more fiscal years, submit audited financial statements for the 2 most recent fiscal years. If the audited financial statements are prepared on a consolidated basis, they must include a columnar consolidating or combining worksheet that shows each entity separately and includes explanations for consolidating and eliminating entries.
- B. If applicant has been in existence for less than 2 fiscal years, submit financial statements certified by an officer of the applicant, and prepared in accordance with generally accepted accounting principles for any completed fiscal years, and for any month during the current fiscal year for which the financial statements have been completed.

**Section III-2     Plan of Operations**

The Office must have a clear understanding of the present and proposed operations of the applicant. Please provide the following:

- A. **History.**
1. A brief history of the company since its incorporation.
  2. A list of all states in which the applicant is licensed as an administrator and the dates licensure was obtained.
- B. **Products and Services.**
1. A description of each line of insurance to be administered in Florida. State the name of the insurer and what services will be provided, e.g., marketing, claims adjudication, premium collection, underwriting, etc.
  2. A full explanation as to the dates of inception; types of coverage; names of insurers; amounts of claims paid or premiums collected; and numbers of Florida residents involved, if any administrative services are currently being performed for any insurer on behalf of Florida residents.
  3. Information on staffing levels and activities proposed in this state and nationwide, including details setting forth the applicant's capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing, recordkeeping, and underwriting.

**Section III-3 Fidelity Bond**

Submit a copy of the applicant's fidelity bond equal to at least 10% of annualized funds handled or managed. The bond must include a 30-day cancellation notice provision in favor of the Office.

**Section III-4 Affiliation with an Insurance Company**

Provide a statement explaining the nature and extent of the applicant's ownership interest or affiliation with any insurance company that is responsible, directly or through re-insurance, for providing benefits to any plan for which the applicant provides administrative services.

**Section III-5 Location of Books and Records and Florida Offices**

List the complete name and address of any branches operating in this state and the location, if different, where all books and records pertaining to Florida insureds will be made available to the Office.

**Section III-6 Administrative Agreement**

Please submit a representative example of an administrative agreement the applicant plans to use in Florida. Please make certain that the agreement complies with all requirements of subsections 626.882-626.888, Florida Statutes.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
INSURANCE ADMINISTRATOR**

**INSTRUCTIONS  
SECTION IV - MANAGEMENT**

**ANY NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.**

**Section IV-1 List of All Officers, Directors and Shareholders**

- A. List on the enclosed form, Complete List of Officers, Directors, and Shareholders (10% Or More), the names of each officer, director, and person having direct or indirect control of the organization, including officers and directors up through the ultimate parent corporation or holding company. Use a separate form for each company.

Include on this form the names of each shareholder owning ten percent (10%) or more of any class of any outstanding stock of the organization, including shareholders owning ten percent (10%) or more up through the ultimate parent corporation, together with the percentage, number of shares, and class of shares held by each shareholder. If any 10% or greater owner is an entity other than a natural person, please list the owners, officers, directors, and managing members of this entity on the referenced forms. Use a separate form for each company.

- B. If the applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related corporations.
- C. Full names, including middle names, must be listed. Please state if a middle name does not exist.

**Section IV-2 Biographical Statement and Affidavit for Officers, Directors and Shareholders**

Provide a biographical affidavit (Form 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. 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 section 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. 1 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 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.

### **Section IV-3 Investigative Background Reports**

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 directly to the Office prior to or contemporaneously with the submission of 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.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
INSURANCE ADMINISTRATOR**

**CHECK LIST  
SECTION I - APPLICATION FEE AND FORM**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Administrator application fee paid .....	<input type="checkbox"/>
a. Copy of invoice included (Official Form) .....	<input type="checkbox"/>
b. Copy of check included .....	<input type="checkbox"/>
c. Original mailed to Bureau of Financial Services .....	<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 license (Official Form) .....	<input type="checkbox"/>
a. All blanks completed .....	<input type="checkbox"/>
b. Sealed by company .....	<input type="checkbox"/>
c. Signed by president (original signature) .....	<input type="checkbox"/>

**RETURN THE COMPLETED CHECK LIST WITH THE APPLICATION PACKAGE**

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
INSURANCE ADMINISTRATOR**

**CHECK LIST  
SECTION II - LEGAL**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Articles of Incorporation .....	<input type="checkbox"/>
a. Original certification by state of domicile .....	<input type="checkbox"/>
b. Articles with all amendments attached.....	<input type="checkbox"/>
2. Certificate of Status from state of domicile .....	<input type="checkbox"/>
a. Good standing indicated .....	<input type="checkbox"/>
b. Sealed by state .....	<input type="checkbox"/>
c. Signed by proper public official .....	<input type="checkbox"/>
d. Original .....	<input type="checkbox"/>
3. Company Bylaws .....	<input type="checkbox"/>
a. Signed and dated by corporate secretary .....	<input type="checkbox"/>
b. Sealed by company (corporate seal) .....	<input type="checkbox"/>
4. Certificate of Status from Florida Secretary of State (Foreign Corporations Only) .....	<input type="checkbox"/>
a. Original submitted .....	<input type="checkbox"/>
5. Fictitious Name Certificate (if applicable) .....	<input type="checkbox"/>
a. Original submitted .....	<input type="checkbox"/>

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
INSURANCE ADMINISTRATOR**

**CHECK LIST  
SECTION III - FINANCIAL**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Financial Statements (Official Form) .....	<input type="checkbox"/>
a. 2 most recent fiscal year audited financial statements..... (If applicant has been in existence for 2 or more fiscal years)	<input type="checkbox"/>
Or	
b. Financial statement(s) for any completed fiscal year(s) .....	<input type="checkbox"/>
(If applicant has been in existence for less than 2 fiscal years)	
2. Plan of Operations .....	<input type="checkbox"/>
a. History .....	<input type="checkbox"/>
1) Brief history of the company .....	<input type="checkbox"/>
2) List all states where applicant is licensed .....	<input type="checkbox"/>
b. Products and Services .....	<input type="checkbox"/>
1) Products .....	<input type="checkbox"/>
a) Describe each line of insurance to be administered .....	<input type="checkbox"/>
b) State the name of insurer .....	<input type="checkbox"/>
c) State what service will be provided .....	<input type="checkbox"/>
2) Dates, plan names and annualized premium for experience as an administrator in Florida .....	<input type="checkbox"/>
3) Information on staffing levels and activities .....	<input type="checkbox"/>

- 3. Fidelity Bond ..... 
  - a. Equal to at least 10% of annualized funds handled or managed .....
  - b. 30-day cancellation notice provision in favor of the Office .....
- 4. Statement of affiliation with an insurance company .....
- 5. Offices within Florida and location of books and records .....
- 6. Administrative Agreement .....

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
INSURANCE ADMINISTRATOR**

**CHECK LIST  
SECTION IV - MANAGEMENT**

Company Name: \_\_\_\_\_

- | <u>Item #</u>  | <u>Company<br/>Check List</u> |
|--|-------------------------------|
| 1. Listing of officers, directors, and controlling individuals .....   | <input type="checkbox"/>      |
| a. Separate listing of all officers, directors, controlling individuals,<br>and shareholders including percentage held and number and<br>class of shares for the company and its parents and/or holding<br>companies (Official Form) ..... | <input type="checkbox"/>      |
| c. If parent company indicated, organization chart .....   | <input type="checkbox"/>      |
| d. Full names and titles listed (including full middle name or indication<br>if one does not exist) .....  | <input type="checkbox"/>      |
| e. Titles listed .....   | <input type="checkbox"/>      |
| 2. Biographical Statement and Affidavit for each individual listed in<br>Section IV-1 (Official Form) .....  | <input type="checkbox"/>      |
| For each form:   |                               |
| a. All blanks completed .....  | <input type="checkbox"/>      |
| b. Contains original signature .....   | <input type="checkbox"/>      |
| c. Notarized (original).....   | <input type="checkbox"/>      |
| d. Full name given (including full middle name or indication if<br>one does not exist) .....   | <input type="checkbox"/>      |
| e. Submitted an original of each affidavit .....   | <input type="checkbox"/>      |
| f. Provide Social Security Number on separate page.....  | <input type="checkbox"/>      |

3. Investigative Background Report for each individual listed in Section IV-1 ..

4. Fingerprint Cards enclosed for each individual listed in Section IV-1.....

For each card:

a. Card obtained from Office of Insurance Regulation .....

b. Card contains original signature .....

c. No erasures on or alteration of card.....

d. All blanks completed .....

**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 \_\_\_\_\_ that he/she has read said

(Entity Name)

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**

**INSURANCE ADMINISTRATOR  
PAYMENT OF APPLICATION FEE**

**NAME OF COMPANY:** \_\_\_\_\_

**FEIN#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE & ZIP CODE:** \_\_\_\_\_

**ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)**

\_\_\_\_\_

\_\_\_\_\_

(CITY)

(STATE)

(ZIP CODE)

**PHONE NUMBER:** \_\_\_\_\_

**It is necessary for you to return this form with the fee payment.**

**PLEASE NOTE:**

1. **Only mail the application fee** (make check payable to the Florida Department of Financial Services) and the **invoice** to: 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: Office of Insurance Regulation, Applications Coordination Section, 200 East Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.

RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	ACCT	SOURCE
	\$100.00	12	40	3	09	1

**APPLICATION FOR LICENSE TO CONDUCT BUSINESS  
IN THE STATE OF FLORIDA  
INSURANCE ADMINISTRATOR**

\_\_\_\_\_, 20\_\_\_\_

TO THE DIRECTOR OF INSURANCE REGULATION,  
TALLAHASSEE, FLORIDA

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

Federal Identification Number \_\_\_\_\_

of \_\_\_\_\_  
(Home Office Address) (City) (State) (Zip)

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

through its duly authorized officers, hereby applies for a certificate of authority authorizing and empowering the company or association aforesaid to act as an administrator in the State of Florida, under the laws thereof, and do hereby affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

By: \_\_\_\_\_  
President or Chief Executive Officer  
(Corporate Seal)

Attest: \_\_\_\_\_  
Secretary

Name of attorney or principal filing this application:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_