



APPLICATION FOR CERTIFICATE OF AUTHORITY DOMESTIC INSURER

This package is designed to assist individuals in preparing the Application for Certificate of Authority. It may be used for a life and health insurer or property and casualty insurer. It authorizes such insurer (stock, mutual, assessable mutual, captive) organized under the laws of the state of Florida, to transact the business of insurance. The Application for Certificate of Authority should be submitted only after the permit to organize a domestic insurer has been granted and the formation of the company has been completed. 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.)

The applicant is not required to have policy forms and rates approved as a condition precedent to receiving a certificate of authority, however, the company must have its forms and rates approved prior to writing business. The forms and rates may be submitted for approval anytime after filing the Application for Certificate of Authority.

Property and casualty insurers and Life, accident and health insurers should submit policy forms and rates to: <https://iportal.fldfs.com/ifile/default.asp>

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 CERTIFICATE OF AUTHORITY
DOMESTIC INSURER**

INSTRUCTIONS

SECTION I - APPLICATION FORM AND RELATED FEES

Section I-1 Application Fees

Applicants must pay an application filing fee of \$1,500 and a company license tax of \$1,000. The fees are due at the time the application is filed.

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.

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 Certificate of Authority

Submit the original Application for Certificate of Authority (official form enclosed) listing the lines of business (and respective code numbers) the company intends to write in the state of Florida, signed (original signatures) by the president or chief executive officer and the secretary of the company under corporate seal. The lines of business listed on this form must be consistent with the lines listed on the Application for Permit form or the applicant must file a new plan of operations with this application. When a Certificate of Authority is issued by the Office of Insurance Regulation, it will include only those lines listed on this form.

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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 Service of Process Consent & Agreement

Provide an executed Service of Process Consent & Agreement form (official form enclosed) under corporate seal and signed by the president or chief executive officer and secretary.

Section II-3 Secretary of State Registration Requirements

All domestic insurers must register as a domestic corporation with the Florida Secretary of State. The following items must be submitted to the Secretary of State in order to complete this filing:

- (a) The original executed articles of incorporation which were stamped approved by the Office of Insurance Regulation during the permit application; and
- (b) The Certificate of Designation Registered Agent/Registered Office (official form enclosed) designating the State Treasurer and Insurance Commissioner as the registered agent pursuant to Section 624.422, Florida Statutes.

For questions regarding the Secretary of State requirements and/or fees, please call the Division of Corporations at (850) 487-6052.

Send the above items to:

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314
(850) 245-6052

For courier service only send to:

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

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

Provide an original Certificate of Status issued by the Florida Secretary of State demonstrating that the company is in good standing.

Section II-5 Certified Articles of Incorporation

Provide the original certified articles of incorporation of the company from the Secretary of State.

Section II-6 Company Bylaws

Provide the original executed bylaws of the company signed and dated by the secretary of the company under corporate seal.

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SECTION III - FINANCIAL

Section III-1 Plan of Operations

If there have been any major changes since the application for permit, a new plan of operations must be submitted. The addition or deletion of lines of business constitutes a major change. If no changes have occurred since the permit was granted, submit a statement of such fact signed by at least two executive officers and under the company's corporate seal.

Section III-2 Holding Company Registration Statement

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

Section III-3 Financial Statement Contact

Provide the name and telephone number of the contact person responsible for the preparation of the financial statements of the applicant.

Section III-4 Verification of Funds

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 of 4% 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

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The funds must be verified by a letter from an officer of the financial institution where the funds are being held and must include the following:

1. Name of depositor and federal identification number;
2. Account numbers and amount of funds in each account;
3. Form of funds on deposit;
4. If funds are a certificate of deposit, include certificate numbers and maturity dates; and
5. Verification that the funds are not encumbered, hypothecated, or pledged.

Section III-5 Statutory Deposit

Every domestic insurer shall be required to place a statutory deposit with the Office of Insurance Regulation for the protection of the insurer's policyholders and creditors. This deposit must have at all times a value of not less than:

- (a) \$250,000 to transact casualty insurance;
- (b) \$100,000 to transact all other kinds of insurance, per kind of insurance; or
- (c) A maximum of \$300,000 for any insurer authorized to write more than one kind of insurance.

Contact the Bureau of Collateral Management, Public Deposits Section, (850) 413-3164 for the procedures to establish a deposit.

Section III-6 Participation Required in Statutorily Created Associations

Submit a separate original executed Subscription Agreement Form (official form enclosed) under the insurer's corporate seal for each state guaranty and joint underwriting association in which the applicant must participate.

Section III-7 National Association of Insurance Commissioners (NAIC) Company Code Application

Applicant must provide a copy of the notification statement mailed to the NAIC.

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SECTION IV - MANAGEMENT

ANY INDIVIDUALS, NOT INCLUDED IN THE APPLICATION FOR PERMIT FILING, MUST PROVIDE ALL OF THE INFORMATION REQUESTED. NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE FIRST, MIDDLE AND LAST NAMES (NO ABBREVIATIONS).

Section IV-1 Management Information

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

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. If these entities are currently licensed in Florida by the Office of Insurance Regulation, only the Office's official Biographical Statement and Affidavit form will be required. Officers and directors of the immediate parent and ultimate parent who do not exercise control of the activities of the applicant are required to file the applicable Disclaimer of Control Affidavit in lieu of providing all of the required background information.

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 Statement and Affidavits as to All Company 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 processing fees paid electronically	<input type="checkbox"/>
	(a) No additional incorporators, officers, directors, and shareholders appointed since approved in Application for Permit filing.....	<input type="checkbox"/>
	or, if applicable	
	(b) Copy of on-line payment confirmation	<input type="checkbox"/>
	or, if applicable	
	(c) Copy of form OIR-C1-903 (invoice) included.....	<input type="checkbox"/>
	(d) Copy of check included	<input type="checkbox"/>
	(e) Originals mailed to Bureau of Financial Services	<input type="checkbox"/>
3.	Completed Application for Certificate of Authority (official form).....	<input type="checkbox"/>
	(a) All classes of insurance 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"/>

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SECTION II - LEGAL

Company Name: _____

<u>Item #</u>	<u>Complete Check List</u>
1. Authorization letter from company	<input type="checkbox"/>
2. Service of Process Consent and Agreement (official form)	<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"/>
3. Secretary of State registration completed	<input type="checkbox"/>
4. Original certificate of status issued by the Florida Secretary of State evidencing registration as a domestic insurer	<input type="checkbox"/>
5. Articles of incorporation	<input type="checkbox"/>
(a) Original certification by Florida Secretary of State	<input type="checkbox"/>
(b) Identify any changes if different since approved in Application for Permit filing.....	<input type="checkbox"/>
6. Company bylaws.....	<input type="checkbox"/>
(a) Signed and dated by Secretary	<input type="checkbox"/>
(b) Under corporate seal of company	<input type="checkbox"/>
(c) Identify any changes if different since approved in Application for Permit filing.....	<input type="checkbox"/>

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SECTION III - FINANCIAL

Company Name: _____

<u>Item #</u>	<u>Complete Check List</u>
1. Plan of operations	<input type="checkbox"/>
(a) Statement that company has made no changes	<input type="checkbox"/>
(1) Signed by two executive officers	<input type="checkbox"/>
(2) Under corporate seal of company	<input type="checkbox"/>
or	
(b) Revised plan of operations.....	<input type="checkbox"/>
(1) Revised plan of operations includes a revised checklist from Section III of the Permit application	<input type="checkbox"/>
(2) Identify all changes since approved in Application for Permit filing	<input type="checkbox"/>
2. Holding company registration statement.....	<input type="checkbox"/>
(a) Identify all changes since approved in Application for Permit filing.....	<input type="checkbox"/>
(b) Registration statement provided.....	<input type="checkbox"/>
(c) Statement that company is not a member of a holding company system	<input type="checkbox"/>
(1) Signed by two executive officers	<input type="checkbox"/>
(2) Under corporate seal of company	<input type="checkbox"/>
(d) SEC 10K statement (if applicable)	<input type="checkbox"/>
3. Name and telephone number of financial statement contact person provided	<input type="checkbox"/>
4. Annual statement (most current year) of immediate parent company, if any.....	<input type="checkbox"/>
(a) Signed by two executive officers	<input type="checkbox"/>
and	
(b) Notary seal	<input type="checkbox"/>

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Complete
Check List

Item #

or

- (c) Certified by the state of domicile
- (d) Supplemental schedules included.....
- (e) Actuarial opinion included
- 5. Statutory financial statements audited by certified public accountant for immediate parent company, including letter of internal control.....
- 6. Organizational chart included if any changes since approved in Application for Permit filing.....
- 7. Statement of the method of financing
 - (a) Check box if no changes
 - (b) Identify any changes since approved in Application for Permit filing.....
 - (1) Minimum surplus requirements met
 - (2) Copy of financing agreement, surplus note or other similar agreements involved in the financing of the insurer
 - (3) Source(s) and form of funds disclosed
 - (4) Amount(s) funded by each source.....
- 8. Verification of funds
 - (a) Letter issued by officer of financial institution.....
 - (b) Letter includes:
 - (1) Name of depositor and federal ID number
 - (2) Account numbers and amounts in accounts.....
 - (3) Form of funds

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<u>Item #</u>		<u>Complete Check List</u>
	(4) Certificate numbers and maturity dates of CD's	<input type="checkbox"/>
	(5) Verification that the funds are not encumbered, hypothecated, or pledged.....	<input type="checkbox"/>
9.	Verification of statutory deposit.....	<input type="checkbox"/>
	(a) Letter from Collateral Management showing amount of deposit	<input type="checkbox"/>
10.	Participation in statutorily required associations	<input type="checkbox"/>
	(a) Subscription Agreements (official form)	<input type="checkbox"/>
	(b) Under seal of company	<input type="checkbox"/>
11.	Copy of notification statement sent to NAIC	<input type="checkbox"/>
12.	Internal control procedures	<input type="checkbox"/>
	(a) Description of internal control procedures of company included.....	<input type="checkbox"/>

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SECTION IV - MANAGEMENT

Company Name: _____

<u>Item #</u>		<u>Complete Check List</u>
1.	Identify any changes in applicant, immediate parent(s) and ultimate parent(s) incorporators, officers, directors, and shareholders (including entities) owning 10% or more since approved in Application for Permit filing.....	<input type="checkbox"/>
2.	Listing of all company incorporators, officers, directors and shareholders (including entities) owning 10% or more of applicant.....	<input type="checkbox"/>
3.	Listing of all immediate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock.....	<input type="checkbox"/>
4.	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 order biographical statement and affidavits, background investigative reports or fingerprint cards	<input type="checkbox"/>
5.	Listing of all ultimate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock	<input type="checkbox"/>
6.	Biographical Statement and Affidavits for company incorporators, officers directors and shareholders (including entities) owning 10% or more of applicant	<input type="checkbox"/>
	(a) No additional incorporators, officers, directors, and shareholders since approved in Application for Permit filing	<input type="checkbox"/>
	or as to each biographical:	
	(b) All information completed	<input type="checkbox"/>
	(c) Contains original signature	<input type="checkbox"/>
	(d) Notarized (original)	<input type="checkbox"/>
	(e) Original filed	<input type="checkbox"/>

**APPLICATION FOR CERTIFICATE OF AUTHORITY
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Complete
Check List

Item #

- | | | |
|-----|--|--------------------------|
| 7. | Biographical Statement and Affidavits for immediate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock (Form OIR-C1-422, rev 10/98)..... | <input type="checkbox"/> |
| | (a) No additional incorporators, officers, directors, and shareholders since approved in Application for Permit filing | <input type="checkbox"/> |
| | or as to each biographical: | |
| | (b) All information completed | <input type="checkbox"/> |
| | (c) Contains original signature | <input type="checkbox"/> |
| | (d) Notarized (original) | <input type="checkbox"/> |
| | (e) Original filed | <input type="checkbox"/> |
| 8. | 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"/> |
| | (a) No additional incorporators, officers, directors, and shareholders since approved in Application for Permit filing | <input type="checkbox"/> |
| | or as to each biographical: | |
| | (b) All information completed | <input type="checkbox"/> |
| | (c) Contains original signature | <input type="checkbox"/> |
| | (d) Notarized (original) | <input type="checkbox"/> |
| | (e) Original filed | <input type="checkbox"/> |
| 9. | Background investigative reports for the company incorporators, officers, directors and shareholders (including entities) owning 10% or more of applicant | <input type="checkbox"/> |
| | (a) No additional incorporators, officers, directors, and shareholders since approved in Application for Permit filing | <input type="checkbox"/> |
| 10. | 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"/> |
| | (a) No additional incorporators, officers, directors, and shareholders since approved in Application for Permit filing | <input type="checkbox"/> |
| 11. | 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"/> |

- (a) No additional incorporators, officers, directors, and shareholders since approved in Application for Permit filing
12. Fingerprint cards enclosed for each company incorporator, officer, director and shareholder (including entities) owning 10% or more of applicant.....
- (a) No additional incorporators, officers, directors, and shareholders since approved in Application for Permit filing
- or as to each fingerprint card:**
- (b) Contains original signature.....
- (c) Florida cards only
- (d) All information completed (DOB, citizenship, vital statistics).....
13. Fingerprint cards enclosed for each immediate parent(s) officer, director and shareholder (including entities) owning 10% or more of parent company's stock
- (a) No additional incorporators, officers, directors, and shareholders since approved in Application for Permit filing
- or as to each fingerprint card:**
- (b) Contains original signature.....
- (c) Florida cards only
- (d) All information completed (DOB, citizenship, vital statistics).....
17. Fingerprint cards enclosed for each ultimate parent(s) officer, director and shareholder (including entities) owning 10% or more of parent company's stock
- (a) No additional incorporators, officers, directors, and shareholders since approved in Application for Permit filing
- or as to each fingerprint card:**
- (b) Contains original signature.....
- (c) Florida cards only
- (d) All information completed (DOB, citizenship, vital statistics).....

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 DOMESTIC CERTIFICATE OF AUTHORITY TO CONDUCT BUSINESS
IN THE STATE OF FLORIDA**

_____, 20 ____

TO THE FLORIDA OFFICE OF INSURANCE REGULATION,
TALLAHASSEE, FLORIDA

The _____
(Full name of company or association)

Type of Company: (for any type of property and casualty, title, life, and accident and health)

Federal Identification Number _____

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

Telephone Number: () _____ - _____

through its duly authorized officers, hereby applies for a license authorizing and empowering the aforesaid Company or Association 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____.

Lines of Business

Code Number

By _____
President or Chief Executive Officer

(Corporate Seal)

Attest _____
Secretary

