



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

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**APPLICATION FOR PERMIT  
DOMESTIC INSURER**

This package is designed to assist individuals in preparing the Application for Permit to form a domestic insurer. It may be used for a life and health insurer or property and casualty insurer (stock, mutual, assessable mutual, captive). It authorizes the incorporators of a proposed insurer to organize, incorporate and produce all of the components necessary for a successful operation. The permit does not authorize the insurer to transact insurance in this state. An insurer has one (1) year after issuance of its permit to apply for and receive a Certificate of Authority. This application includes four (4) categories of information:

- Section I Application Form and Related Fees
- Section II Legal
- Section III Financial
- Section IV Management

Please submit the application in a tabbed binder. (Example: Tab III-1 would contain the Plan of Operations.)

Submit the completed application package to:

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

**APPLICATIONS SUBMITTED WITH MISSING OR INCOMPLETE DOCUMENTS WILL BE RETURNED UNPROCESSED.**

**APPLICATION FOR PERMIT  
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**INSTRUCTIONS**

**SECTION I - APPLICATION FORM AND RELATED FEES**

**Section I-1            Application Fees**

Applicants must pay an application filing fee of \$25.00. The fee is due at the time the application is filed. Secure the check to the invoice (included in this package) and send to:

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.

**Section I-2            Fingerprint Processing 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.**

**Section I-3            Application for Permit to Form a Domestic Insurer**

Submit the original Application for Permit (official form enclosed) listing the lines of business (and respective code numbers) the company intends to write in the state of Florida. When a permit is issued by the Office of Insurance Regulation, it will include only those lines listed on this form and addressed in the plan of operations.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
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**SECTION II - LEGAL**

**Section II-1            Authorization Letter**

Provide a letter of authorization for anyone other than company personnel or the company sponsoring agent, designating the named individual to represent the applicant.

**Section II-2            Proposed Articles of Incorporation**

Provide three sets of the company's proposed, unexecuted articles of incorporation for a domestic insurer as specified in Sections 628.081 and 628.091, Florida Statutes. A sample set of articles of incorporation is included with this package.

Note: Captive insurers must incorporate the word "captive" in the insurer's name and assessable mutual insurers must incorporate the words "assessable mutual" in the insurer's name in accordance with Section 626.9541, Florida Statutes.

**Section II-3            Proposed Bylaws**

Provide three sets of the company's proposed, unexecuted bylaws. The following are items which should be addressed:

- (a) Stockholders - meetings, notice, quorum, voting.
- (b) Directors - elections, number, term, vacancies, meetings, notice, quorum, committees, action without meetings, telephone meetings, compensation.
- (c) Officers - elections, duties, compensation, resignations and removal from office.
- (d) Executive Committee - appointment, authority, meetings, quorum, actions, vacancies.
- (e) Stock -- form, execution, methods of transfer and loss certificates.
- (f) Dividends - (Section 628.371, Florida Statutes, limitations and requirements)
- (g) Seal
- (h) Amendments
- (i) Maintenance and inspection of corporate books
- (j) Other special provisions, such as indemnity of officers and directors, restrictions on stock transfers, limitations on borrowing, etc.

Note for mutual insurers only: Domestic mutual insurer bylaws must reference the following provisions of the Florida Insurance Code: Sections 628.221, 628.231, 628.301 - 628.361, and 628.381, Florida Statutes. Please note the above-cited statutes are not intended to be an all-inclusive listing of the provisions of the Florida Insurance Code which may be applicable to the formation of a domestic mutual insurer.

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**Section II-4          Articles of Incorporation**

Provide an original copy of articles of incorporation of any firm(s) involved in the formation or financing of the proposed insurer certified by the public official with whom the originals are on file in the state or country of domicile.

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**SECTION III - FINANCIAL**

**Section III-1      Plan of Operations**

Submit a three-year plan of operations. The plan must include all major areas of the proposed operations as outlined below.

**(A)      Management**

Provide a brief description of the management experience of each individual (by name) involved in the following areas: marketing, underwriting, rating, reserving, reinsurance, claims handling, accounting, investments, and managing general agents. This includes any outside experts or consultants to be utilized by management on an ongoing basis.

**(B)      Insurance Products**

Submit a description of each line of insurance to be marketed and planned dates of initial marketing of each line. Each line listed on the Application for Permit form must be addressed.

**(C)      Marketing**

Provide a three-year plan of marketing including the use of brokering agents and third-party administrators, commission rates, and other administrative expenses. If an exclusive agency contract will be utilized, include copies of proposed contracts or agreements. If any person, while an officer, director, trustee or shareholder of the insurer, will receive directly, or indirectly, any commission in the business transactions of the insurer, this must be disclosed. Provide a copy of the proposed contract and request approval from the Office in accordance with Section 628.255, Florida Statutes.

**(D)      Reinsurance**

Provide details of the planned use of reinsurance including the purpose of the reinsurance and the degree to which it is to be used in relation to the amount of insurance in force. Include retentions and limits of liability for the proposed reinsurance as well as catastrophe coverage and the largest amount retained on one risk.

**(E)      Pro Forma Statements**

Provide pro forma statutory balance sheets, statutory income and expense statements, and planned premium volume by line of insurance for countrywide and Florida premium for a three-year period in the format specified on the attached forms. Property and casualty companies must also provide the net premium and loss development by line of business and the incurred loss summary by line of business on the attached forms.

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Provide a list of all assumptions used in projections and pro formas and describe how these assumptions were derived. For questions concerning individual line items, please refer to the National Association of Insurance Commissioners (NAIC) instructions to the annual statement. Please submit pro forma pages 1 through 4 for a life, accident and health company or pages 5 through 22 for a property and casualty insurance company. The pro forma forms are available on diskette in Excel format upon request.

**(F) Insurers Anti-Fraud Investigative Units**

Submit documentation which outlines how the company intends to comply with the requirements of Section 626.9891, Florida Statutes.

(1) For those insurers whose business plan projects \$10 million or more in direct written premiums in Florida for any calendar year, an anti-fraud investigative unit must be established or the company must contract with others to investigate possible fraudulent claims.

(2) For those insurers whose business plan projects less than \$10 million in direct written premiums in Florida for any calendar year, an anti-fraud plan as outlined in Section 626.9891(3) must be submitted to the Department.

**(G) History**

Provide details of any history the parent or any member of the holding company system has had in withdrawing from Florida as a whole or in discontinuing a particular line of business in this state.

**(H) Assessable Mutuels**

Entities applying as an assessable mutual insurer, which are employee leasing companies regulated by the Florida Department of Business and Professional Regulation, must provide proof of licensure.

NOTE: If the proposed company will be owned or controlled by a financial institution as defined in Section 626.9885, Florida Statutes, refer to restrictions outlined in this statute when developing the plan of operations.

**Section III-2 Holding Company Registration Statement**

Provide a holding company registration statement if the proposed insurer will be a member of a insurance holding company system. A sample form is enclosed for use in fulfilling the requirement of a Florida domestic insurer. If the proposed insurer will not be a member of an insurance holding company system, a statement to such fact signed by at least two executive officers must be provided. Submit a copy of the SEC 10K statement if applicable.

**Section III-3 Organization Chart**

Provide an organization chart disclosing the company's relationship with any other entities, including the ultimate parent company or controlling person (if applicable).

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**Section III-4            Statement of the Method Used in Financing Insurer**

To obtain a certificate of authority in Florida, an insurer is required to have a minimum surplus as to policyholders as follows;

Property and casualty insurers:	greater of \$5 million or 10% of total liabilities
Title insurers:	greater of \$2.5 million or 10% of insurer's total liabilities
Assessable mutual insurers:	\$300,000 with respect to health insurance
	\$200,000 with respect to property insurance
	\$300,000 with respect to casualty insurance
	\$400,000 with respect to any combination of health, property, or casualty insurance
	\$2.5 million with respect to life insurance
Life insurers:	greater of \$2.5 million or 4 % of insurer's total liabilities
Life and health insurers:	greater of \$2.5 million or four percent of the insurer's total liabilities plus six percent of the insurer's liabilities relative to health insurance
Captive insurers:	\$500,000 unimpaired paid-in capital and \$250,000 unimpaired surplus

Provide a statement of the method to be used in the financing of the proposed insurer which includes the following information:

1. The amount of surplus as to policyholders to be funded:
  - (a) By source (contributed by whom)
  - (b) Amounts funded by each source
  - (c) The form in which the funding will be made, i.e., state specific dollar amounts of specific stocks, bonds, certificates of deposit, cash, etc.
  - (d) Verification that the funds are not encumbered, hypothecated, or pledged.
2. Residence addresses, business background and qualifications of all individuals named in 1(a) above.
3. Copies of all syndicate, association, firm, partnership, organization or other similar agreements involved in the formation or financing of proposed insurer.
4. Copies of any securities or of any proposed document evidencing any right or interest proposed to be offered.

**Section III-5            Fidelity Bond (Mutual and Assessable Mutuals only)**

Pursuant to Section 628.171, Florida Statutes, the incorporators of the proposed entity are required to post a fidelity bond or insurance policy in an amount equal not less than 10 percent of the funds handled annually and issued in the name of the insurer covering the directors, employees, administrator, or other individuals managing or handling the funds or assets of the insurer. In no case may such bond or policy be less than \$1,000 or more than \$500,000.

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**Section III-6      Domestic Mutual and Assessable Mutual Insurer Requirements**

There are certain financial obligations and requirements which are exclusive to prospective mutual insurers applying for permit to organize. Please refer to Sections 628.161, Florida Statutes.

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**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 name of all company incorporators, officers and directors of the applicant, and all shareholders (owning 10% or more of the outstanding stock of the applicant 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 shareholders owning or controlling 10% or more of the parent company's stock. If these entities are currently licensed in Florida by the Office of Insurance Regulation, only the Office's official Biographical Statement and Affidavit will be required. Officers and directors of the immediate and ultimate parent who do not exercise control of the activities of the applicant are required to file the applicable Disclaimer of Control Affidavit (official forms enclosed) in lieu of providing all of the required background information.

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

Please use the attached Management Information Form.

**Section IV-2                    Biographical Statement and Affidavits as to Proposed  
Incorporators, 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 filing a disclaimer and 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.

**Section IV-3**                    **Background Investigative Report**

Provide a background investigative report for each person listed in Section IV-1 except for those filing a disclaimer and 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.

If the fingerprint cards on file with the Office of Insurance Regulation are not more than five years old, new fingerprint cards will not be required.

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**CHECK LIST**

**SECTION I - APPLICATION FORM AND RELATED FEES**

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

<u>Item #</u>	<u>Complete Check List</u>
1. Application fees 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. Completed Application for Permit .....	<input type="checkbox"/>
(a) All lines of business to be transacted listed by code number .....	<input type="checkbox"/>

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**SECTION II - LEGAL DOCUMENTS**

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

<u>Item #</u>		<u>Complete Check List</u>
1.	Authorization letter from company .....	<input type="checkbox"/>
2.	Proposed unexecuted articles of incorporation (three sets).....	<input type="checkbox"/>
3.	Proposed unexecuted bylaws (three sets) .....	<input type="checkbox"/>
	(a) Stockholders - meetings, notice, quorum, voting .....	<input type="checkbox"/>
	(b) Directors - elections, number, term, vacancies, meetings, notice, quorum, committees, action without meetings, telephone meetings, compensation. ....	<input type="checkbox"/>
	(c) Officers - elections, duties, compensation, resignations and removal from office ....	<input type="checkbox"/>
	(d) Executive committee - appointment, authority, meetings, quorum, actions, vacancies .....	<input type="checkbox"/>
	(e) Stock - form, execution, methods of transfer and loss certificates .....	<input type="checkbox"/>
	(f) Dividends - (Section 628.371, Florida Statutes, limitations and requirements) ....	<input type="checkbox"/>
	(g) Seal .....	<input type="checkbox"/>
	(h) Amendments .....	<input type="checkbox"/>
	(i) Maintenance and inspection of corporate books.....	<input type="checkbox"/>
	(j) Other special provisions, such as indemnity of officers and directors, restrictions on stock transfers, limitations on borrowing, etc .....	<input type="checkbox"/>
4.	Articles of incorporation of other involved firms .....	<input type="checkbox"/>
	(a) Original certification by the public official with whom the originals are on file in the state of domicile.....	<input type="checkbox"/>
5.	Copy of ultimate parent company's Board of Directors' approval to organize the company, if applicable.....	<input type="checkbox"/>

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**SECTION III- FINANCIAL**

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

<u>Item #</u>	<u>Complete Check List</u>
1. Plan of operations (three-year plan, including Florida) .....	<input type="checkbox"/>
Plan of operations includes a narrative for each of the major areas of operations items (a) - (j).....	<input type="checkbox"/>
(a) Management .....	<input type="checkbox"/>
(1) Marketing .....	<input type="checkbox"/>
(2) Underwriting.....	<input type="checkbox"/>
(3) Rating.....	<input type="checkbox"/>
(4) Reserving .....	<input type="checkbox"/>
(5) Reinsurance.....	<input type="checkbox"/>
(6) Claims handling .....	<input type="checkbox"/>
(7) Accounting .....	<input type="checkbox"/>
(8) Investments.....	<input type="checkbox"/>
(9) Managing general agents .....	<input type="checkbox"/>
(10) Consultants - actuarial, accountants, intermediaries .....	<input type="checkbox"/>
(b) Insurance products.....	<input type="checkbox"/>
(1) Description of each line of insurance as listed on Form DI4-877, rev 11/5/99 or DI4-901, rev 5/91 .....	<input type="checkbox"/>
(2) Planned dates of initial marketing for each line of insurance.....	<input type="checkbox"/>

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<u>Item #</u>		<u>Complete Check List</u>
(c)	Marketing.....	<input type="checkbox"/>
(1)	Brokering agents utilized .....	<input type="checkbox"/>
(2)	Third-party administrators utilized .....	<input type="checkbox"/>
(3)	Managing General Agent utilized .....	<input type="checkbox"/>
(4)	Commission rates disclosed.....	<input type="checkbox"/>
(5)	Other administrative expenses detailed .....	<input type="checkbox"/>
(6)	Copy of proposed agent contracts or agreements.....	<input type="checkbox"/>
(7)	Copy of proposed Managing General Agent contract or agreement ..	<input type="checkbox"/>
	i)    Managing General Agent is licensed in Florida .....	<input type="checkbox"/>
	ii)   Managing General Agent complies with Section 626.091, Florida Statutes (pays or adjust claims and/or negotiates reinsurance, charges a policy fee not to exceed \$25) .....	<input type="checkbox"/>
	iii)  Managing General Agency contract or agreement complies with Section 626.7451, Florida Statutes .....	<input type="checkbox"/>
(8)	Copy of proposed Third Party Administrator contract or agreement <input type="checkbox"/>	
	i)    Documentation indicating Third Party Administrator is licensed in Florida pursuant to Section 626.88, Florida Statutes.....	<input type="checkbox"/>
	ii)   Third Party Administrator contract or agreement complies with Section 626.882, Florida Statues .....	<input type="checkbox"/>
(d)	Reinsurance .....	<input type="checkbox"/>
(1)	Proposed reinsurance summary sheet - names of the reinsurers, percentage participation of each reinsurer, retentions and limits of liability, catastrophe coverage, largest amount retained on one risk..	<input type="checkbox"/>
(2)	Graph of reinsurance programs.....	<input type="checkbox"/>
(3)	Copy of proposed reinsurance agreements .....	<input type="checkbox"/>

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<u>Item #</u>	<u>Complete Check List</u>
(e)	Pro forma statements included (life, accident & health companies pages 1 - 4 or pages 5 - 22 for property & casualty companies)..... <input type="checkbox"/>
(1)	Excel pro forma diskette utilized..... <input type="checkbox"/>
(2)	Pro formas for three years in format specified ..... <input type="checkbox"/>
(3)	Pro formas completed to include each line of business listed on Form DI4-877, rev 4/97 or DI4-901, rev 4/97..... <input type="checkbox"/>
(4)	Pro forma underlying assumptions..... <input type="checkbox"/>
i)	Commissions - direct and indirect ..... <input type="checkbox"/>
ii)	Investment yield..... <input type="checkbox"/>
ii)	Administrative expenses/other expenses (specify Managing General Agent or Third Party Administrator fee, if any) ..... <input type="checkbox"/>
iv)	Growth rate ..... <input type="checkbox"/>
v)	Dividends ..... <input type="checkbox"/>
vi)	Capital infusions ..... <input type="checkbox"/>
vii)	Expected loss ratios ..... <input type="checkbox"/>
(f)	Proposed outsourcing agreements not included in (c)..... <input type="checkbox"/>
(1)	Summary sheet of related party agreements ..... <input type="checkbox"/>
(2)	Copy of related party agreements ..... <input type="checkbox"/>
(3)	Claims management/administration agreement..... <input type="checkbox"/>
(4)	Policy administration agreement ..... <input type="checkbox"/>
(5)	Investment management agreement..... <input type="checkbox"/>
(6)	Other outsourcing agreements ..... <input type="checkbox"/>
(7)	Summary sheet of all fees for outsourcing agreements, including related party agreements ..... <input type="checkbox"/>

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<u>Item #</u>		<u>Complete Check List</u>
(g)	Rates and forms .....	<input type="checkbox"/>
	(1) Description of proposed rates/forms to be utilized .....	<input type="checkbox"/>
	(2) Check box if rates/forms filed with the Department.....	<input type="checkbox"/>
(h)	Insurers anti-fraud investigative units (Section 626.9891, Florida Statutes) .	<input type="checkbox"/>
	(1) Anti-fraud plan included .....	<input type="checkbox"/>
(i)	History .....	<input type="checkbox"/>
	(1) Parent or any member of holding company system previously withdrawn from Florida or discontinued a particular line of business in Florida...	<input type="checkbox"/>
	(2) Parent or any member of holding company system had applications denied in other states .....	<input type="checkbox"/>
(j)	Assessable mutuals .....	<input type="checkbox"/>
	(1) Proof of licensure by Florida Department of Business and Professional Regulation if employee leasing company .....	<input type="checkbox"/>
	(2) Proposed company will be owned or controlled by a financial institution.	<input type="checkbox"/>
	(i) Evidence of compliance with Section 626.9885, Florida Statutes.....	<input type="checkbox"/>
2.	Holding company registration statement.....	<input type="checkbox"/>
	(a) Registration provided .....	<input type="checkbox"/>
	(1) Signed .....	<input type="checkbox"/>
	(2) Notary seal affixed .....	<input type="checkbox"/>
	<b>or</b>	
	(b) Statement that proposed company will not be a member of a holding company system.....	<input type="checkbox"/>
	(1) Signed .....	<input type="checkbox"/>

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<u>Item #</u>		<u>Complete Check List</u>
	(2) Notary seal affixed .....	<input type="checkbox"/>
	(c) SEC 10K statement (if applicable) .....	<input type="checkbox"/>
3.	Organization chart included .....	<input type="checkbox"/>
	(a) Immediate parent(s) up through and including ultimate parent(s) shown ...	<input type="checkbox"/>
4.	Statement of the method of financing .....	<input type="checkbox"/>
	(a) Minimum surplus requirements met .....	<input type="checkbox"/>
	(b) Copy of financing agreement, surplus note or other similar agreements involved in the financing of the insurer .....	<input type="checkbox"/>
	(c) Source(s) and form of funds disclosed .....	<input type="checkbox"/>
	(d) Amount(s) funded by each source .....	<input type="checkbox"/>
	(e) Verification that funds are not encumbered, hypothecated or pledged .....	<input type="checkbox"/>
5.	Fidelity bond (mutuals only) .....	<input type="checkbox"/>
	(a) Notarized copy .....	<input type="checkbox"/>
	(b) Under corporate seal of company .....	<input type="checkbox"/>
6.	Mutual insurer requirements (Section 628.161, Florida Statutes) .....	<input type="checkbox"/>

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**SECTION IV- MANAGEMENT**

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

- | <u>Item #</u>                   |   | <u>Complete<br/>Check List</u> |
|---------------------------------|---|--------------------------------|
| 1.                              | Listing of all proposed company incorporators, 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 or biographical statement and affidavits, background 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 Statement and Affidavits for proposed company incorporators, officers directors and shareholders (including entities) owning 10% or more of applicant .....  | <input type="checkbox"/>       |
| <b>As to each biographical:</b> |   |                                |
| (a)                             | All information completed .....   | <input type="checkbox"/>       |
| (b)                             | Contains original signature.....  | <input type="checkbox"/>       |
| (c)                             | Notarized (original) .....  | <input type="checkbox"/>       |
| (d)                             | Original filed .....  | <input type="checkbox"/>       |
| 6.                              | Biographical Statement and Affidavits for immediate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock .....  | <input type="checkbox"/>       |

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

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- | <u>Item #</u>  | <u>Complete<br/>Check List</u> |
|--|--------------------------------|
| 11. Fingerprint cards enclosed for each proposed company incorporator, officer, director and shareholder (including entities) owning 10% or more of applicant..... | <input type="checkbox"/>       |
| <b>As to each fingerprint card:</b>  |                                |
| (a) Contains original signature.....   | <input type="checkbox"/>       |
| (b) Florida cards only .....   | <input type="checkbox"/>       |
| (c) All information completed (DOB, citizenship, vital statistics).....  | <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"/>       |
| <b>As to each fingerprint card:</b>  |                                |
| (a) Contains original signature.....   | <input type="checkbox"/>       |
| (b) Florida cards only .....   | <input type="checkbox"/>       |
| (c) All information completed (DOB, citizenship, vital statistics).....  | <input type="checkbox"/>       |
| 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"/>       |
| <b>As to each fingerprint card:</b>  |                                |
| (a) Contains original signature.....   | <input type="checkbox"/>       |
| (b) Florida cards only .....   | <input type="checkbox"/>       |
| (c) All information completed (DOB, citizenship, vital statistics).....  | <input type="checkbox"/>       |

**THE COMPLETED CHECK LIST 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

**APPLICATION FOR PERMIT TO FORM A DOMESTIC  
INSURER IN THE STATE OF FLORIDA**

\_\_\_\_\_, Florida

\_\_\_/\_\_\_/\_\_\_

TO THE FLORIDA OFFICE OF INSURANCE REGULATION,  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Chapter 628, Florida Statutes, we do hereby apply for a permit to form a domestic insurer submitting the following proposed name, mailing address, and phone number:

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(\_\_\_)-\_\_\_\_\_

Type of company: property and casualty, title, or life, accident, and health company (stock, mutual, assessable mutual, or captive)

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We do hereby propose to write the following lines of business:

Code Number

Line of Business

Full Names of Proposed Incorporators:

**INVOICE  
DOMESTIC INSURER  
APPLICATION FOR PERMIT**

PROPOSED NAME OF COMPANY: \_\_\_\_\_

FEIN: \_\_\_\_\_

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

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

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

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

\_\_\_\_\_

\_\_\_\_\_

(CITY)

(STATE)

(ZIP CODE)

PLEASE SPECIFY: DOMESTIC PROPERTY AND CASUALTY INSURER, DOMESTIC LIFE AND ACCIDENT HEALTH INSURER (STOCK, MUTUAL, ASSESSABLE MUTUAL, CAPTIVE)

\_\_\_\_\_

**FILING FEE:        \$25.00**

1. Make check 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 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>
C	10-08	F	\$25.00