



OFFICE OF INSURANCE REGULATION

Company Admissions

ACQUISITION OF CONTROLLING INTEREST OF A DOMESTIC INSURER

Whenever an individual or corporation acquires, directly or indirectly, 5% or more of the outstanding voting capital stock of a Florida domestic insurer, the provisions of Florida Statutes, Chapter 628.461 apply (copy attached).

This package is designed to assist the company or individual acquiring this controlling interest in complying with Section 628.461 and facilitate expeditious processing of that application by the Office of Insurance Regulation.

This package includes four (4) categories of information:

Section I	Application Fees
Section II	Legal
Section III	Financial
Section IV	Management

Please submit your package in a tabbed binder. (Example: the tab labeled II-1 would contain the Acquisition Statement).

THE COMPLETED CHECKLIST MUST BE RETURNED WITH THE APPLICATION PACKAGE!

Mail 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.

ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER

INSTRUCTIONS

SECTION I - APPLICATION FORMS AND FEES

Section I-1 Acquisition Fees

Acquiring entities must pay the applicable acquisition application fee of \$1,500. These fees are due at the time the application package is filed, and the filing fee is NON-REFUNDABLE.

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

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

Place a copy of the INVOICE and a copy of the check with your application filing. This procedure will expedite the processing of your application and assure a timely recording of the fees.

Section I-2 Fingerprint Processing Fees

Applicants are required to prepay electronically for the processing of the fingerprint cards required in section IV-5. 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-5).

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.**

ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER

SECTION II - LEGAL

A copy of Florida Statute Section 628.461 is enclosed with this package for your reference. You should read it before you proceed with this section.

Section II-1 Acquisition Statement

Submit a statement detailing the acquisition of five percent or more of the outstanding stock of the controlling company of the insurer. An example is enclosed for your reference.

Section II-2 Notification Statement

Submit a statement that the acquiring entity has complied with section 628.461 (1) (a).

Section II-3 Statutory Statements

A detailed statement of the information requested in Section 628.461 (3)(b) through 628.461 (3)(e). Each of these paragraphs should be responded to on a point by point basis.

Section II-4 Waiver from the Insurer

Prior to final approval of the acquisition the Office of Insurance Regulation requires an executed waiver of hearing from the Domestic insurer and its holding company (if applicable) be submitted. A sample is enclosed.

Section II-5 Organization Charts

Furnish organizational charts disclosing the acquiring company's relationship with any other entities, and showing the ultimate parent company. Two charts should be submitted, one showing the organization prior to the acquisition and one showing the organization after the proposed acquisition.

Section II-6 Tender or Exchange offer Documents

Furnish a copy of any tender or exchange offer and offering documents associated with the acquisition/merger.

ACQUISITION OF CONTROLLING INTEREST OF A DOMESTIC INSURER

Section II-7 Other Agreements

Furnish copies of any agreements referred to in the filing whereby the acquiring company accepts obligations, debts and encumbrances which would affect the domestic company.

Section II-8 Consent and Agreement In Re Service of Process and Resolution Form

Included in this package are the Consent and Agreement In Re Service of Process and Resolution Form. These documents should not be executed at this time. They should be held unexecuted until you are advised by the Office of Insurance Regulation to submit them.

ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER

SECTION III - FINANCIAL

Section III-1 Holding Company Registration Statement

Furnish a copy of the most recent Holding Company Registration Statement if a member of a Holding Company.

Section III-2 Annual Statement

Furnish a copy of the most recent annual report of the acquiring entity.

Section III-3 Quarterly Statements

Furnish a copy of the most recent quarterly statement(s) of the acquiring entity.

Section III-4 Plan of Operation

It is important for the Office of Insurance Regulation to have a clear understanding of the operations of the insurer and the goals it seeks to achieve. If the acquisition will result in any substantive changes to the operations of the insurer then it will be necessary to submit a plan of operation as outlined below. If the subject of the acquisition is not in compliance with Florida Statutes, then a plan to bring the company into compliance should be submitted to the Office of Insurance Regulation in this section. If the acquisition will not result in any substantive changes, then a statement to that effect should be submitted in this section. To meet this requirement the applicant shall furnish a three-year Plan of Operations for the lines that the company is licensed for on the Certificate of Authority. The plan must include all major areas of the proposed operations and include the following:

- (A) A brief history of the company since its incorporation.
- (B) 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.
- (C) A Description of insurance products to be offered.
- (D) A three year plan of marketing, including commission rates and the use of agents.
- (E) A summary of current and planned reinsurance including catastrophe and coverage and the amount retained on one risk.
- (F) A statement regarding any planned changes in operations during the next three years. If no changes are planned, a statement to that effect.
- (G) A list of all assumptions used in projections and pro formas and disclose how these assumptions were derived.
- (H) A pro forma statutory balance sheet and statutory income and expense statements covering the accounts in the format on the attached forms. Separate forms are included in this package for Property and Casualty and Life companies, please use the appropriate form.
- (I) A list of all consultant and expert services in use or proposed during the three year period.

ACQUISITION OF CONTROLLING INTEREST OF A DOMESTIC INSURER

Section III-5 Previous Florida Business History of Acquiring Company

In this section the acquiring company should detail any history that it has had in withdrawing from Florida as a whole or in discontinuing a particular line of business in this state.

Section III-6 Notification to NAIC

A form is provided for the acquiring entity to notify the NAIC with the updated information. The form should be filled out and mailed directly to the NAIC, and a copy included with the filing to the Office of Insurance Regulation.

Section III-7 Confirmation of Funds

Funds to complete the transaction of this acquisition must be confirmed and provided in writing by a third party (bank, approved escrow agent, etc.) prior to the Office of Insurance Regulation's approval of the acquisition. Provide the confirmation letter in this section for confirmation of funds.

ANY COPIES OF DOCUMENTS SUBMITTED IN THIS SECTION MUST BE CERTIFIED BY THE PRESIDENT AND SECRETARY AS TRUE AND ACCURATE COPIES.

ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER

SECTION IV - MANAGEMENT

ALL INFORMATION REQUESTED IN THIS SECTION CONCERNS THE ACQUIRING ENTITY. ANY NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.

Section IV-1 A listing of all company officers, directors, acquiring individuals of 5% or more of the stock of the acquiring entity (Official Form Enclosed).

The full name of the individuals (First, Middle, Last) named above should be listed on this form.

Section IV-2 Biographical Affidavits as to Officers, Directors and Shareholders (Official Form Enclosed).

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 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 Investigative Background Report

An Investigative Background Report must be provided for each person listed in Section IV-1 above except for those companies in the organizational structure between the immediate parent and the ultimate parent. 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.

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER**

**CHECK LIST
SECTION I- APPLICATION FORMS AND FEES**

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Insurer 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"/>

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER**

SECTION II- LEGAL

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Acquisition Statement (copy)	<input type="checkbox"/>
2. Notification Statement to Office	<input type="checkbox"/>
3. Statutory Statements (Sections 628.461 (3)(b)-(e))	<input type="checkbox"/>
4. Waiver of Hearing from the insurer	<input type="checkbox"/>
5. Organization Charts	
1. Chart showing all entities prior to merger	<input type="checkbox"/>
2. Chart showing all entities after the merger	<input type="checkbox"/>
6. Copy of the proposed tender or exchange offer	<input type="checkbox"/>
7. Copies of other agreements relating to the Acquisition or merger	<input type="checkbox"/>
8. Consent and Agreement in re Service of Process and Resolution Form	<input type="checkbox"/>

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER**

SECTION III- FINANCIAL

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Holding Company Registration Statement	<input type="checkbox"/>
(a) Registration Provided (CERTIFIED BY HOME STATE).....	<input type="checkbox"/>
or	
(b) 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) Sealed by Company (Corporate Seal)	<input type="checkbox"/>
(c) 10K Annual Statement.....	<input type="checkbox"/>
2. Annual Statement	<input type="checkbox"/>
(a) Certified by state of domicile.....	<input type="checkbox"/>
(b) Most current year	<input type="checkbox"/>
1. Signed by two executive officers.....	<input type="checkbox"/>
2. Sealed by corporation	<input type="checkbox"/>
3. Supplemental schedules included.....	<input type="checkbox"/>
3. Quarterly Statements	<input type="checkbox"/>
(a) All quarterly statements year to date	<input type="checkbox"/>

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER**

**SECTION III- FINANCIAL
CONTINUED**

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
(b) Statements in NAIC format.....	<input type="checkbox"/>
1. Signed by two executive officers.....	<input type="checkbox"/>
2. Sealed by corporation	<input type="checkbox"/>
4. Plan of Operations	<input type="checkbox"/>
5. Previous Florida Business history statement.....	<input type="checkbox"/>
6. Copy of NAIC notification statement enclosed	<input type="checkbox"/>
7. Confirmation of Funds Letter enclosed.....	<input type="checkbox"/>

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER**

SECTION IV- MANAGEMENT

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Listing of all company officers and directors and shareholders of 5% or more of voting shares.....	<input type="checkbox"/>
(a) Full names listed.....	<input type="checkbox"/>
(b) Titles listed.....	<input type="checkbox"/>
2. Biographical affidavits as to officers and directors (Official Form).....	<input type="checkbox"/>
As to each biographical:	
(a) All blanks filled in	<input type="checkbox"/>
(b) Yes answers explained.....	<input type="checkbox"/>
(c) Contains original signature of each respective officer and director	<input type="checkbox"/>
(d) Notarized (Original).....	<input type="checkbox"/>
(e) Submitted original of each affidavit.....	<input type="checkbox"/>

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER**

**SECTION IV- MANAGEMENT
CONTINUED**

Company Name: _____

<u>Item #</u>		<u>Completion Check List</u>
3.	Background Investigation Report.....	<input type="checkbox"/>
	(a) Investigative entity contacted	<input type="checkbox"/>
	(b) Full names given of all proposed incorporators, officers and directors	<input type="checkbox"/>
	(c) Arrangements made for reports to be sent directly to this Office	<input type="checkbox"/>
4.	Fingerprint cards for each person listed in section IV-1	<input type="checkbox"/>
	(a) Contains original signature of each respective officer, director or shareholder.....	<input type="checkbox"/>
	(b) Office of Insurance Regulation card only	<input type="checkbox"/>
	(c) No erasures or alterations on cards	<input type="checkbox"/>
	(d) All blanks filled in	<input type="checkbox"/>

INVOICE

REQUEST FOR PAYMENT OF APPLICATION FEES ACQUISITION OF CONTROLLING INTEREST OF A DOMESTIC INSURER

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE NUMBER: _____

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

1. Make payable to the 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 Office of Insurance Regulation, Company Admissions, 200 East Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.

TYPE: 10 CLASS: 06 Filing Fee: \$1,500.00

SAMPLE

WAIVER OF HEARING FROM SELLER

We the undersigned, on behalf _____
hereby waive our right to a public hearing on the proposed acquisition of _____ by
_____, a _____ corporation,
as outlined in the documents submitted pursuant to Florida Statutes S.628.461, and we
respectfully request that the Director of the Office of Insurance Regulation approve the
acquisition immediately.

Dated: ____ / ____ / ____

Attest:

Secretary

By: _____
President or Chief Executive Officer

(Corporate Seal)

**Office of Insurance Regulation
INSURANCE HOLDING COMPANY SYSTEM
REGISTRATION STATEMENT
OF**

(State name of insurer)

and

(Name above all Florida domestic insurer members of the holding company system)

(Name above all admitted foreign insurer members of the holding company system)

Rule 4-143.046, Florida Administrative Code, requires that the registrant submit the following items to the Insurance Commissioner:

ITEM I

Describe the corporate and the capital structure of the insurer and all its affiliates. Attach financial statements if not incorporated by reference in accordance with rule 4-143.048.

ITEM II

Identify the ownership and management of the insurer and all of its affiliates; include each person who is directly or indirectly the beneficial owner of more than 10% of any class of any equity security or who is a director or officer of the insurer and any of its affiliates.

ITEM III

List all of the following agreements in force, relationships subsisting, and transactions currently outstanding between such insurer and its affiliates:

- (1) loans other investments, or purchases, sales or exchanges of securities of the affiliates by the insurer by its affiliates;
- (2) purchases, sales, or exchanges of assets;

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REV 4/97**

**Office of Insurance Regulation
INSURANCE HOLDING COMPANY SYSTEM
REGISTRATION STATEMENT**

- (3) transactions not in the ordinary course of business;
- (4) guarantee or undertakings for the benefit of an affiliate which result in an actual contingent exposure or the insurer's assets to liability, other than insurance contracts entered into in the ordinary course of the insurance's business;
- (5) all management and service contracts and all cost-sharing arrangements, other than cost allocation arrangements based upon generally accepted accounting principles; and
- (6) reinsurance agreements covering all of one or more lines of insurance of the ceding company.

ITEM IV

Furnish the following information with regard to each employment contract entered into by the insurer and each of its affiliates with any of the officers and/or directors of the insurer: name of employees; position held, annual remuneration, and other perquisites, and term of contract.

ITEM V

Furnish a brief description of any litigation or administrative proceedings of the following types, either than pending or concluded within the preceding fiscal year, to which any person reporting herewith or any of its directors or executive officers was a party or of which the property of any such person is or was the subject; give the names of the parties and the court or agency in which such litigation or proceeding is or was pending.

- (a) Criminal prosecutions or administrative proceedings by any government agency or authority which may be relevant to the trustworthiness or any party thereto; and
- (b) proceedings which may have a material effect upon the solvency or capital structure of any admitted insurer member of the holding company system including, but not necessarily limited to, bankruptcy, receivership, other corporate reorganizations, and litigation drawing in question the validity of the issued and outstanding shares of any such admitted or nonadmitted insurer member.

I have reviewed the above, and to the best of my knowledge, information and belief, it is true and correct.

_____	_____	_____
Date	Name	Position or Title

Sworn to and Subscribed before me this _____ day of _____ 19_____

Notary Public

(SEAL)

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
LIFE, ACCIDENT AND HEALTH INSURERS
LINES OF BUSINESS BY COMPANY CODE**

0400	Ordinary Life Endowment Term Life Industrial Life Individual Annuities Universal Life
0405	Individual Variable Annuities Group Variable Annuities
0410	Group Life and Annuities
0420	Variable Life
0425	Fraternal Life
0430	Fraternal Health
0440	Credit Life
0441	Credit Disability
0450	Accident and Health
R400	Reinsurance - Ordinary Life and Annuity
R405	Reinsurance - Individual/Group Variable Annuities
R410	Reinsurance - Group Life and Annuity
R420	Reinsurance - Variable Life
R440	Reinsurance - Credit Life
R441	Reinsurance - Credit Disability
R450	Reinsurance - Accident and Health

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
PROPERTY AND CASUALTY INSURERS
LINES OF BUSINESS BY COMPANY CODE**

0010 Fire
0020 Allied Lines
0030 Farmowners Multi Peril
0040 Homeowners Multi Peril
0050 Commercial Multi Peril
0080 Ocean Marine
0090 Inland Marine
0100 Financial Guaranty
*0106 Auto Warranties
0110 Medical Malpractice
0120 Earthquake
0160 Workers' Compensation
0170 Other Liability
*0173 Prepaid Legal
0192 Private Passenger Auto Liability
0194 Commercial Auto Liability
0211 Private Passenger Auto Physical Damage
0212 Commercial Auto Physical Damage
0220 Aircraft
0230 Fidelity
0240 Surety
*0245 Bail Bonds
0250 Glass
0260 Burglary and Theft
0270 Boiler and Machinery
0280 Credit
*0285 Title (Title Companies Only)
*0290 Livestock
0300 Industrial Fire
*0310 Mortgage Guaranty
0441 Credit Disability
*0450 Accident and Health
*0520 Industrial Extended Coverage
*0540 Mobile Home Multi Peril
*0550 Mobile Home Physical Damage
*0570 Crop Hail
*0607 Home Warranties
*0608 Service Warranties
*0610 Other Warranty
*0620 Miscellaneous Casualty

*For purposes of applicant's plan of operations, these lines should be listed as "all other lines". If any are combined with other lines on the pro forma's (i.e. mobile home combined with homeowners), the plan of operations should specify that this was done.

LINES OF BUSINESS BY COMPANY CODE (REINSURANCE)

R010 Reinsurance - Fire
R020 Reinsurance - Allied Lines
R030 Reinsurance - Farmowners Multi Peril
R040 Reinsurance - Homeowners Multi Peril
R050 Reinsurance - Commercial Multi Peril
R080 Reinsurance - Ocean Marine
R090 Reinsurance - Inland Marine
R100 Reinsurance - Financial Guaranty
*R106 Reinsurance - Auto Warranties
R110 Reinsurance - Medical Malpractice
R120 Reinsurance - Earthquake
R160 Reinsurance - Workers' Compensation
R170 Reinsurance - Other Liability
*R173 Reinsurance - Prepaid Legal
R192 Reinsurance - Private Passenger Auto Liability
R194 Reinsurance - Commercial Auto Liability
R211 Reinsurance - Private Passenger Auto Physical Damage
R212 Reinsurance - Commercial Auto Physical Damage
R220 Reinsurance - Aircraft
R230 Reinsurance - Fidelity
R240 Reinsurance - Surety
*R245 Reinsurance - Bail Bonds
R250 Reinsurance - Glass
R260 Reinsurance - Burglary and Theft
R270 Reinsurance - Boiler and Machinery
R280 Reinsurance - Credit
*R290 Reinsurance - Livestock
R300 Reinsurance - Industrial Fire
*R310 Reinsurance - Mortgage Guaranty
R441 Reinsurance - Credit Disability
*R450 Reinsurance - Accident and Health
*R520 Reinsurance - Industrial Extended Coverage
*R540 Reinsurance - Mobile Home Multi Peril
*R550 Reinsurance - Mobile Home Physical Damage
*R570 Reinsurance - Crop Hail
*R607 Reinsurance - Home Warranties
*R608 Reinsurance - Service Warranties
*R610 Reinsurance - Other Warranty
*R620 Reinsurance - Miscellaneous Casualty

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION

MANAGEMENT INFORMATION
COMPLETE LISTING OF ACQUIRING ENTITY OFFICERS, DIRECTORS, AND
SHAREHOLDERS (5% OR MORE)

COMPANY NAME _____

OFFICERS:

TITLES:

DIRECTORS:

SHAREHOLDERS:

SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

Original Designation Insurer Name Change Merger / Acquisition Update Delivery Information

Insurer or Company Name: _____

Previous Name (If applicable): _____

Home Office Address: _____

City, State, Zip _____

FEI # _____

FL Company Code _____

Telephone # _____

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

**Designated Person
to receive process:** _____

E-Mail Address: _____

Phone#: _____ **Fax#:** _____

Mailing Address: _____

Street Address: _____

Signature: _____

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the _____ day of _____, A.D. _____.

President or CEO's Signature

President or CEO's Name(Typed or Printed)

Secretary's Signature

Secretary's Name (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.

SEAL

OIR-C1-144
Rev 06/2004

NOTE: THIS FORM AND METHOD OF PAYMENT FOR USE ONLY BY NON-U.S. CITIZENS WITH NO SOCIAL SECURITY NUMBER – ALL OTHER APPLICANTS SEE OIR-C1-938 FOR FINGERPRINT PROCESSING PAYMENT INSTRUCTIONS



OFFICE OF INSURANCE REGULATION
Company Admissions

INVOICE FOR NON-U.S. CITIZENS WITH NO SOCIAL SECURITY NUMBER

REQUEST FOR PAYMENT OF FINGERPRINT CHARGES

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY STATE ZIP CODE

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

CITY STATE ZIP CODE

In reference to the recent submission by the above referenced insurer regarding the fingerprint cards requested on each officer and/or director, it is necessary that this form and the fingerprint cards be returned with the proper payment as listed below for the processing of these cards.

PLEASE NOTE:

1. Send a check in the proper amount payable to the Florida Department of Financial Services and **mail check and invoice only** to the Department of Financial Services, Bureau of Financial Services, Post Office Box 6100, Tallahassee, Florida 32314-6100.
2. Send fingerprint cards, a **copy** of the check and invoice along with the completed application package to the Florida Office of Insurance Regulation, Company Admissions, Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0332.

B/T
C

TY/CL
1002

F/T
F

FEE SCHEDULE:

Number of Cards _____ @ \$64.00 per person ... \$ _____

Attach list of individuals for whom fingerprint cards are submitted with this invoice.



OFFICE OF INSURANCE REGULATION
Company Admissions

INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package.
2. Please refer to the NAIC website at http://www.naic.org/industry_ucaa.htm, "Third Party Vendors for Background Reports", for specific information regarding background investigation vendors.
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will transmit investigative reports electronically to the Florida Office of Insurance Regulation ("Office") to this e-mail address: bkgrnd-inv@flor.com in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.
5. Applicants are required to arrange for the reports to be directly transmitted to the Office by the selected vendor to this e-mail address: bkgrnd-inv@flor.com prior to or contemporaneously with the submission of each application filing, with the exception of acquisition filings.
6. Acquisition filings must include evidence indicating that background reports have been ordered, including proof of payment.
7. Any questions regarding this process may be directed to the Office at appcoord@flor.com



Office of Insurance Regulation

Company Admissions

FINGERPRINT CARD AND PAYMENT INSTRUCTIONS

For instructions on payment of fingerprint processing fees, and for using the digital fingerprint option, see Page 2.

Fingerprints submitted on a card not provided by the Florida Office of Insurance Regulation will not be accepted.

THE CARD MUST BE SIGNED BY THE APPLICANT.

FLORIDA RESIDENTS: You must take the fingerprint card to a law enforcement agency in Florida for fingerprint service.

OUT OF STATE RESIDENTS: CONSULT YOUR LOCAL LAW ENFORCEMENT AGENCIES FOR ADDITIONAL INSTRUCTIONS.

The top portion of the fingerprint card must be completed in order for FDLE and FBI to process the card. If the law enforcement agency does not fill out the top portion of the card for you, you are responsible for filling it out with all information applicable to you.

The following specific instructions should be followed:

- ◆ Fingers should be washed and dried thoroughly prior to prints being taken.
- ◆ Do not sign the fingerprint card until you are in the presence of the person who will take the fingerprints.
- ◆ The fingerprint card **MUST** be typed or filled out in **BLACK INK**.
- ◆ Your name, at the top of the fingerprint card, and all other information should be typed or printed clearly.
- ◆ Identity of private contractors should be shown in space "EMPLOYER AND ADDRESS".
- ◆ The section titled Date of Birth DOB, Place of Birth POB, SEX, HGT (height), WGT, (weight), EYES, and HAIR must all be filled out.

RACE- Use W for White, B for Black, A for Asian, I for Indian, etc. DO NOT USE THE LETTER C.

HGT- Use feet and Inches. DO NOT USE TOTAL INCHES.

EYES AND HAIR- To describe color of eyes and hair, use appropriate three letter code from the following list:

<u>COLOR</u>	<u>CODE</u>	
Bald**	BAL	(Hair Only)
Black	BLK	(Hair Only)
Blond or Strawberry	BLN	(Hair Only)
Blue	BLU	(Eyes Only)
Brown	BRO	
Gray or Partially Gray	GRY	(Hair Only)
Green	GRN	(Eyes Only)
Hazel	HAZ	(Eyes Only)
Red or Auburn	RED	(Hair Only)
White	WHI	(Hair Only)

- ◆ **Bald (BAL) is to be used when the subject has lost most of the hair on top of their head.
- ◆ The section titled Citizenship CTZ is for your citizenship –USA, Cuba, Canada, etc.
- ◆ The section titled Armed Forces No. MNU is for your military service number if you have one.
- ◆ The section titled Social Security No. SOC is for your social security number if you have one, and it is VERY IMPORTANT. However, pursuant to section 119.072, Florida Statutes, the social security number must be collected and maintained on a separate page, see attached.
- ◆ You are not required to fill out the sections titled:

Your No. OCA
 FBI No. FBI
 Miscellaneous No. MNU

Do not fold or damage the fingerprint card in any way. The fingerprint card cannot be processed if it has been folded, erased or damaged. You may include cardboard backing to protect the fingerprint card if you like.

NOTICE: Your fingerprint card must be typed or filled out in BLACK INK. Information which has been entered on the cards may not be altered in any way, i.e., erased, covered with correction fluid or tape, marked out, etc. In addition, cards may not be folded, stapled, torn or marred in any way.

FINGERPRINT PAYMENT AND LIVESCAN INSTRUCTIONS

When submitting paper fingerprint cards:

1. Pre-payment of fingerprint processing fees shall be made electronically at www.fldfsprints.com

Step 1: Begin Registration.
Step 2: Enter Your CRI: FL921400Z – OIR – INSURANCE COMPANY OFFICER/DIRECTOR.
Step 3: Pay for Ink Card Submission.
Step 4: Enter Personal Information.

2. Submit a copy of the on-line payment confirmation along with the completed cards and other filing documents to Florida Office of Insurance Regulation, Company Admissions Section, 200 E. Gaines Street, Tallahassee, FL 32399-0332.

When using the LiveScan Option (Florida residents only):

1. Pre-payment of fingerprint processing fees for LiveScan submissions shall be made electronically at www.fldfsprints.com.

Step 1: Begin Registration.
Step 2: Enter Your CRI: FL921400Z – OIR – INSURANCE COMPANY OFFICER/DIRECTOR
Step 3: Enter a zip code to determine the closest fingerprinting location **or** choose the region you will be in for your identification appointment.
Step 4: Enter Personal Information.

2. Submit a copy of the on-line payment confirmation along with other filing documents to Florida Office of Insurance Regulation, Company Admissions Section, 200 E. Gaines Street, Tallahassee, FL 32399-0332.

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.

For questions email appcoord@flor.com.

CONFIDENTIAL

Pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07, Florida Statutes, and section 24(a), Art. I of the State Constitution. The requirement must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record.

Applicant's Name: _____

Applicant's Social Security Number: _____

The requirement for the applicant's social security is mandatory.

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 of Insurance Regulation. The duties of the Office of Insurance Regulation 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. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

CONFIDENTIAL



OFFICE OF INSURANCE REGULATION

Company Admissions

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). _____

2. a. Are you a citizen of the United States?

b. Are you a citizen of any other country, if so, what country? _____

3. Affiant's Occupation or Profession. _____

4. Affiant's business address. _____

Business telephone. _____

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
_____	_____	_____	_____

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
_____	_____	_____	_____	_____

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
_____	_____	_____	_____

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>

7. Present or proposed position with the applicant entity. _____

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond? _____ If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? _____

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? _____

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? _____

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? _____
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? _____
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? _____
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? _____
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? _____
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. _____

If any of the stock is pledged or hypothecated in any way, give details. _____

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

14. Have you ever been adjudged a bankrupt? _____ If yes, provide details _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? _____

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? _____

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _____ day of _____ 20__ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ By

_____, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires



OFFICE OF INSURANCE REGULATION
Company Admissions

Applicant Name (Company) _____

NAIC No. _____
FEIN: _____

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

1. Affiant's Full Name (Initials Not Acceptable). _____
2. Have you ever used any other name including nickname, maiden name or aliases? ____ If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number _____
4. Government Identification Number if not a U.S. Citizen _____

Applicant Name (Company) _____

NAIC No. _____
FEIN: _____

5. Foreign Student ID# (if applicable) _____

6. Date of Birth: (MM/DD/YY) _____ Place of Birth: City _____
State/Province _____ Country _____

7. Name of Affiant's Spouse (if applicable) _____

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this _____ day of _____, 20____ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ By _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*All states except California, Minnesota and Oklahoma*)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ **[insert company name]** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ **[insert company's designated person, position, or department, address and phone]**.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____ By _____, and

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ **[insert company name]** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to _____ **[insert company's designated person, position, or department, address and phone]**.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____. By _____, and

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of _____ **[insert company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through _____ **[insert name of CRA, address]** (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ **[insert company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ By _____, and

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires