



OFFICE OF INSURANCE REGULATION

Company Admissions

**APPLICATION FOR CERTIFICATE OF AUTHORITY
FOREIGN AND ALIEN 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 a foreign or alien life and health or property and casualty insurer to transact the business of insurance in the state of Florida. 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 labeled 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.

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INSTRUCTIONS

SECTION I - APPLICATION FORM & 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. When a Certificate of Authority 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. The company must be authorized in its state of domicile for the lines of business requested.

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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 Articles of Incorporation

Provide the articles of incorporation and all amendments of the company with an original certification by the public official with whom the originals are on file in the state or country of domicile.

Section II-4 Company Bylaws

Provide the bylaws of the company signed (original signature) and dated, with an original signature by the secretary of the company under the corporate seal.

Section II-5 Certificate of Status

All foreign corporations, including insurance 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. The applicant must specifically request a certified copy of the Certificate of Status and include this original Certificate (not a copy) with the application as proof of filing with the Secretary of State as a foreign corporation. If you have any questions concerning this filing, please contact the Division of Corporations at (850) 245-6051.

Note: The Secretary of State will issue a charter to an insurance company before the Office completes its processing of an application for admission. This charter authorizes the company to engage in any type of business except insurance. The applicant is not authorized to write insurance in Florida until it has been issued a Certificate of Authority by the Director of Insurance Regulation.

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Section II-6 Certificate of Compliance

A certificate of compliance is a document issued by the public official having supervision of insurance in applicant's state of domicile which verifies the company is duly organized and authorized to transact insurance and lists the lines of business it is authorized to transact. The certificate must be an original, sealed by the insurer's state of domicile and list the lines of business the company is authorized to write.

Section II-7 Appointment and Authority of United States Manager (Alien Applicants Only)

Provide a copy of the appointment and authority of the applicant's United States Manager certified by its officer having custody of its records. The certification must be original and under seal of the officer in the state of domicile having custody of the records.

Section II-8 Attorney-in-Fact (Reciprocal Applicants Only)

Provide a copy of the applicant's power of attorney certified by the attorney-in-fact. The power of attorney as submitted must comply with Sections 629.101 and 629.111, Florida Statutes.

Section II-9 Subscription Agreement (Reciprocal Applicants Only)

Provide a copy of the subscription agreement certified by the applicant's attorney-in-fact.

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SECTION III - FINANCIAL

Section III-1 Plan of Operations

Submit a three-year plan of operation. 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

Provide 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 Certificate of Authority 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 approval from the state of domicile. If any person, while an officer, director or trustee or shareholder of the insurer will receive directly, or indirectly, any commission in the business transactions of the insurer, this must be disclosed.

(D) Seasoning

Provide documentation of three years of satisfactory operating experience in its state or country of domicile for each line requested. This documentation should include copies of the state reporting page from the three most recent Annual Statements. If the insurer lacks three years of successful operating experience, then documentation which shows that the insurer qualifies for a waiver pursuant to Section 624.404(2), Florida Statutes, should be provided. Other supporting information includes experience of management and reinsurance.

(E) Reinsurance

Provide a copy of all proposed and existing nonfacultative reinsurance contracts and amendments. The contracts must be certified by applicant's state of domicile if the originals are required to be filed with the state of domicile.

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 existing and proposed reinsurance as well as catastrophe coverage and the

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largest amount retained on any one risk. If the insurer has entered into any financing or surplus relief reinsurance contracts, the net effect to surplus and/or operations, if the agreement was terminated at year-end should be disclosed.

(F) 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 premiums 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.

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 NAIC instructions to the annual statement. 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.

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 6 % of the insurer's liabilities relative to health insurance |
| Captive insurers: | \$500,000 unimpaired paid-in capital and \$250,000 unimpaired surplus |

(G) 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.

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- (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(2) and (4), F.S. must be submitted to the Office.

(H) History

Provide a brief history of the company since its incorporation. Include any changes of ownership or actions taken by governmental agencies that have or had jurisdiction over the insurer. Include any history that the applicant has had in withdrawing from Florida as a whole or in discontinuing a particular line of business in this state. This statement should include any parent companies or subsidiaries.

(I) Statement of Changes

Provide a statement and description as to any expected changes in management, structure, location, marketing practices, additional types of insurance, or other factors during the next three years of operation. If no changes are planned, provide a statement to that effect.

NOTE: If the applicant company is owned or controlled by a Financial Institution as defined in Section 626.9885, Florida Statutes, please 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 certified by the state of domicile, if the insurer is a member of a holding company system. The certification must be an original and under seal of the insurer's state of domicile. An insurance holding company system consists of two or more affiliated persons, one or more of which is an insurer. If the insurer is not a member of an insurance holding company system, a statement to 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 report if the ultimate parent is required to file this report with the Federal Securities and Exchange Commission. The applicant should also provide a copy of any other audited consolidated financial statements in which it is included.

Section III-3 Annual Statement

Submit the most recent year-end annual statement on the National Association of Insurance Commissioners' (NAIC) format including a "Statement of Actuarial Opinion". The statement must be sworn to by at least two executive officers (original signatures) of the insurer or certified by the state of domicile. All schedules must be complete. Provide verification that the general interrogatories, notes to financial statements, and the organization charts are included as a part of the annual statement.

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Section III-4 Quarterly Financial Statements

Provide all quarterly financial statements in NAIC format covering the current year-to-date period. These statements do not have to be certified by the state of domicile, but must be signed by the companies officers and must be notarized (original signatures). Supplemental loss developmental schedules (also in NAIC format) must be included for each quarter.

Section III-5 Examination Reports

Provide the most recent report of examination performed and certified by its state of domicile. If the most recent period covered by the examination is not within the three years, the Office may accept an audited certified public accountant's report on the insurer prepared on a basis consistent with the insurance laws of the insurer's state of domicile as of the year end next preceding the date of application certified by the insurer's state of domicile. The certification must be an original, under seal of the insurer's state of domicile and certify that the state of domicile has accepted the CPA report in lieu of a statutory examination. Reports on a consolidated basis do not meet this requirement. This must be a separate (stand alone) audited report on the applicant.

Section III-6 Statutory Financial Statements Audited by Certified Public Accountant

The applicant must provide a copy of the latest audited certified public accountant's report on the insurer prepared on a basis consistent with the insurance laws of the insurer's state of domicile.

Section III-7 Certificate of Valuation (Life and Health Insurers Only)

Provide an original Certificate of Valuation under seal of the insurer's state of domicile. This is a document issued by the public official having supervision of insurance in the applicant's state of domicile showing the amount of reserves for all outstanding life insurance policies and annuity and pure endowment contracts. The Certificate of Valuation should certify the amount of any such reserves, specifying the mortality table or tables, rate or rates of interest, and methods, net-level premium method or others, used in the calculation of such reserves. In the case of an alien insurer, such valuation shall be limited to its insurance transactions in the United States.

Section III-8 Affidavit and/or Disclosure Form Regarding Agents' Balances (Property and Casualty Insurers Only)

Complete the enclosed certification and disclosure form as to any premiums from a controlled person as explained in Section 625.012(5) Florida Statutes.

Section III-9 Certificate of Deposit (Foreign Applicants Only)

Provide an original Certificate of Deposit under seal of the insurer's state of domicile or state of entry into the United States. This is a document issued by the public official having supervision of insurance in the applicant's state of domicile showing the amount and composition of the deposit maintained by the insurer in another state, in lieu of a deposit or part of the deposit in the state of Florida pursuant to Section 624.411 or 624.412, Florida Statutes.

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Section III-10 Certificate of Alien Funds on Deposit (Alien Applicants Only)

Provide an original Certificate of Alien Funds on Deposit from the public official having custody of any deposit maintained by the insurer in another state showing the amount of such deposit and the assets or securities of which comprised (Refer to Section 624.411 or 624.412, Florida Statutes).

Note: If an alien applicant intends to use the state of Florida as a "port of entry" to write insurance in Florida and in other states, it must submit executed copies of its trust agreement and such other information as may be required to insure compliance with Florida Statutes, Chapter 630.

Section III-11 Participation Required in Statutorily Created Associations

Provide 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-12 NAIC Company Code Application

If the applicant has not received an NAIC designation code, complete the enclosed application and provide a copy of the notification statement mailed to the NAIC.

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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 names and titles of all officers, directors of the applicant, and all shareholders (owning 10% or more of the outstanding stock of the 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 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 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 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 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 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. Articles of Incorporation including all amendments thereto | <input type="checkbox"/> |
| (a) Original certification by the public official with whom the originals are on file in the state or country of domicile | <input type="checkbox"/> |
| 4. Company bylaws | |
| (a) Under corporate seal of company..... | <input type="checkbox"/> |
| (b) Signed and dated by Secretary | <input type="checkbox"/> |
| 5. Original Certificate of Status issued by the Florida Secretary of State evidencing registration as a foreign corporation | <input type="checkbox"/> |
| 6. Certificate of compliance from state or country of domicile | <input type="checkbox"/> |
| (a) Original certification from state of domicile | <input type="checkbox"/> |
| (b) Lists kinds of insurance authorized to transact..... | <input type="checkbox"/> |

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| <u>Item #</u> | | <u>Complete Check List</u> |
|---------------|--|--------------------------------|
| 7. | Appointment of United States Manager (alien applicants only)..... | <input type="checkbox"/> |
| | (a) Certified by applicant's officer having custody of records..... | <input type="checkbox"/> |
| 8. | Attorney-in-Fact (reciprocal applicants only)..... | <input type="checkbox"/> |
| | (a) Power of attorney certified by applicant's attorney-in-fact..... | <input type="checkbox"/> |
| | (b) Power of attorney complies with Sections 629.101 and 629.111, Florida Statutes | <input type="checkbox"/> |
| 9. | Subscribers' Agreement (reciprocal applicants only)..... | <input type="checkbox"/> |
| | (a) Certified by applicant's attorney-in-fact..... | <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) - (k) | <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 OIR-C1-877, rev 11/5/99 or OIR-C1-901, 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 Statutes | <input type="checkbox"/> |
| (d) | Seasoning | <input type="checkbox"/> |
| (1) | Documentation of three years of satisfactory operating experience in state or country of domicile for each line of business requested (include a copy of the state reporting page from the three most recent annual financial statements and a copy of the five-year historical data page) <input type="checkbox"/> | |

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| <u>Item #</u> | <u>Complete Check List</u> |
|---|--------------------------------|
| or | |
| (2) Documentation which may qualify applicant for a waiver | <input type="checkbox"/> |
| (i) Wholly owned subsidiary of an authorized insurer in this state | <input type="checkbox"/> |
| (ii) Successor in interest through merger or consolidation of an authorized insurer in this state | <input type="checkbox"/> |
| (iii) Provides a product or service not available to the consumers of this state..... | <input type="checkbox"/> |
| (iv) Applicant has adequate personnel with experience in the requested lines of business and has sufficient reinsurance for the requested lines | <input type="checkbox"/> |
| (e) Reinsurance | <input type="checkbox"/> |
| (1) Proposed/existing 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 and existing non-facultative reinsurance contracts and amendments | <input type="checkbox"/> |
| (4) Contracts certified by state of domicile, if originals required to be filed with state of domicile | <input type="checkbox"/> |
| (5) Net effect to surplus and/or operations disclosed if financing or surplus relief reinsurance contracts terminated at year-end | <input type="checkbox"/> |
| (f) 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 OIR-C1-877, rev 11/05/99 or OIR-C1-901, rev 5/91 | <input type="checkbox"/> |

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| <u>Item #</u> | | <u>Complete Check List</u> |
|---------------|---|--------------------------------|
| (4) | Proforma underlying assumptions | <input type="checkbox"/> |
| | i) Commissions - direct and indirect | <input type="checkbox"/> |
| | ii) Investment yield..... | <input type="checkbox"/> |
| | iii) Administrative expenses/other expenses..... | <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"/> |
| (g) | Proposed/existing outsourcing agreements not included in (c) which applicant is a party to..... | <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"/> |
| (h) | 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 Office of Insurance Regulation..... | <input type="checkbox"/> |

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| <u>Item #</u> | | <u>Complete Check List</u> |
|---------------|---|--------------------------------|
| (i) | Insurers anti-fraud investigative units (Section 626.9891, Florida Statutes)... | <input type="checkbox"/> |
| | (1) Anti-fraud plan included | <input type="checkbox"/> |
| (j) | 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"/> |
| (k) | Statement of changes | <input type="checkbox"/> |
| | (1) Statement and description of any expected changes during next three years of operation | <input type="checkbox"/> |
| | or | |
| | (2) Statement that there are no planned changes during the next three years of operation | <input type="checkbox"/> |
| 2. | Holding company registration statement..... | <input type="checkbox"/> |
| | (a) Registration statement provided. | <input type="checkbox"/> |
| | (1) Original certification by state of domicile | <input type="checkbox"/> |
| | or | |
| | (b) Statement that company is not a member of a holding company system | <input type="checkbox"/> |
| | (1) Signed by two officers..... | <input type="checkbox"/> |
| | (2) Under corporate seal of company | <input type="checkbox"/> |
| | (c) SEC 10K report if ultimate parent is required to file with the SEC (most current year, if available)..... | <input type="checkbox"/> |
| | (d) Audited consolidated financial statement (most current year, if available) | <input type="checkbox"/> |

**APPLICATION FOR CERTIFICATE OF AUTHORITY
FOREIGN AND ALIEN INSURER**

| <u>Item #</u> | | <u>Complete Check List</u> |
|---------------|---|--------------------------------|
| 3. | Annual statement (most current year)..... | <input type="checkbox"/> |
| | (a) Signed by two executive officers..... | <input type="checkbox"/> |
| | and | |
| | (b) Notary seal | <input type="checkbox"/> |
| | or | |
| | (c) Certified by the state of domicile..... | <input type="checkbox"/> |
| | (d) Supplemental schedules included | <input type="checkbox"/> |
| | (e) Actuarial opinion included..... | <input type="checkbox"/> |
| 4. | Quarterly financial statements (supplemental financial statements) in NAIC format .. | <input type="checkbox"/> |
| | (a) All statements for current year-to-date have been included..... | <input type="checkbox"/> |
| | (b) Signed by company officers..... | <input type="checkbox"/> |
| | (c) Notarized | <input type="checkbox"/> |
| 5. | Most recent statutory examination report of insurer (by state of domicile)..... | <input type="checkbox"/> |
| | (a) Original certification by state of domicile | <input type="checkbox"/> |
| | (b) Three year period timely as to application | <input type="checkbox"/> |
| | if over three-year period also include: | |
| | (c) Audited certified public accountant's report (in lieu of state of domicile exam report)..... | <input type="checkbox"/> |
| | (d) Under seal of state of domicile with certification letter..... | <input type="checkbox"/> |
| 6. | Statutory financial statements audited by certified public accountant, including letter of internal control | <input type="checkbox"/> |
| | Report provided (most current year) | <input type="checkbox"/> |

**APPLICATION FOR CERTIFICATE OF AUTHORITY
FOREIGN AND ALIEN INSURER**

| <u>Item #</u> | <u>Complete Check List</u> |
|---|--------------------------------|
| 7. Certificate of valuation (life and health insurers only) | <input type="checkbox"/> |
| Original certification from state of domicile | <input type="checkbox"/> |
| 8. Affidavit and/or disclosure form regarding agents' balances (official form - property and casualty insurers only) | <input type="checkbox"/> |
| 9. Certificate of deposit (foreign insurers only) | <input type="checkbox"/> |
| (a) Original certification under seal of state of domicile | <input type="checkbox"/> |
| (b) Deposited assets or securities listed | <input type="checkbox"/> |
| (c) Florida deposits pursuant to Sections 624.411 or 624.412, Florida Statutes . | <input type="checkbox"/> |
| 10. Certificate of alien funds on deposit (alien insurers only) | <input type="checkbox"/> |
| (a) Certified by public official having custody of funds in another state | <input type="checkbox"/> |
| (b) Lists assets or securities on deposit | <input type="checkbox"/> |
| 11. Participation required in statutorily created associations..... | <input type="checkbox"/> |
| (a) Subscription Agreements (official form)..... | <input type="checkbox"/> |
| (b) Under seal of company | <input type="checkbox"/> |
| 12. NAIC designation requirement..... | <input type="checkbox"/> |
| (a) NAIC code | <input type="checkbox"/> |
| or | |
| (b) Copy of notification statement mailed to NAIC | <input type="checkbox"/> |

**APPLICATION FOR CERTIFICATE OF AUTHORITY
FOREIGN AND ALIEN INSURER**

SECTION IV - MANAGEMENT

- | <u>Item #</u> | <u>Complete
Check List</u> |
|--|--------------------------------|
| 1. Listing of all company officers, directors and shareholders (including entities) owning 10% or more of applicant (Form OIR-C1-1298)..... | <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 (Form OIR-C1-1298) | <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 (Form OIR-C1-1298). Note, do not complete or order 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 (Form OIR-C1-1298) | <input type="checkbox"/> |
| 5. Biographical Statement and Affidavits for company officers, directors and shareholders (including entities) owning 10% or more of applicant (Form OIR-C1-1423)..... | <input type="checkbox"/> |
| As to each biographical: | |
| (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 (Form OIR-C1-1423)..... | <input type="checkbox"/> |
| As to each biographical: | |
| (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 | |

APPLICATION FOR CERTIFICATE OF AUTHORITY

FOREIGN AND ALIEN INSURER

SECTION IV – MANAGEMENT

and shareholders (including entities) owning 10% or more of parent company's stock (Form OIR-C1-1423).....

As to each biographical:

(a) All information completed.....

(b) Contains original signature

(c) Notarized (original).....

(d) Original filed

8. Background investigative reports for company officers, directors and shareholders (including entities) owning 10% or more of applicant

9. Background investigative reports for immediate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock

10. Background investigative reports for ultimate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock

11. Fingerprint cards enclosed for each company officer, director, and shareholder (including entities) owning 10% or more of applicant

As to each fingerprint card:

(a) Contains original signature

(b) Florida cards only.....

(c) All information completed (DOB, citizenship, vital statistics).....

12. Fingerprint cards enclosed for each immediate parent(s) officer, director and shareholder (including entities) owning 10% or more of parent company's stock

As to each fingerprint card:

(a) Contains original signature

(b) Florida cards only.....

(c) All information completed (DOB, citizenship, vital statistics).....

13. Fingerprint cards enclosed for each ultimate parent(s) officer, director and shareholder (including entities) owning 10% or more of parent company's stock

As to each fingerprint card:

(a) Contains original signature

- (b) Florida cards only
- (c) 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

INVOICE

**PAYMENT OF APPLICATION FEES AND TAXES
APPLICATION FOR CERTIFICATE OF AUTHORITY**

NAME OF COMPANY: _____

FEIN #: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE NUMBER: _____

ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

(CITY) (STATE) (ZIP CODE)

In reference to the recent submission by the above-referenced insurer regarding its application to do business in Florida, it is necessary that you return this form with the proper payment as listed below.

PLEASE NOTE:

1. Send a check in the proper amount made payable to the Florida Department of Financial Services and mail check and invoice only to the 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 Department of Financial Services, 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> |
|---------------------|------------|--------------|------------|-------------------|
| Company License Tax | C | 10/30 | L | \$1,000.00 |
| Filing Fee | C | 10/06 | F | <u>\$1,500.00</u> |
| | | | Total | \$2,500.00 |

**APPLICATION FOR 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)

Please specify: (foreign or alien): _____

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, _____.

Lines of Business

Code Number

By _____
President or Chief Executive Officer

(Corporate Seal)

Attest _____
Secretary