

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
TALLAHASSEE, FLORIDA 32399-0300**

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

_____, Florida

____/____/____

TO THE DIRECTOR OF 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:

(____)-_____

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

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

Code Number

Line of Business

Full Names of Proposed Incorporators: