



**OFFICE OF INSURANCE REGULATION**

***Company Admissions***

**APPLICATION FOR PERMIT  
DOMESTIC INSURER**

This package is designed to assist individuals in preparing the Application for Permit to form a domestic insurer. It may be used for a life and health insurer or property and casualty insurer (stock, mutual, assessable mutual, captive). It authorizes the incorporators of a proposed insurer to organize, incorporate and produce all of the components necessary for a successful operation. The permit does not authorize the insurer to transact insurance in this state. An insurer has one (1) year after issuance of its permit to apply for and receive a Certificate of Authority. This application includes four (4) categories of information:

- Section I Application Form and Related Fees
- Section II Legal
- Section III Financial
- Section IV Management

Please submit the application in a tabbed binder. (Example: Tab III-1 would contain the Plan of Operations.)

Submit the completed application package to:

Office of Insurance Regulation  
Company Admissions  
200 East Gaines Street  
Tallahassee, Florida 32399-0332

**APPLICATIONS SUBMITTED WITH MISSING OR INCOMPLETE DOCUMENTS WILL BE RETURNED UNPROCESSED.**

**APPLICATION FOR PERMIT  
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**INSTRUCTIONS**

**SECTION I - APPLICATION FORM AND RELATED FEES**

**Section I-1            Application Fees**

Applicants must pay an application filing fee of \$25.00. The fee is due at the time the application is filed. Secure the check to the invoice (included in this package) and send to:

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 Permit to Form a Domestic Insurer**

Submit the original Application for Permit (official form enclosed) listing the lines of business (and respective code numbers) the company intends to write in the state of Florida. When a permit 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.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
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**SECTION II - LEGAL**

**Section II-1            Authorization Letter**

Provide a letter of authorization for anyone other than company personnel or the company sponsoring agent, designating the named individual to represent the applicant.

**Section II-2            Proposed Articles of Incorporation**

Provide three sets of the company's proposed, unexecuted articles of incorporation for a domestic insurer as specified in Sections 628.081 and 628.091, Florida Statutes. A sample set of articles of incorporation is included with this package.

Note: Captive insurers must incorporate the word "captive" in the insurer's name and assessable mutual insurers must incorporate the words "assessable mutual" in the insurer's name in accordance with Section 626.9541, Florida Statutes.

**Section II-3            Proposed Bylaws**

Provide three sets of the company's proposed, unexecuted bylaws. The following are items which should be addressed:

- (a) Stockholders - meetings, notice, quorum, voting.
- (b) Directors - elections, number, term, vacancies, meetings, notice, quorum, committees, action without meetings, telephone meetings, compensation.
- (c) Officers - elections, duties, compensation, resignations and removal from office.
- (d) Executive Committee - appointment, authority, meetings, quorum, actions, vacancies.
- (e) Stock -- form, execution, methods of transfer and loss certificates.
- (f) Dividends - (Section 628.371, Florida Statutes, limitations and requirements)
- (g) Seal
- (h) Amendments
- (i) Maintenance and inspection of corporate books
- (j) Other special provisions, such as indemnity of officers and directors, restrictions on stock transfers, limitations on borrowing, etc.

Note for mutual insurers only: Domestic mutual insurer bylaws must reference the following provisions of the Florida Insurance Code: Sections 628.221, 628.231, 628.301 - 628.361, and 628.381, Florida Statutes. Please note the above-cited statutes are not intended to be an all-inclusive listing of the provisions of the Florida Insurance Code which may be applicable to the formation of a domestic mutual insurer.

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**Section II-4          Articles of Incorporation**

Provide an original copy of articles of incorporation of any firm(s) involved in the formation or financing of the proposed insurer certified by the public official with whom the originals are on file in the state or country of domicile.

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**SECTION III - FINANCIAL**

**Section III-1      Plan of Operations**

Submit a three-year plan of operations. 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**

Submit 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 Permit 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 copies of proposed contracts or agreements. If any person, while an officer, director, trustee or shareholder of the insurer, will receive directly, or indirectly, any commission in the business transactions of the insurer, this must be disclosed. Provide a copy of the proposed contract and request approval from the Office in accordance with Section 628.255, Florida Statutes.

**(D)      Reinsurance**

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 proposed reinsurance as well as catastrophe coverage and the largest amount retained on one risk.

**(E)      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 premium 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.

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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 National Association of Insurance Commissioners (NAIC) instructions to the annual statement. Please 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.

**(F) 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.

(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(3) must be submitted to the Department.

**(G) History**

Provide details of any history the parent or any member of the holding company system has had in withdrawing from Florida as a whole or in discontinuing a particular line of business in this state.

**(H) Assessable Mutuels**

Entities applying as an assessable mutual insurer, which are employee leasing companies regulated by the Florida Department of Business and Professional Regulation, must provide proof of licensure.

NOTE: If the proposed company will be owned or controlled by a financial institution as defined in Section 626.9885, Florida Statutes, 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 if the proposed insurer will be a member of a insurance holding company system. A sample form is enclosed for use in fulfilling the requirement of a Florida domestic insurer. If the proposed insurer will not be a member of an insurance holding company system, a statement to such fact signed by at least two executive officers must be provided. Submit a copy of the SEC 10K statement if applicable.

**Section III-3 Organization Chart**

Provide an organization chart disclosing the company's relationship with any other entities, including the ultimate parent company or controlling person (if applicable).

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**Section III-4            Statement of the Method Used in Financing Insurer**

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 or four percent of the insurer's total liabilities plus six percent of the insurer's liabilities relative to health insurance
Captive insurers:	\$500,000 unimpaired paid-in capital and \$250,000 unimpaired surplus

Provide a statement of the method to be used in the financing of the proposed insurer which includes the following information:

1. The amount of surplus as to policyholders to be funded:
  - (a) By source (contributed by whom)
  - (b) Amounts funded by each source
  - (c) The form in which the funding will be made, i.e., state specific dollar amounts of specific stocks, bonds, certificates of deposit, cash, etc.
  - (d) Verification that the funds are not encumbered, hypothecated, or pledged.
2. Residence addresses, business background and qualifications of all individuals named in 1(a) above.
3. Copies of all syndicate, association, firm, partnership, organization or other similar agreements involved in the formation or financing of proposed insurer.
4. Copies of any securities or of any proposed document evidencing any right or interest proposed to be offered.

**Section III-5            Fidelity Bond (Mutual and Assessable Mutuals only)**

Pursuant to Section 628.171, Florida Statutes, the incorporators of the proposed entity are required to post a fidelity bond or insurance policy in an amount equal not less than 10 percent of the funds handled annually and issued in the name of the insurer covering the directors, employees, administrator, or other individuals managing or handling the funds or assets of the insurer. In no case may such bond or policy be less than \$1,000 or more than \$500,000.

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**Section III-6      Domestic Mutual and Assessable Mutual Insurer Requirements**

There are certain financial obligations and requirements which are exclusive to prospective mutual insurers applying for permit to organize. Please refer to Sections 628.161, Florida Statutes.

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**SECTION IV - MANAGEMENT**

**NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE FIRST, MIDDLE AND LAST NAMES (NO ABBREVIATIONS).**

**Section IV-1                    Management Information**

Provide the full name of all company incorporators, officers and directors of the applicant, and all shareholders (owning 10% or more of the outstanding stock of the applicant 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 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 (official forms enclosed) in lieu of providing all of the required background information.

Companies in the organizational structure from, and including, the immediate parent and the ultimate parent must provide full names and titles of all officers and directors.

Please use the attached Management Information Form.

**Section IV-2                    Biographical Statement and Affidavits as to Proposed  
Incorporators, Officers, Directors, and Shareholders**

Provide a National Association of Insurance Commissioners (NAIC) biographical affidavit (OIR-C1-1423) for each officer, director, and shareholder listed in Section IV-1 except for those filing a disclaimer and for those companies in the organizational structure between the immediate parent and the ultimate parent. All questions must be answered. All "Yes" answers must be explained.

Each biographical affidavit must be submitted to the Office containing an original signature and original notary seal. If, however, the biographical affidavits are currently on file and are not more than two years old, no submission is necessary.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, instead of including the SSN on page 6 of the NAIC form, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also please stamp CONFIDENTIAL at the top and bottom of the separate page.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office. The duties of the Office in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not

been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

**Section IV-3                      Background Investigative Report**

Provide a background investigative report for each person listed in Section IV-1 except for those filing a disclaimer and for those companies in the organizational structure between the immediate parent and the ultimate parent. Background reports must be submitted by the selected background investigator vendor directly to the Office prior to or contemporaneously with the submission of the application filing. Please refer to form OIR-C1-905 for instructions.

**Section IV-4                      Fingerprint Cards**

Fingerprint cards must be completed for each person listed in Section IV-1. The cards will be furnished by the Office upon request. **No cards other than those furnished by the Office will be accepted.** The cards must be completed at a law enforcement agency and returned to this Office for processing. Please refer to form OIR-C1-938 for instructions.

Due to the length of time required by law enforcement agencies to process fingerprint cards, it is suggested that the cards be ordered immediately so they may be submitted before or with the application.

Please place the completed fingerprint cards in this section.

Note: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards and fees as noted above. Please refer to form OIR-C1-938 for instructions.

If the fingerprint cards on file with the Office of Insurance Regulation are not more than five years old, new fingerprint cards will not be required.

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**CHECK LIST**

**SECTION I - APPLICATION FORM AND RELATED FEES**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Complete Check List</u>
1. Application fees paid.....	<input type="checkbox"/>
(a) Copy of invoice included .....	<input type="checkbox"/>
(b) Copy of check.....	<input type="checkbox"/>
2. Fingerprint 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 Permit .....	<input type="checkbox"/>
(a) All lines of business to be transacted listed by code number .....	<input type="checkbox"/>

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**SECTION II - LEGAL DOCUMENTS**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Complete Check List</u>
1. Authorization letter from company .....	<input type="checkbox"/>
2. Proposed unexecuted articles of incorporation (three sets).....	<input type="checkbox"/>
3. Proposed unexecuted bylaws (three sets) .....	<input type="checkbox"/>
(a) Stockholders - meetings, notice, quorum, voting .....	<input type="checkbox"/>
(b) Directors - elections, number, term, vacancies, meetings, notice, quorum, committees, action without meetings, telephone meetings, compensation. ....	<input type="checkbox"/>
(c) Officers - elections, duties, compensation, resignations and removal from office	<input type="checkbox"/>
(d) Executive committee - appointment, authority, meetings, quorum, actions, vacancies .....	<input type="checkbox"/>
(e) Stock - form, execution, methods of transfer and loss certificates .....	<input type="checkbox"/>
(f) Dividends - (Section 628.371, Florida Statutes, limitations and requirements)	<input type="checkbox"/>
(g) Seal .....	<input type="checkbox"/>
(h) Amendments .....	<input type="checkbox"/>
(i) Maintenance and inspection of corporate books.....	<input type="checkbox"/>
(j) Other special provisions, such as indemnity of officers and directors, restrictions on stock transfers, limitations on borrowing, etc .....	<input type="checkbox"/>
4. Articles of incorporation of other involved firms .....	<input type="checkbox"/>
(a) Original certification by the public official with whom the originals are on file in the state of domicile.....	<input type="checkbox"/>
5. Copy of ultimate parent company's Board of Directors' approval to organize the company, if applicable.....	<input type="checkbox"/>

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**SECTION III- FINANCIAL**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Complete Check List</u>
1. Plan of operations (three-year plan, including Florida) .....	<input type="checkbox"/>
Plan of operations includes a narrative for each of the major areas of operations items (a) - (j).....	<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 DI4-877, rev 11/5/99 or DI4-901, rev 5/91 .....	<input type="checkbox"/>
(2) Planned dates of initial marketing for each line of insurance.....	<input type="checkbox"/>

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<u>Item #</u>		<u>Complete Check List</u>
(c)	Marketing.....	<input type="checkbox"/>
(1)	Brokering agents utilized .....	<input type="checkbox"/>
(2)	Third-party administrators utilized .....	<input type="checkbox"/>
(3)	Managing General Agent utilized .....	<input type="checkbox"/>
(4)	Commission rates disclosed.....	<input type="checkbox"/>
(5)	Other administrative expenses detailed .....	<input type="checkbox"/>
(6)	Copy of proposed agent contracts or agreements.....	<input type="checkbox"/>
(7)	Copy of proposed Managing General Agent contract or agreement ..	<input type="checkbox"/>
	i)    Managing General Agent is licensed in Florida .....	<input type="checkbox"/>
	ii)   Managing General Agent complies with Section 626.091, Florida Statutes (pays or adjust claims and/or negotiates reinsurance, charges a policy fee not to exceed \$25) .....	<input type="checkbox"/>
	iii)  Managing General Agency contract or agreement complies with Section 626.7451, Florida Statutes .....	<input type="checkbox"/>
(8)	Copy of proposed Third Party Administrator contract or agreement <input type="checkbox"/>	
	i)    Documentation indicating Third Party Administrator is licensed in Florida pursuant to Section 626.88, Florida Statutes.....	<input type="checkbox"/>
	ii)   Third Party Administrator contract or agreement complies with Section 626.882, Florida Statues .....	<input type="checkbox"/>
(d)	Reinsurance .....	<input type="checkbox"/>
(1)	Proposed 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 reinsurance agreements .....	<input type="checkbox"/>

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<u>Item #</u>	<u>Complete Check List</u>
(e)	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 DI4-877, rev 4/97 or DI4-901, rev 4/97..... <input type="checkbox"/>
(4)	Pro forma underlying assumptions..... <input type="checkbox"/>
i)	Commissions - direct and indirect ..... <input type="checkbox"/>
ii)	Investment yield..... <input type="checkbox"/>
ii)	Administrative expenses/other expenses (specify Managing General Agent or Third Party Administrator fee, if any) ..... <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"/>
(f)	Proposed outsourcing agreements not included in (c)..... <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"/>

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<u>Item #</u>		<u>Complete Check List</u>
(g)	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 Department.....	<input type="checkbox"/>
(h)	Insurers anti-fraud investigative units (Section 626.9891, Florida Statutes) .	<input type="checkbox"/>
	(1) Anti-fraud plan included .....	<input type="checkbox"/>
(i)	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"/>
(j)	Assessable mutuals .....	<input type="checkbox"/>
	(1) Proof of licensure by Florida Department of Business and Professional Regulation if employee leasing company .....	<input type="checkbox"/>
	(2) Proposed company will be owned or controlled by a financial institution.	<input type="checkbox"/>
	(i) Evidence of compliance with Section 626.9885, Florida Statutes.....	<input type="checkbox"/>
2.	Holding company registration statement.....	<input type="checkbox"/>
	(a) Registration provided .....	<input type="checkbox"/>
	(1) Signed .....	<input type="checkbox"/>
	(2) Notary seal affixed .....	<input type="checkbox"/>
	<b>or</b>	
	(b) Statement that proposed company will not be a member of a holding company system.....	<input type="checkbox"/>
	(1) Signed .....	<input type="checkbox"/>

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<u>Item #</u>		<u>Complete Check List</u>
	(2) Notary seal affixed .....	<input type="checkbox"/>
	(c) SEC 10K statement (if applicable) .....	<input type="checkbox"/>
3.	Organization chart included .....	<input type="checkbox"/>
	(a) Immediate parent(s) up through and including ultimate parent(s) shown ...	<input type="checkbox"/>
4.	Statement of the method of financing .....	<input type="checkbox"/>
	(a) Minimum surplus requirements met .....	<input type="checkbox"/>
	(b) Copy of financing agreement, surplus note or other similar agreements involved in the financing of the insurer .....	<input type="checkbox"/>
	(c) Source(s) and form of funds disclosed.....	<input type="checkbox"/>
	(d) Amount(s) funded by each source .....	<input type="checkbox"/>
	(e) Verification that funds are not encumbered, hypothecated or pledged .....	<input type="checkbox"/>
5.	Fidelity bond (mutuals only) .....	<input type="checkbox"/>
	(a) Notarized copy .....	<input type="checkbox"/>
	(b) Under corporate seal of company .....	<input type="checkbox"/>
6.	Mutual insurer requirements (Section 628.161, Florida Statutes).....	<input type="checkbox"/>

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**SECTION IV- MANAGEMENT**

Company Name: \_\_\_\_\_

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

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<u>Item #</u>		<u>Complete Check List</u>
	<b>As to each biographical:</b>	
	(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 and shareholders (including entities) owning 10% or more of parent company's stock.....	<input type="checkbox"/>
	<b>As to each biographical:</b>	
	(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"/>
8.	Background investigative reports for the proposed company incorporators, officers, directors and shareholders (including entities) owning 10% or more of applicant ..	<input type="checkbox"/>
9.	Background investigative reports for the immediate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock.	<input type="checkbox"/>
10.	Background investigative reports for the ultimate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock.	<input type="checkbox"/>

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- | <u>Item #</u> |  | <u>Complete<br/>Check List</u> |
|---------------|--|--------------------------------|
| 11.           | Fingerprint cards enclosed for each proposed company incorporator, officer, director and shareholder (including entities) owning 10% or more of applicant..... | <input type="checkbox"/>       |
|               | <b>As to each fingerprint card:</b>  |                                |
|               | (a) Contains original signature.....   | <input type="checkbox"/>       |
|               | (b) Florida cards only .....   | <input type="checkbox"/>       |
|               | (c) All information completed (DOB, citizenship, vital statistics).....  | <input type="checkbox"/>       |
| 12.           | Fingerprint cards enclosed for each immediate parent(s) officer, director and shareholder (including entities) owning 10% or more of parent company's stock    | <input type="checkbox"/>       |
|               | <b>As to each fingerprint card:</b>  |                                |
|               | (a) Contains original signature.....   | <input type="checkbox"/>       |
|               | (b) Florida cards only .....   | <input type="checkbox"/>       |
|               | (c) All information completed (DOB, citizenship, vital statistics).....  | <input type="checkbox"/>       |
| 13.           | Fingerprint cards enclosed for each ultimate parent(s) officer, director and shareholder (including entities) owning 10% or more of parent company's stock     | <input type="checkbox"/>       |
|               | <b>As to each fingerprint card:</b>  |                                |
|               | (a) Contains original signature.....   | <input type="checkbox"/>       |
|               | (b) Florida cards only .....   | <input type="checkbox"/>       |
|               | (c) All information completed (DOB, citizenship, vital statistics).....  | <input type="checkbox"/>       |

**THE COMPLETED CHECK LIST MUST BE RETURNED WITH THE APPLICATION PACKAGE.**

# CHECKLIST VERIFICATION

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by (Entity Name) \_\_\_\_\_, that he/she has read said application, that he/she knows the contents thereof and verifies that the items indicated in the application checklist have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person acted, executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Dated \_\_\_\_\_  
(Give full and exact name of Applicant)

\_\_\_\_\_  
Signature of President, Secretary, or Treasurer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title

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

\_\_\_\_\_, Florida

\_\_\_\_/\_\_\_\_/\_\_\_\_

TO THE FLORIDA OFFICE OF INSURANCE REGULATION,  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Chapter 628, Florida Statutes, we do hereby apply for a permit to form a domestic insurer submitting the following proposed name, mailing address, and phone number:

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(\_\_\_\_)-\_\_\_\_\_

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

---

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

Code Number

Line of Business

Full Names of Proposed Incorporators:

**INVOICE  
DOMESTIC INSURER  
APPLICATION FOR PERMIT**

PROPOSED NAME OF COMPANY: \_\_\_\_\_

FEIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

\_\_\_\_\_

\_\_\_\_\_

(CITY)

(STATE)

(ZIP CODE)

PLEASE SPECIFY: DOMESTIC PROPERTY AND CASUALTY INSURER, DOMESTIC LIFE AND ACCIDENT HEALTH INSURER (STOCK, MUTUAL, ASSESSABLE MUTUAL, CAPTIVE)

\_\_\_\_\_

**FILING FEE:        \$25.00**

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

<u>B/T</u>	<u>TY/CL</u>	<u>F/T</u>	<u>AMOUNT</u>
C	10-08	F	\$25.00

**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

**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

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
MANAGEMENT INFORMATION FORM  
COMPLETE LISTING OF INCORPORATORS, OFFICERS  
DIRECTORS, AND SHAREHOLDERS (10% OR MORE)**

**INCORPORATORS:**

**TITLES:**

**OWNERSHIP PERCENTAGE:**

**OFFICERS:**

**DIRECTORS:**

**SHAREHOLDERS:**

# SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

Original Designation     Insurer Name Change     Merger / Acquisition     Update Delivery Information

Insurer or Company Name: \_\_\_\_\_

Previous Name (If applicable): \_\_\_\_\_

Home Office Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FEI # \_\_\_\_\_

FL Company Code \_\_\_\_\_

Telephone # \_\_\_\_\_

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

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

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

**Designated Person  
to receive process:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

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

\_\_\_\_\_  
President or CEO's Signature

\_\_\_\_\_  
President or CEO's Name(Typed or Printed)

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Secretary's Name (Typed or Printed)

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

SEAL

OIR-C1-144  
Rev 06/2004

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



**OFFICE OF INSURANCE REGULATION**  
**Company Admissions**

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

**REQUEST FOR PAYMENT OF FINGERPRINT CHARGES**

NAME OF COMPANY: \_\_\_\_\_

FEIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

\_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

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

**PLEASE NOTE:**

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

**B/T**  
**C**

**TY/CL**  
**1002**

**F/T**  
**F**

FEE SCHEDULE:

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

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



**OFFICE OF INSURANCE REGULATION**  
***Company Admissions***

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**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](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](mailto: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](mailto: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](mailto: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](http://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](http://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](mailto:appcoord@flor.com).

# **CONFIDENTIAL**

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

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

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

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

# **CONFIDENTIAL**



**OFFICE OF INSURANCE REGULATION**  
**Company Admissions**

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

**BIOGRAPHICAL AFFIDAVIT**

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

**(Print or Type)**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1. Affiant's Full Name (Initials Not Acceptable). \_\_\_\_\_
2. a. Are you a citizen of the United States?  
b. Are you a citizen of any other country, if so, what country? \_\_\_\_\_
3. Affiant's Occupation or Profession. \_\_\_\_\_
4. Affiant's business address. \_\_\_\_\_  
Business telephone. \_\_\_\_\_
5. Education and Training:

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

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