



**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION**

APPLICATION FOR ADDING A NEW LINE OF BUSINESS

This application is designed to assist insurers in preparing an application with all the information required by Rule 4-136.015 (attached) and Sections 624.09 and 624.408(1), Florida Statutes (attached) and facilitate expeditious processing of that application by the Office of Insurance Regulation. This application is for use by both life & health insurers and property & casualty insurers. This application includes three (3) categories of information.

- Section I Application Form & Fees
- Section II Supporting Information
- Section III Health, Variable Annuity and Separate Accounts Only

Submit the completed application package to:

Florida Office of Insurance Regulation
Applications Coordination Section
200 East Gaines Street
Tallahassee, Florida 32399-0332

IN ORDER FOR AN APPLICATION 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.

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**INSTRUCTIONS
SECTION I - APPLICATION FORMS & FEES**

Section I-1 Application form

The Application For Adding A New Line Of Business form must be fully completed and signed by the President or Chief Executive Officer and attested to by the Secretary. Submit the original application. The line(s) of business requested must meet the requirements of Rule 4-136.015, and Sections 624.09 and 624.408, F.S. and be consistent with the information provided by the insurer outlining its plans for the requested line(s) of business.

Section I-2 Fees

In the event that the requested modification to the Certificate of Authority is made, a new Certificate of Compliance showing the line(s) of business that the company is authorized to write in Florida will be issued. The attached invoice must be completed and a check made payable to the "Florida Department of Financial Services" in the amount of \$5.00.

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

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

Place a photocopy of the invoice and check in this section.

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**INSTRUCTIONS
SECTION II - SUPPORTING INFORMATION**

Section II-1 Certificate of Compliance (Foreign and Alien Insurers Only)

A Certificate of Compliance is a document issued by the public official having supervision of insurance in applicant's state of domicile showing that the company is duly organized and authorized to transact insurance therein and the kinds of insurance it is so authorized to transact. A certified copy of this certificate must be obtained from your home state and filed with your application. It must list the kinds of insurance the company is authorized to write in its state of domicile, be sealed by the state and it must be an original.

Section II-2 Seasoning

Provide documentation of three years of satisfactory operating experience in its state or country of domicile for each line requested. The documentation should include copies from the three most recent Annual Statements of the state reporting and any additional Exhibits and/or Schedules that support compliance with the seasoning Requirement. If the insurer lacks three years of successful operating experience, then provide documentation which shows that the insurer qualifies for a waiver pursuant to requirements outlined in Sections 624.404 and 624.408(1), F.S.

Section II-3 Other Information

In order to evaluate the request from the insurer, it is important for the Office to have a clear understanding of how the additional authority would impact the operations of the insurer. Accordingly, the applicant should provide any other information which is reasonably necessary for the Office to evaluate the proposed amendment. Other information might include the following: planned premium volumes, planned use of reinsurance, the expertise of personnel in the requested line(s), marketing plans, use of Managing General Agents, impact on the solvency of the insurer.

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SECTION III - HEALTH, VARIABLE ANNUITIES AND SEPARATE ACCOUNTS ONLY

Section III-1 For Companies Adding Health Insurance Only

(A) The Florida Comprehensive Health Association became operational September 1, 1983. As required by Section 627.6488(1), F.S., every insurer authorized to transact health insurance in this state must participate in this plan. The attached subscription agreement acknowledging the statutory requirement must be submitted with the application to add this line of business. (Official Form Attached).

(B) Include information regarding plans to market health benefit plans to small employers. As used in the Employee Health Care Access Act, "health benefit plan" means any hospital or medical policy or certificate, hospital or medical service plan contract, or health maintenance organization subscriber contract. The term does not include accident-only, specified disease, individual hospital indemnity, credit, dental-only, vision-only, Medicare supplement, long-term care, or disability income insurance; coverage issued as a supplement to liability insurance; workers' compensation or similar insurance; or automobile medical-payment insurance. See Section 627.6699, Florida Statutes, for the requirements of this act and for a definition of terms. Form DI4-1093 (attached) should be completed for companies who desire to market health benefit plans to small employers.

Section III-2 Variable Annuity, Separate Accounts Only

In accordance with Section 627.802, F.S. and Rules of the Office promulgated for Variable and Indeterminate Value Contracts as authorized by Chapter 627, Part XIV of the Florida Statutes, please provide, with any application for Variable Annuity authority, evidence of the establishment and maintenance of Separate Accounts. Such evidence should include appropriate filings with and approvals by the Securities and Exchange Commission and copies of any proposed or approved prospectus.