



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.

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

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.

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

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.

APPLICATION FOR CERTIFICATE OF AUTHORITY FOREIGN AND ALIEN INSURER

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.

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

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

APPLICATION FOR CERTIFICATE OF AUTHORITY FOREIGN AND ALIEN INSURER

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.

APPLICATION FOR CERTIFICATE OF AUTHORITY FOREIGN AND ALIEN INSURER

- (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.

APPLICATION FOR CERTIFICATE OF AUTHORITY FOREIGN AND ALIEN INSURER

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.

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

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.

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

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.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
FOREIGN AND ALIEN INSURER
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"/>

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

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"/>

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

<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"/>

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

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"/>

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

<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"/>	

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

<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"/>

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

<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"/>

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

<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

**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
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
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R080 Reinsurance - Ocean Marine
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*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
DISCLOSURE FORM
PROPERTY AND CASUALTY INSURERS ONLY
FOR**

**of Premiums Due from "Controlled" or "Controlling Persons"
As of December 31, _____**

Agent's Balance of Uncollected
Premiums Per Statement \$

Amounts Due from "Controlled"
or "Controlling Persons" \$

Amount of Applicable:

Trust Fund \$

Letter of Credit \$

Financial Guaranty Bond \$

Person Preparing Form Date

President Date

If a copy of the applicable trust fund, letter of credit, or financial guaranty bond has not been previously filed with the Office of Insurance Regulation, please attach the applicable documents to this form.

**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

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

**MANAGEMENT INFORMATION FORM
COMPLETE LIST OF OFFICERS,
DIRECTORS, AND SHAREHOLDERS (10% OR MORE)**

**COMPANY
NAME:** _____

OFFICERS:

TITLES:

OWNERSHIP PERCENTAGE:

DIRECTORS:

SHAREHOLDERS:



DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION

INDIVIDUAL DISCLAIMER OF CONTROL AFFIDAVIT

I, _____, the undersigned, do not and will not exercise any control, directly or indirectly, over the activities of the applicant (_____) or any entity owned or controlled by the applicant and licensed by the Office of Insurance Regulation. Further, I will not attempt to exercise any control, either directly or indirectly, over the activities of the applicant or any licensee without the advance written consent of the Office of Insurance Regulation.

I understand that pursuant to s. 837.06, Florida Statutes, knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his official duty is a crime punishable as provided in s. 775.082 or s. 775.083, Florida Statutes. With this understanding, I knowingly make the above representation to the Office of Insurance Regulation.

(Signature)

County of _____
State of _____

BEFORE ME this day appeared _____ who, being duly sworn, deposes and says that he executed the above affidavit and that the statements and information contained therein are true and correct.

Sworn to as subscribed before me this ___ day of _____, 20__.

(Notary Public)

My Commission expires: _____



DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION

DISCLAIMER OF CONTROL AFFIDAVIT

I, _____, the undersigned, representing _____, certify that other than the following individuals:

- 1.
- 2.
- 3.
- 4.

no person in this company does or will exercise any control, directly or indirectly, over the activities of the applicant (_____) or any entity owned or controlled by the applicant and licensed by the Office of Insurance Regulation.

Further, no other person will attempt to exercise any control, either directly or indirectly, over the activities of the applicant or any licensee without the advance written consent of the Office of Insurance Regulation.

I understand that pursuant to s. 837.06, Florida Statutes, knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his official duty is a crime punishable as provided in s. 775.082 or s. 775.083, Florida Statutes. With this understanding, I knowingly make the above representation to the Office of Insurance Regulation.

(Signature)

County of _____
State of _____

BEFORE ME this day appeared _____ who, being duly sworn, deposes and says that he executed the above affidavit and that the statements and information contained therein are true and correct.

Sworn to as subscribed before me this ____ day of _____, 20__.

(Notary Public)

My Commission expires: _____

INVOICE

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
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, Applications Coordination Section, 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

**OIR-C1-881
REV 10/97**



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