

AGENDA
FINANCIAL SERVICES COMMISSION
Office of Insurance Regulation
Materials Available on the Web at:

<http://www.floir.com/Sections/GovAffairs/FSC.aspx>

December 8, 2015

MEMBERS

Governor Rick Scott
Attorney General Pam Bondi
Chief Financial Officer Jeff Atwater
Commissioner Adam Putnam

Contact: Karen Kees
(850-413-2474)

9:00 A.M.
LL-03, The Capitol
Tallahassee, Florida

ITEM	SUBJECT	RECOMMENDATION
-------------	----------------	-----------------------

1. Minutes of the Financial Services Commission for October 27, 2015.

<http://www.myflorida.com/myflorida/cabinet/agenda15/1027/transcript.pdf>

(ATTACHMENT 1)

FOR APPROVAL

2. Request for Approval for Publication of Proposed Amendment to 69O-143.046,.047,.056; Registration of Insurers; Standards; Acquisition of Controlling Stock

The rules regulate the operation of insurance holding companies and their affiliates. They also govern the acquisition process of insurance entities. The rules implement the provisions of the NAIC model related to insurance holding companies and update the provisions regarding the reporting of Enterprise Risk. Several of the forms that are used to report information have been deleted or revised to conform with standardized forms used by the NAIC.

(ATTACHMENT 2)

APPROVAL FOR PUBLICATION

3. Request for Approval for Final Adoption of Proposed Amendment to Rule 69O-154.202,.203,.204; Long term Disability Morbidity Tables

Over time mortality and morbidity tables no longer reflect anticipated future projected benefits. The NAIC has adopted updated morbidity tables applicable to Long Term Disability policies.

(ATTACHMENT 3)

APPROVAL FOR FINAL ADOPTION

4. Approval of Appointment to the Workers' Compensation Joint Underwriting Association Board of Governors Vacant At-Large Seat

Pursuant to Section 627.311 (5)(b), Florida Statutes, there are nine members of the Florida Workers' Compensation Joint Underwriting Association (FWCJUA) Board of Governors; eight of the members shall be appointed by the Financial Services Commission. There is currently a vacant at-large seat that requires appointment by the Financial Services Commission.

(ATTACHMENT 4)

FOR APPROVAL

STATE OF FLORIDA

IN RE: MEETING OF THE GOVERNOR
AND CABINET

CABINET MEMBERS:

GOVERNOR RICK SCOTT
ATTORNEY GENERAL PAM BONDI
CHIEF FINANCIAL OFFICER
JEFF ATWATER
COMMISSIONER OF AGRICULTURE
ADAM PUTNAM

DATE:

TUESDAY, OCTOBER 27, 2015

LOCATION:

CABINET MEETING ROOM
LOWER LEVEL, THE CAPITOL
TALLAHASSEE, FLORIDA

REPORTED BY:

YVONNE LAFLAMME
COURT REPORTER and
NOTARY PUBLIC

C & N REPORTERS
POST OFFICE BOX 3093
TALLAHASSEE, FLORIDA 32315
(850) 697-8314

1 *****
 2 OFFICE OF INSURANCE REGULATION

3 *****

4 GOVERNOR SCOTT: Next, I would like to recognize
 5 Kevin McCarty with the Office of Insurance Regulation.
 6 Good morning, Kevin.

7 Kevin, congratulations. You have another couple
 8 weeks, but another year without a hurricane.

9 COMMISSIONER KEVIN McCARTY: Yes.

10 GOVERNOR SCOTT: And Citizens is down to, what,
 11 how many policies?

12 COMMISSIONER KEVIN McCARTY: About 550,000
 13 policies.

14 GOVERNOR SCOTT: You got take-outs of quite a
 15 bit in the next two months?

16 COMMISSIONER KEVIN McCARTY: Yes, we have a
 17 130,000 that I plan to announce on Friday, at least,
 18 which is, we are continuing to see increased interest
 19 in "wind-only" policies, which historically, as you
 20 are very familiar, have been the most difficult ones
 21 to depopulate from Citizens so we're cautiously
 22 optimistic that this continues.

23 And, of course, this is in large part brought
 24 about the kind of resurgence in the re-insurance
 25 marketplace. After 2004 and '5, we saw a huge spikes
 in re-insurance, but what we have seen since the

1 financial crisis in 2008 is a diversification of the
2 portfolios across the world. We determined that our
3 equities market were not as non-correlated as we
4 thought they were and now we're seeing a huge influx,
5 particularly pension funds, which has brought in a
6 great deal of capital to the marketplace, which leaves
7 me very -- I would say cautiously optimistic.

8 It would take a series of significant events, and
9 I think part of what I can show you today in our
10 discussions about the stress test is just how vibrant
11 that marketplace is, because a lot of Florida
12 companies are indigenous to Florida. Many of them
13 grown up to be national companies and have started 5,
14 10, 15 million, are now holding 150 million, are
15 publicly traded and AMS rated. So, we're looking --
16 the market is looking very good and I hope to get a
17 little detail on that.

18 First item is request for approval the minutes
19 from September 29, 2015, meeting with the Financial
20 Services Commission.

21 GOVERNOR SCOTT: Is there a motion on the item?

22 ATTORNEY GENERAL BONDI: So moved.

23 GOVERNOR SCOTT: Is there a second?

24 COMMISSIONER PUTNAM: Second.

25 GOVERNOR SCOTT: Any comments or objections?

1 Hearing none, the motion carries.

2 COMMISSIONER KEVIN McCARTY: Okay. Requests for
3 approval for appointment of the Board of Governors for
4 the Joint Underwriting Association. The board is
5 prescribed by statute for the number of statutory
6 positions. For the Domestic Insurer, we're
7 recommending Tom Koval. For another Domestic is
8 Thomas Sullivan. For Foreign Insurer, James Ward.
9 And for Foreign Insurer Seat 2, Mark Hogel. And FAIC
10 Robert Moore. An at-large seat is Charlie Clary. And
11 the last seat is Claude Revels. That's seven of
12 eighth.

13 The eighth seat is still vacant. It's an
14 at-large seat and currently is being vacated by Rocky
15 Rodriguez, and we're in the process of screening
16 future applicants for a future meeting.

17 We would recommend the seven of the eight board
18 members to be appointed and to have Senator Charlie
19 Clary remain as Chair of the Board of Governors.

20 GOVERNOR SCOTT: Is there a motion on the item?

21 COMMISSIONER PUTNAM: So moved.

22 GOVERNOR SCOTT: Is there a second?

23 CHIEF FINANCIAL OFFICER ATWATER: Second.

24 GOVERNOR SCOTT: Any comments or objections?

25 Hearing none, the motion carries.

1 COMMISSIONER PUTNAM: Kevin, what's the --
2 Governor?

3 GOVERNOR SCOTT: Go ahead.

4 COMMISSIONER PUTNAM: In light of our previous
5 two hours, what's the -- how do you want to receive
6 nominations or suggestions for your remaining at large
7 membership?

8 COMMISSIONER KEVIN McCARTY: We've been in
9 contact with your office. We've solicited some
10 inputs. We're waiting for additional input from your
11 offices. We are also soliciting from other
12 stakeholders. And I would be bringing forth those,
13 and we'll offer those to you in an open and
14 transparent process.

15 COMMISSIONER PUTNAM: Thank you.

16 GOVERNOR SCOTT: Anything else? Okay.

17 Item 3?

18 COMMISSIONER KEVIN McCARTY: Item 3 is
19 performance report of the Financial Services. I'm
20 trying to get this. My sincere apologies. It's not
21 been put on the screen for us to review, but I will go
22 through some of the highlights if you don't mind.

23 First of all, as was discussed with you before in
24 previous slides defining success. We are looking at a
25 number of things at the Office of Insurance

1 Regulation:

2 First of all, our mission of course is to promote
3 a stable marketplace, but most importantly, to
4 remember that in doing so, we are here to protect
5 consumers. An open and vibrant marketplace with
6 competitive products and many competitors in the
7 marketplace, isn't good, and we want to make sure we
8 continue to promote that;

9 Promote the public from unethical or illegal
10 behavior and identify financially-troubled companies,
11 so we can intervene;

12 And then lastly, operate the office in an
13 efficient an effective manner. We have already
14 started talking about some of the vibrancy in the
15 property market. We touched on the numbers, of course
16 workers' comp. We just had a workers' comp. hearing.
17 They requested a decrease which will equate to 58
18 percent decrease in recent reforms, but first enacted
19 in 2003.

20 Again, I think when you're going around the
21 country, Governor, encouraging businesses to come to
22 Florida, in addition to the strong education system,
23 we want to make sure we have an adequate insurance
24 environment so workers' comp. is a key element in
25 captains of industry making their determinations to

1 relocate to Florida.

2 The life and annuities market is strong. We have
3 some challenges in long-term care. That's from legacy
4 businesses. The health market, there's some
5 competitive issue in the health market; a lot of
6 instability brought about by the Affordable Care Act.
7 We'll be talking more about that in a little bit.

8 In terms of challenges it has, you know, the
9 health care reforms, as I mentioned, has put a lot of
10 strains on some of our smaller carriers. We're
11 looking at our HMOs in particular. We're looking
12 about implementing some changes this legislative
13 session that will help give the office additional
14 tools to identify early problems so that we can help
15 work with the companies to adjust their ability to
16 take on those policies.

17 If you think about it, under the Affordable Care
18 Act, once you get on the federally facilitated
19 exchange, you may only want 30,000 policies but you
20 end up getting 130,000. That obviously will overcome
21 your infrastructure, your IT department, as well as
22 your network to absorb those number of policies.

23 Cyber security continues to be a major concern.
24 We have 1.5 million Floridians have been exposed to
25 some breaches of cyber security that you might have

1 read about. This is particularly vulnerable in the
2 health care environment, and we are working with the
3 task force to look at some best practices, as well as
4 looking at companies to see what they're doing
5 internally to protect their policyholders.

6 Of course, there's new changes in the new
7 business model with Uber and Uplift and Google coming
8 out with a driver-less car. It's going to be new
9 challenge in the future in how we conduct insurance
10 and look at insurance products of the future.

11 On the opportunity side, we're looking at changes
12 in modernization. We're asking for legislation.
13 Previously, we asked for change in our reserving to go
14 from a formalistic approach to a more principle-based
15 approach. This year, we're asking for additional
16 tools to look at enterprise-wide risks and potential
17 outside risk. It's called ORSA, Own Risk and Solvency
18 Assessment. This will give regulators around the
19 country a better ability to identify risks.

20 As we have seen from the financial crisis, it's
21 not so much the insurance that's at risk; it's the
22 exterior as we've seen in AIG.

23 In terms of selected activities, I want to
24 highlight this year, as I mentioned, we are looking
25 for reforms in the health care arena for additional

1 tools for risk-based capital analysis. I would like
2 to again congratulate the good work of our Attorney
3 General and our CFO as we work collaboratively to make
4 sure people have the benefit of the bargain, who are
5 not getting the benefit of their life insurance
6 policies.

7 To date, we early estimated to CFO, something
8 north of a billion dollars nationwide. We're now over
9 seven billion dollars, which have been returned to
10 policyholders around the country. And we will be
11 happy to bring detailed information on that as it
12 develops.

13 Undiscriminatory drug practices, as I previously
14 reported, Florida led the nation in eliminating
15 discrimination against people who are living with HIV
16 to make sure they have affordable access to the drugs
17 necessary for survival.

18 Billing practices is becoming exacerbated by the
19 Affordable Care Act. We call it the narrowing of the
20 networks. We're seeing fewer products, seeing fewer
21 PPOs; virtually none of the products on the individual
22 exchange are PPOs anymore. They're all EPOs. We know
23 there's a problem with billing. I know the consumer
24 advocate has heard a hearing on that. We look forward
25 to working with the industry on addressing this very

1 serious significant problem. Because as you know, as
2 a consumer, a well-informed consumer will go on the
3 website, they'll pick the doctor, they'll pick the
4 hospital, and if that Tuesday the anesthesiologist is
5 not on contract, instead of being a thousand dollars,
6 it turns out to be \$25 or \$30,000.

7 There's that in the surprise billing, and we're
8 very pleased to work with the Legislature, and the
9 Consumer Advocate's Office, and you, CFO, to address
10 this very significant public policy issue.

11 You know, Florida pays 38 percent of the flood
12 premiums in the state, and we're looking to seeing
13 about getting some data from FEMA and Craig Fugate to
14 see about having an open and transparent process about
15 rates so that we can encourage the private sector
16 market in that regard.

17 GOVERNOR SCOTT: Why aren't they giving us the
18 data?

19 COMMISSIONER KEVIN McCARTY: I haven't heard back
20 from Director Fugate. Some of the data they claim is
21 proprietary. We anticipate getting some of the data.
22 But I'm not sure. And as soon as I get that
23 information, I'll share that with you, Governor.

24 In terms of our qualitative performance measures,
25 7 out of 10 of those measures we provided information

1 on. Three of those measures really are not reportable
2 because that information doesn't really become
3 available until the third and fourth quarter.

4 Each measure, the only area with deficiency was
5 in a non-priority financial analysis where you need to
6 have 100 percent, and we were at 99.9 percent.

7 And if you look at the last slide, it will show
8 you details with regard to each of the performance
9 measures. If you take it on balance, it will be a
10 4.86 score.

11 We would like to point out of those three areas
12 that we did not report on this year, in 2014, we did
13 perform at 100 percent. I didn't mention a major part
14 of our objective is to work with you, Governor, to
15 bring jobs to Florida. I don't have any jobs to
16 report on a quarterly basis, but I know from the
17 information we've received, we're getting more
18 business come to Florida, we're getting more interest
19 in relocating, redomesticating; and of course, we have
20 more title jobs coming to Florida, thanks to Old
21 Republic, but we also know 8,000 jobs came last year
22 directly as a result of that work. And we certainly,
23 as part of our performance measures, are bringing jobs
24 to Florida.

25 So that concludes my report.

1 GOVERNOR SCOTT: You guys were very responsive on
2 Old Republic. It wouldn't have happened if you
3 wouldn't have been so responsive.

4 COMMISSIONER KEVIN McCARTY: Well, I think it was
5 a team effort -- I thank you for that -- but they got
6 your letter in the cold of a January morning in
7 Minnesota. And I think your appeal to the sun, the
8 beautiful place to live and work, was very appealing.
9 So it was a team effort, Governor. Thank you.

10 GOVERNOR SCOTT: You did a good job.

11 COMMISSIONER KEVIN McCARTY: That concludes my
12 report.

13 GOVERNOR SCOTT: Is there a motion to accept the
14 report?

15 ATTORNEY GENERAL BONDI: Move to accept.

16 GOVERNOR SCOTT: Is there a second?

17 CHIEF FINANCIAL OFFICER ATWATER: Second.

18 GOVERNOR SCOTT: Any comments or objections?

19 Hearing none, the motion carries.

20 Go ahead.

21 ATTORNEY GENERAL BONDI: Kevin, I know you have a
22 great staff and huge staff of lawyers, but if you want
23 us to look at that the proprietary information, we
24 would be glad to. And it may very well be
25 proprietary, but it also seems that it may be

1 something that our state needs.

2 GOVERNOR SCOTT: It's a real problem. Kevin,
3 aren't we only one donor?

4 ATTORNEY GENERAL BONDI: Yeah.

5 COMMISSIONER KEVIN McCARTY: Our experience is
6 they're --

7 ATTORNEY GENERAL BONDI: I want to look at it.

8 COMMISSIONER KEVIN McCARTY: -- they're not very
9 willing to produce information.

10 GOVERNOR SCOTT: And you can't go forward without
11 the data, right?

12 COMMISSIONER KEVIN McCARTY: We have some of the
13 data. We do have some of the data. We have some of
14 the lost data, but we went through it fairly -- we
15 worked with our team and an exterior team of actuaries
16 as to what information would be necessary for us to
17 replicate these rates.

18 If my memory serves me right, these rates were
19 developed in the 1940s by Army Corp of Engineers. I
20 think there's been a little advancement in development
21 in terms of developing rates in the future,
22 particularly modeling that would be -- and I think
23 it's important, and I had this conversation with our
24 Congressional leaders, that however they develop the
25 rates, particularly since we're paying 37, 38 percent

1 of them, it should be done in a way where you can be
2 verified and checked by other organizations, such FIU,
3 who has built a model, and others actuaries around the
4 country, so we can have confidence that the rate we're
5 paying is fair and equitable.

6 ATTORNEY GENERAL BONDI: Governor, may I? Would
7 she meet with Kent Perez and Pat Gleason on that,
8 please?

9 COMMISSIONER KEVIN McCARTY: Certainly. My
10 pleasure, yes.

11 GOVERNOR SCOTT: It's a real problem, because I
12 mean, Pinellas County, in particular the rates were
13 just ridiculous. The people couldn't pay them.
14 There's no way to pay for it.

15 COMMISSIONER KEVIN McCARTY: That's correct, and
16 it will have obviously --

17 GOVERNOR SCOTT: It's going happen again --

18 COMMISSIONER KEVIN McCARTY: Yes.

19 GOVERNOR SCOTT: -- if they don't get it fixed.

20 COMMISSIONER KEVIN McCARTY: Thanks to your
21 encouraging the Congress, they did do a delay of some
22 of the more egregious provisions of the (inaudible)
23 Bill, and I know Congressman Ross is trying to put in
24 provisions that if you leave and go to the private
25 sector and come back, that you're not punished and go

1 up to the highest rates. So we need to continue our
2 efforts and put pressure on them.

3 We certainly want to expand the market, but
4 whatever the residual market is, is in the flood
5 program; we need to make sure those rates are fair and
6 equitable, and we know the Floridians are not paying
7 -- it's not actuarially based, so we need to further
8 investigate that and we will commit to continue that.

9 GOVERNOR SCOTT: Anything else?

10 CHIEF FINANCIAL OFFICER ATWATER: Governor, can I
11 just make an observation?

12 Thank you, Kevin.

13 At some point, as the Cabinet Commission, we have
14 a responsibility that in working with the
15 Commissioner's Office at OIR, as well as the
16 catastrophic fund, Jack Endleson (phonetic) and as
17 with Citizens and Barry Gilway (phonetic) there may be
18 a time when -- you just touched on a couple of items
19 that I think it would be valuable for us to see
20 everything at one time, and maybe we can narrow the
21 scope of that conversation so as to not be
22 over-extensive on the time issue -- but to walk
23 through each of these entities is now in the --
24 certainly the CAT fund at Citizens -- in the strongest
25 financial position it's been, but it would not happen

1 if there was not a private sector that's been
2 absorbing some of this extensive risk that is moved
3 there, and the stress test has just come out showing
4 that the conversation as to the stability of these
5 players that are taking people either in a take-out
6 situation, or when it comes around in the
7 clearinghouse that there should be some comfort there.

8 So I might suggest somewhere on a future agenda
9 if we can think about seeing all three of these at
10 once, I think it would be valuable to see it together.

11 COMMISSIONER KEVIN McCARTY: I would be happy to
12 arrange that.

13 GOVERNOR SCOTT: I think it's a good idea. A lot
14 of people have done a good job, but we're heading in
15 the right direction, and we're in better financial
16 shape than we have been by a long shot.

17 COMMISSIONER KEVIN McCARTY: Commissioner Putnam,
18 did you have a question? I'm sorry.

19 COMMISSIONER PUTNAM: No.

20 GOVERNOR SCOTT: Commissioner?

21 COMMISSIONER PUTNAM: Do I read this right that
22 under your stress test, the impact of the '04
23 hurricane season went down? It was a \$23 billion
24 event in '04 when it happened and it's modeled as
25 being a \$16 billion event. Is that because of

1 pardoning?

2 COMMISSIONER KEVIN McCARTY: I'm not sure.

3 Do you know that?

4 I'm going to ask my colleague to help on that.

5 ATTORNEY GENERAL BONDI: Commissioner, I don't
6 understand your question. Can you explain it to me?

7 COMMISSIONER PUTNAM: If I'm reading correctly,
8 on page 15, your stress test, the '04 season was a
9 \$23 billion impact. In your stress test, it's modeled
10 as being a \$16 billion impact. Is that because of
11 building codes and hardening that Florida would be
12 less vulnerable if those same scenarios played out?

13 MR. ALTMAYER: Yes, thank you. David Altmeyer.
14 I'm the Deputy Commissioner of PNC with the Office of
15 Insurance Regulation.

16 I would say it's probably a culmination of
17 hardening of the building codes. I would say that
18 many of the companies that were impacted by the
19 '04-'05 seasons probably diversified their book of
20 business a little bit more, afterwards, to mitigate
21 future losses in such a season.

22 And then finally, the stress test consisted of
23 about 67 participants, so it's not 100 percent of the
24 marketplace. While the participants that didn't file
25 the stress test results have relatively small market

1 share, which is why they weren't selected, they
2 probably would contribute some additional losses that
3 might get that number a little bit closer.

4 But the number of the report is a model number,
5 and so it could wind up being off by a little bit if
6 it were to actually occur again, but I would say that
7 the difference of those numbers is the combination of
8 the those factors.

9 COMMISSIONER PUTNAM: I was also struck, because
10 it was something I've kind of harped on from the
11 beginning, that the greatest hit to the resiliency of
12 the carriers comes from a multiple storm, multiple
13 "medium storm" year, not "the big one." And we've all
14 lived through back to back multiple storm years, and
15 it sort of confirmed my anecdote with data, that very
16 likely could be the future scenario; that we've all
17 kind of convinced ours that there's going to be "the
18 big one" that hits this big metropolitan area, when in
19 fact, the biggest hit to the resiliency to the
20 marketplace is exactly what we've all seen in very
21 recent memory.

22 COMMISSIONER KEVIN McCARTY: Right. And that's
23 driven in part because with one event you've
24 transferred your risk, and you've retained so much and
25 you've transferred the risk to the re-insurer. When

1 you have multiple storms, your surplus gets hit
2 multiple times, and that's what we've seen happen.

3 So that's why in addition to having one or two
4 stress tests, it's important to have a test that has
5 multiples, because that really tests the ability of a
6 company to maintain the necessary surplus to go on to
7 the next storm.

8 COMMISSIONER PUTNAM: Do you account for -- and I
9 don't know how much of this is a factor, I mean, but
10 it was personally -- if your roof is not replaced
11 between storms, it's only costing the insurance
12 company once, so how do you tease that out? Because
13 by the end of the summer, in my case in '04, we had
14 three eyes come across; they all just rolled it all
15 into one claim, because nobody had time to fix
16 anything from the first two.

17 So in some sense, it's actually lessening the
18 impact on the company if they're happening in a rapid
19 succession, and there's a shortage of labor and
20 everything else, like you would expect there to be in
21 a multi-event season.

22 COMMISSIONER KEVIN McCARTY: Yeah. And as can
23 you recall, during that time, the insurance companies
24 oftentimes applied the deductible for the second time
25 and then we actually went in and worked with the

1 companies and set up a fund to help to consumers who
2 had to pay that twice out-of-pocket, and oftentimes
3 you said it hadn't been.

4 But the companies ended up working very closely
5 with their policyholders and oftentimes waiving those
6 deductibles, and we did have a fund that for those who
7 were victimized on more than one occasion because of
8 that storm.

9 COMMISSIONER PUTNAM: Thank you.

10 COMMISSIONER KEVIN McCARTY: Thank you.

11 GOVERNOR SCOTT: All right. Anybody else?
12 Thank you, Kevin.

13 COMMISSIONER KEVIN McCARTY: Thank you.

14 *****

15

16

17

18

19

20

21

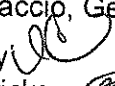

22

23

24

25

M E M O R A N D U M

DATE: November 16, 2015
TO: Kevin M. McCarty, Commissioner, Office of Insurance Regulation
THROUGH: Anoush Brangaccio, General Counsel
FROM: Virginia Christy 
Stephen Fredrickson 
SUBJECT: Cabinet Agenda for December 8, 2015.
Request for Approval to Publish Amendments to
Rule 69O-143.046, .047, .056
Assignment # 162160-14


The Office of Insurance Regulation requests that these proposed rule amendments be presented to the Cabinet aides on or before December 2, 2015 and to the Financial Services Commission on December 8, 2015, with a request to approve for publication the proposed rules.

The rules regulate the operation of insurance holding companies and their affiliates. They also govern the acquisition process of insurance entities. The rules implement the provisions of the NAIC model related to insurance holding companies and update the provisions regarding the reporting of Enterprise Risk. Several of the forms that are used to report information have been deleted or revised to conform with standardized forms used by the NAIC.

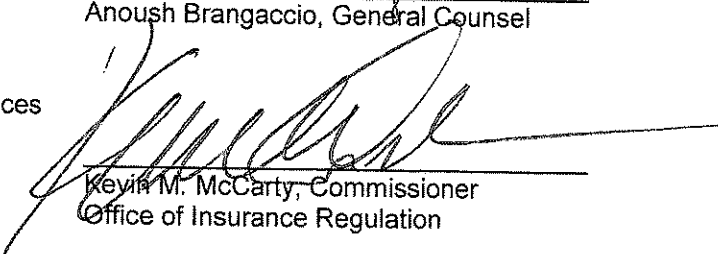
Sections 624.308, 628.461(13), 624.307(1), 624.317, 624.321, 624.34, 624.404, 624.413, 624.424(6), 624.501, 625.5091, 628.051, 628.061, 628.251, 628.461, 628.801, 628.371, 628.381, 628.803 F.S., provide rulemaking authority and laws implemented for these rules.

Stephen Fredrickson is the attorney handling this rule. Attached are: 1) the proposed rule(s), 2) any incorporated materials, such as forms; and 3) copies of the rulemaking statutory authority and law implemented.

Approved for signature:


Anoush Brangaccio, General Counsel

Approved for submission to Financial Services
Commission:


Kevin M. McCarty, Commissioner
Office of Insurance Regulation

69O-143.046 Registration of Insurers.

(1) Every insurer which is authorized to do business in this state and which is a member of an insurance holding company system shall register with the Office Director, except a foreign insurer subject to disclosure requirements and standards adopted by statute or regulation in the jurisdiction of its domicile which are substantially similar to those contained in this rule and Rule 69O-143.047, F.A.C. Any insurer which is subject to registration under this rule shall register within sixty days after the effective date of this rule or fifteen days after it becomes subject to registration, whichever is later, unless the Office Director for good cause shown extends the time for registration, and then within such extended time. The Office Director may require any authorized insurer which is a member of a holding company system which is not subject to registration under this rule to furnish a copy of the registration statement or other information filed by such insurance company with the insurance regulatory authority of domiciliary jurisdiction.

(2) All filings required by this rule shall be submitted electronically to the Office via the Regulatory Electronic Filing System, "REFS".

~~(32) Every insurer subject to registration shall file a registration statement on a Form OIR-D0-516, "Form B – Insurance Company Holding System Registration Statement," rev. 12/14 11-90, which is hereby adopted and incorporated by reference. Life and health insurers may obtain the form from the Office's website, located at <http://www.flor.com>, and shall submit it to the Bureau of Life and Health Insurer Solvency, Division of Insurer Services, Office of Insurance Regulation, 200 East Gaines Street, Tallahassee, FL 32399-0300. Property and casualty insurers may obtain the~~

~~form from and shall submit it to the Bureau of Property and Casualty Insurer Solvency, Division of Insurer Services, Department of Insurance, 200 East Gaines Street, Tallahassee, FL 32399-0300. The form shall provide current information about:~~

(a) The capital structure, general financial condition, ownership and management of the insurer and any person controlling the insurer;

(b) The identity and relationship of every member of the insurance holding company system;

(c) The following agreements in force ~~, relationships subsisting,~~ and transactions currently outstanding or which have occurred during the last calendar year between such the insurer and its affiliates:

1. Loans, other investments, or purchases, sales or exchanges of securities of the affiliates by the insurer or of the insurer by its affiliates;

2. Purchases, sales, or exchanges of assets;

3. Transactions not in the ordinary course of business;

4. Guarantees or undertakings for the benefit of an affiliate which result in an actual contingent exposure of the insurer's assets to liability, other than insurance contracts entered into in the ordinary course of the insurer's business;

5. All management and service contracts and all cost-sharing arrangements, ~~other than cost allocation arrangements based upon generally accepted accounting principles;~~

6. Reinsurance agreements ~~covering all or substantially all of one or more lines of insurance of the ceding company;~~

7. Dividends and other distributions to shareholders; and

8. Consolidated tax allocation agreements.

(d) Any pledge of the insurer's stock, including stock of any subsidiary or controlling affiliate, for a loan made to any member of the insurance holding company system;

(e) If requested by the Office, the insurer shall include financial statements of or within an insurance holding company system, including all affiliates. Financial statements may include but are not limited to annual audited financial statements filed with the U.S. Securities and Exchange Commission (SEC) pursuant to the Securities Act of 1933, as amended or the Securities Exchange Act of 1934, as amended. An insurer required to file financial statements pursuant to this paragraph may satisfy the request by providing the Office with the most recently filed parent corporation financial statements that have been filed with the SEC;

(f) Other matters concerning transactions between registered insurers and any affiliates as may be included from time to time in any registration forms adopted or approved by the Office Director; and

(g) Statements that the insurer's board of directors oversees corporate governance and internal controls and that the insurer's officers or senior management have approved, implemented, and continue to maintain and monitor corporate governance and internal control procedures.

(4) All registration statements shall contain a summary outlining all items in the current registration statement representing changes from the prior registration statement filed on a Form OIR-A1-2116, "Form C – Summary of Changes to Registration Statement", rev. 12-14.

(53) No information need be disclosed on the registration statement filed pursuant to

subsection (32) of this rule if such information is not material for the purposes of this rule and Rule 69O-143.047, F.A.C. Unless the Office Director by rule, regulation or order provides otherwise, sales, purchases, exchanges, loans, or extensions of credit, or investments, involving one-half of 1% or less of an insurer's admitted assets as of the prior year end 31st day of December next preceding shall not be deemed material for purposes of this section.

(64) Each registered insurer shall keep current the information required to be disclosed in its registration statement by reporting all material changes or additions on an amended Form OIR-D0-516 ~~forms provided by the Director~~ within fifteen calendar days after the end of the month in which it learns of each such change or addition. The amended Form OIR-D0-516 should only address those items which are being amended, and should include at the top of the cover page "Amendment No. [insert number] to Form B for [insert year]." Notwithstanding the provisions of this paragraph, dividends and other distributions to shareholders are to be reported to the Office pursuant to Section 628.371, Florida Statutes, ~~provided, however, that each registered insurer shall so report all dividends and other distributions to shareholders by letter mailed to Director within two business days following the declaration thereof.~~

(7) In addition to the registration statement required in subsection (3), each registered insurer shall also provide on Form OIR-A1-2118, "Form F – Enterprise Risk Report", rev. 12/14, the information required under Section 628.801(2), F.S.

(85) The Office Director shall terminate the registration of any insurer which demonstrates that it no longer is a member of an insurance holding company system.

(96) The Office Director may require or allow two or more affiliated insurers subject

to registration hereunder to file a consolidated registration statement or consolidated reports amending their consolidated registration statement or their individual registration statement.

(107) The Office Director may allow an insurer which is authorized to do business in this state and which is part of an insurance holding company system to register on behalf of any affiliated insurer which is required to register under subsection (1) of this rule and to file all information and material required to be filed under this rule.

(118) The provisions of this rule shall not apply to any insurer, information or transaction if and to the extent that the Office Director by rule, regulation, or order shall exempt the same from the provisions of this rule.

(129) Any person may file with the Office Director a disclaimer of affiliation with any authorized insurer or such a disclaimer may be filed by such insurer or any member of an insurance holding company system. The disclaimer shall fully disclose all material relationships and bases for affiliation between such person and such insurer as well as the basis for disclaiming such affiliation. After a disclaimer has been filed, the insurer shall be relieved of any duty to register or report under this rule which may arise out of the insurer's relationship with such person unless and until the Office Director disallows such a disclaimer. ~~The Director shall disallow such a disclaimer only after furnishing all parties in interest with notice and opportunity to be heard and after making specific findings of fact to support such disallowance.~~ A disclaimer of affiliation shall be deemed to have been granted unless the Office, within thirty (30) calendar days following the receipt of a complete disclaimer, notifies the filing party that it is disallowed.

(130) Any person within an insurance holding company system subject to

registration shall be required to provide complete and accurate information to an insurer, where such information is reasonably necessary to enable the insurer to comply with the provisions of this rule chapter.

(144) The failure to file a registration statement or any amendment thereto required by this rule within the time specified for such filing shall be a violation of this rule.

(15) The following forms are hereby adopted and incorporated by reference:

(a) Form OIR-D0-516, "Form B - Insurance Company Holding System Registration Statement," rev. 12-14;

(b) Form OIR-A1-2116, "Form C - Summary of Changes to Registration Statement," rev. 12-14; and

(c) Form OIR-A1-2118, "Form F - Enterprise Risk Report", rev. 12-14.

Rulemaking Specific Authority 624.308 FS. Law Implemented 624.307(1), 624.317, 628.251, 628.461, 628.801 FS. History--New 12-16-70, Formerly 4-26.02, Amended 6-7-90, 1-30-91, Formerly 4-26.002, 4-143.046, Amended_____.

69O-143.047 Standards.

(1) Material transactions by registered insurers with their affiliates shall be subject to the following standards:

(a) The terms shall be fair and reasonable;

(b) Charges or fees for services performed shall be reasonable;

(c) Expenses incurred and payment received shall be allocated to the insurer in conformity with customary insurance accounting practices consistently applied;

(d) The books, accounts and records of each party to all such transactions shall be so maintained as to clearly and accurately disclose the precise nature and details of the

transactions including such accounting information as is necessary to support the reasonableness of the charges or fees to the respective parties; and

(e) The insurer's surplus as regards policyholders following any dividends or distributions to shareholder affiliates shall be reasonable in relation to the insurer's outstanding liabilities and adequate to its financial needs; and

(f) For cost sharing services and management services, such agreements shall, as applicable:

1. Identify the person providing services and the nature of such services;
2. Set forth the methods to allocate costs;
3. Require timely settlement, not less frequently than on a quarterly basis, and compliance with the requirements in the National Association of Insurance Commissioner's Accounting Practices and Procedures Manual;
4. Prohibit advancement of funds by the insurer to the affiliate except to pay for services defined in the agreement;
5. State that the insurer will maintain oversight for functions provided to the insurer by the affiliate and that the insurer will monitor services annually for quality assurance;
6. Define books and records of the insurer to include all books and records developed or maintained under or related to the agreement;
7. Specify that all books and records of the insurer are and remain the property of the insurer and are subject to control of the insurer;
8. State that all funds and invested assets of the insurer are the exclusive property of the insurer, held for the benefit of the insurer and are subject to the control

of the insurer;

9. Include standards for termination of the agreement with and without cause;

10. Include provisions for indemnification of the insurer in the event of gross negligence or willful misconduct on the part of the affiliate providing services;

11. Specify that, if the insurer is placed in receivership or seized by the commissioner;

a) all of the rights of the insurer under the agreement extend to the receiver or commissioner; and,

b) all books and records will immediately be made available to the receiver or the commissioner, and shall be turned over to the receiver or commissioner immediately upon the receiver or the commissioner's request;

12. Specify that the affiliate has no automatic right to terminate the agreement if the insurer is placed in receivership; and

13. Specify that the affiliate will continue to maintain any systems, programs, or other infrastructure notwithstanding a seizure by the commissioner, and will make them available to the receiver, for so long as the affiliate continues to receive timely payment for services rendered.

(2) For the purposes of this rule in determining whether an insurer's surplus as regards policyholders is reasonable in relation to the insurer's outstanding liabilities and adequate to its financial needs, the following factors, among others, shall be considered:

(a) The size of the insurer as measured by its assets, capital and surplus, reserves, premium writings, insurance in force and other appropriate criteria;

(b) The extent to which the insurer's business is diversified among the several lines of insurance;

(c) The number and size of risks insured in each line of business;

(d) The extent of the geographical dispersion of the insurer's insured risks;

(e) The nature and extent of the insurer's reinsurance program;

(f) The quality, diversification, and liquidity of the insurer's investment portfolio;

(g) The recent past and projected future trend in the size of the insurer's surplus as regards policyholders;

(h) The surplus as regards policyholders maintained by other comparable insurers;

(i) The adequacy of the insurer's reserves; and

(j) The quality and liquidity of investments in subsidiaries made pursuant to Section 625.325, F.S.

The Office Director may treat any such investment as a disallowed asset for purposes of determining the adequacy of surplus as regards policyholders whenever in his judgment such investment so warrants.

(3) No domestic stock insurer shall pay any extraordinary dividend or make any other extraordinary distribution to its shareholders until:

(a) 30 calendar days after the Office Director has received notice of the declaration thereof and has not within such period disapproved such payment, or

(b) The Office Director shall have approved such payment within such 30 calendar day period.

A notice to the Office Director shall commence to run from the date of receipt as may be evidence by transmitting electronically to the Office via, Regulatory Electronic Filing

System, "REFS", return receipt if sent certified or registered mail, return receipt requested or signed receipt by Office Director if otherwise delivered.

For purposes of this rule, an extraordinary dividend or distribution includes any dividend or distribution that is in excess of that permitted without the approval of the Office Director Section 628.371, F.S., but shall not include prorata distributions of any class of the insurer's own securities.

Notwithstanding any other provision of law, an insurer may declare an extraordinary dividend or distribution which is conditional upon the Office's Director approval thereof, and such a declaration shall confer no rights upon shareholders until the Office Director has approved the payment of such dividend or distribution.

(4) The following transactions involving a domestic insurer and any person in its holding company system may not be entered into unless the insurer has notified the Office, via Form OIR-A1-2117, "Form D – Prior Notice of a Transaction", rev. 10/14, which is hereby adopted and incorporated by reference, ~~in writing~~ of its intention to enter into such a transaction at least thirty (30) calendar days prior thereto, or such shorter period as the Office in its discretion may permit, and the Office has not disapproved it within such period. The notice for amendments or modifications shall include the reasons for the change and the financial impact on the insurer.

(a) Sales, purchases, exchanges, loans or extensions of credit, guarantees, or investments provided such transactions are equal to or exceed:

1. With respect to nonlife insurers, the lesser of three percent of the insurer's admitted assets or 25 percent of surplus as regards policyholders; and

2. With respect to life insurers, three percent of the insurer's admitted assets; each

as of the prior year end, 31st day of December next preceding.

(b) Loans or extensions of credit to any person who is not an affiliate, where the insurer makes such loans or extensions of credit with the agreement or understanding that the proceeds of such transactions, in whole or in substantial part, are to be used to make loans or extensions of credit to, to purchase assets of, or to make investments in, any affiliate of the insurer making such loans or extensions of credit provided such transactions are equal to or exceed:

1. With respect to nonlife insurers, the lesser of three percent of the insurer's admitted assets or 25 percent of surplus as regards policyholders; and

2. With respect to life insurers, three percent of the insurer's admitted assets; each as of the prior year end, 31st day of December next preceding.

(c) Reinsurance agreements or modifications thereto, including:

(i) All reinsurance pooling agreements;

(ii) Agreements in which the reinsurance premium or a change in the insurer's liabilities equals or exceeds five percent of the insurer's surplus as regards policyholders, as of the prior year end, 31st day of December next preceding, including those agreements which may require as consideration the transfer of assets from an insurer to a non-affiliate, if an agreement or understanding exists between the insurer and non-affiliate that any portion of such assets will be transferred to one or more affiliates of the insurer;

(d) All management agreements, service contracts, tax allocation agreements and all cost-sharing arrangements; and

(e) Any material transactions which the Office determines may adversely affect the

interests of the insurer's policyholders.

(5) The filing required in subsection (4), above, shall be filed with the Office electronically via the Regulatory Electronic Filing System ("REFS").

(65) Nothing in subsection (4), above, shall be deemed to authorize or permit any transactions which, in the case of an insurer not a member of the same holding company system, would be otherwise contrary to Florida statute or rule.

(76) A domestic insurer shall not enter into transactions which are part of a plan or series of like transactions with persons within the holding company system if the purpose of those separate transactions is to avoid the statutory threshold amount and thus avoid the review which would otherwise occur. If the Office determines that such separate transactions were entered into over any twelve month period for such purpose, the insurer may be subject to the provisions of Section 628.803, F.S.

(87) The Office, in reviewing transactions pursuant to subsection (4), above, shall consider whether the transactions comply with the standards set forth in subsection (1), above, and whether they may adversely affect the interests of policyholders.

(98) The Office shall be notified within thirty (30)calendar days of any investment of the domestic insurer in any one corporation if the total investment in such corporation by the insurance holding company system exceeds ten percent of such corporation's voting securities.

Rulemaking Specific Authority 624.308 FS. Law Implemented 624.317, 628.251, 628.371, 628.381, 628.461, 628.801, 628.803, 624.307(1) FS. History—New 12-16-70, Formerly 4-26.03, Amended 1-30-91, Formerly 4-26.003, 4-143.047, Amended_____.

69O-143.056 Acquisition of Controlling Stock.

(1) Any person, individually or in conjunction with any affiliated person acquiring, directly or indirectly, or who concludes a tender offer or exchange offer for, enters into any agreement to exchange securities for, or acquires 10% ~~5%~~ or more of the outstanding voting capital stock of a Florida domestic insurer shall comply with the provisions of Section 628.461, F.S., and this rule.

(2) A retaliatory application fee shall be submitted pursuant to Section 624.5091, F.S. The retaliatory fee is the greater of:

(a) The amount that the applicant's domiciliary state or country would charge a Florida domestic insurer making application in the applicant's state or country of domicile, or

(b) The Florida application fee pursuant to Section 624.501(1)(a), F.S.

(3) Officers and directors of the acquiring person shall submit the required background information and fingerprint cards unless the Office ~~department~~ determines that the character, background, and managerial experience of those officers or directors is such that the acquisition is not likely to be hazardous or prejudicial to the insureds of the insurer or to the public. In making such a determination, the Office ~~department~~ shall consider whether those officers or directors have previously been investigated or had their fingerprints processed within the year immediately preceding the date of the application; whether the acquiring company is a subsidiary or an affiliate of a large, publicly-held corporation; and the number of subsidiaries and affiliates in the corporate group.

(4) The acquiring person shall comply with the instructions contained on Form OIR-

~~C1D0-918~~, "Acquisition of Controlling Interest of a Domestic Insurer," rev. 8/92, and submit the following applicable forms. Forms relating to specific kinds ~~types~~ of insurance are to be submitted only by companies issuing policies relating to the kind ~~type~~ of insurance specified on the form:

~~(a) Form OIR-D0-841, "Invoice, Request For Payment of Application Fees," rev. 8/91;~~

~~(b) Form OIR-D0-903, "Invoice, Request For Payment of Fingerprint Charges," rev. 1/94;~~

~~(a)~~ (e) Form OIR-~~C1D0~~-922, "Waiver of Hearing," rev. 9/91;

~~(b)~~ (d) Form OIR-C1-1524 "Uniform Consent to Service of Process" rev. 8/14
~~Form OIR-D0-144, "Consent and Agreement in Re Service of Process," rev. 11/90;~~

~~(c)~~ (e) Form OIR-D0-516, "Insurance Company System Registration Statement," rev. 11/90;

~~(d)~~(f) Form OIR-D0-904, "Proformas, Life Companies, pages 1-4," rev. 5/91
http://www.naic.org/documents/industry_ucaa_form13L.xls ;

~~(e)~~ (g) Form OIR-D0-896, "Proformas, Property and Casualty Companies, pages 1-18," rev. 5/91 http://www.naic.org/documents/industry_ucaa_form13P.xlsm ;

~~(f)~~(h) Form OIR-D0-2119 "Proformas, Title Companies (rev _____)
http://www.naic.org/documents/industry_ucaa_form13T.xls ~~Form OIR-D0-901,~~
~~"Classification and Code Numbers, Life, Accident and Health Insurers," rev. 5/91;~~

~~(g)~~(i) OIR-D0-2165 Proformas, Health Companies (rev _____)
http://www.naic.org/documents/industry_ucaa_form13H.xls

~~(h)~~(j) Form OIR-C1-1416 "Uniform Certificate of Authority Application (UCAA)- Lines

of Insurance (rev 9/15) Form OIR-D0-877, "Lines of Business by Company Code, Property and Casualty Insurers," rev. 5/91;

(i)(k) Form OIR-C1-1298 "Uniform Certificate of Authority Application (UCAA)- Management Information Form rev. _____ Form OIR-D0-921, "Management Information," rev. 9/91;

(i)(l) Form OIR-C1D0-938, "Fingerprint Card Instructions," rev. _____ 4/91;

(k)(m) Form OIR-C1-1423 D0-422, "Biographical Statement and Affidavit," rev. (8/14) 11/90;

(n) Form OIR-D0-514, "Resolution Form," rev. 11/90;

(l)(e) The material required by Form OIR-C1D0-905, "Instructions for Furnishing Background Investigative Reports," rev. (10/05) 8/93;

(p) Form OIR-D0-450, "Authority for Release of Information," rev. 8/91; and

(m) (p) In addition, prior to a final decision on whether to approve the proposed acquisition, the Office shall request such other information as is necessary, depending on the facts and circumstances of the specific persons and entities involved, pursuant to Section 628.461(3), F.S., to determine the character, experience, ability, and other qualifications required by statute, of the person or affiliated person of such person for the protection of the policyholders and shareholders of the insurer and the public. The Office shall make no final decision on any proposed acquisition without complete information, as required by Section 628.461, F.S.

(5) All the forms listed in subsection (4), above, are hereby adopted and incorporated by reference. All the forms (also referred to as the "Acquisition of Controlling Interest of a Domestic Insurer Application Package") may be obtained from

the Office's website at <http://www.floir.com>, and shall be submitted to the Applications Coordination Section, Division of Insurer Services, Office of Insurance Regulation, Larson Building, 200 East Gaines Street, Tallahassee, FL 32399-0300 electronically via the Office's iApply system.

Rulemaking Specific Authority 624.308, 628.461(13) FS. Law Implemented 624.307(1), 624.307(3), 624.317, 624.321, 624.34, 624.404, 624.413, 624.424(6), 624.501, 624.5091, 628.051, 628.061, 628.461 FS. History--New 6-7-90, Formerly 4-109.002, Amended 5-12-94, 11-7-00, Formerly 4-143.056, Amended _____.

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Uniform Consent to Service of Process

_____ Original Designation

_____ Amended Designation
(must be submitted directly to states)

Applicant Company Name: _____

Previous Name (if applicable): _____

Home Office Address: _____

City, State, Zip: _____ NAIC CoCode: _____

The Applicant Company named above, organized under the laws of _____, for purposes of complying with the laws of the State(s) designate hereunder relating to the holding of a certificate of authority or the conduct of an insurance business within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding against it in the State(s) so designated; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State(s) so designated; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the entity outstanding in the State. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

Applicant Company Officers' Certification and Attestation

One of the two Officers (listed below) of the Applicant Company must read the following very carefully and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant Company.
2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at _____.

Date

Signature of President

Full Legal Name of President

Date

Signature of Secretary

Full Legal Name of Secretary

Uniform Consent to Service of Process

Exhibit A

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process:

<input type="checkbox"/> AL	Commissioner of Insurance # and Resident Agent*	<input type="checkbox"/> MO	Director of Insurance #
<input type="checkbox"/> AK	Director of Insurance #	<input type="checkbox"/> MT	Commissioner of Securities and Insurance #
<input type="checkbox"/> AZ	Director of Insurance # ^	<input type="checkbox"/> NE	Officer of Company* or Resident Agent* (circle one)
<input type="checkbox"/> AR	Resident Agent *	<input type="checkbox"/> NH	Commissioner of Insurance #
<input type="checkbox"/> AS	Commissioner of Insurance #	<input type="checkbox"/> NV	Commissioner of Insurance Commission # ^
<input type="checkbox"/> CO	Commissioner of Insurance # or Resident Agent*	<input type="checkbox"/> NJ	Commissioner of Banking and Insurance #^
<input type="checkbox"/> CT	Commissioner of Insurance #	<input type="checkbox"/> NM	Superintendent of Insurance #
<input type="checkbox"/> DE	Commissioner of Insurance #	<input type="checkbox"/> NY	Superintendent of Financial Services #
<input type="checkbox"/> DC	Commissioner of Insurance and Securities Regulation # or Local Agent* (circle one)	<input type="checkbox"/> NC	Commissioner of Insurance
<input type="checkbox"/> FL	Chief Financial Officer # ^	<input type="checkbox"/> ND	Commissioner of Insurance # ^
<input type="checkbox"/> GA	Commissioner of Insurance and Safety Fire # and Resident Agent*	<input type="checkbox"/> OH	Resident Agent*
<input type="checkbox"/> GU	Commissioner of Insurance #	<input type="checkbox"/> OR	Resident Agent*
<input type="checkbox"/> HI	Insurance Commissioner # and Resident Agent*	<input type="checkbox"/> OK	Commissioner of Insurance #
<input type="checkbox"/> ID	Director of Insurance # ^	<input type="checkbox"/> PR	Commissioner of Insurance #
<input type="checkbox"/> IL	Director of Insurance #	<input type="checkbox"/> RI	Superintendent of Insurance ^
<input type="checkbox"/> IN	Resident Agent* ^	<input type="checkbox"/> SC	Director of Insurance #
<input type="checkbox"/> IA	Commissioner of Insurance #	<input type="checkbox"/> SD	Director of Insurance # ^
<input type="checkbox"/> KS	Commissioner of Insurance ^	<input type="checkbox"/> TN	Commissioner of Insurance #
<input type="checkbox"/> KY	Secretary of State #	<input type="checkbox"/> TX	Resident Agent*
<input type="checkbox"/> LA	Secretary of State #	<input type="checkbox"/> UT	Resident Agent* ^
<input type="checkbox"/> MD	Insurance Commissioner #	<input type="checkbox"/> VT	Secretary of State # or Resident Agent*
<input type="checkbox"/> ME	Resident Agent* ^	<input type="checkbox"/> VI	Lieutenant Governor/Commissioner#
<input type="checkbox"/> MI	Resident Agent *	<input type="checkbox"/> WA	Insurance Commissioner #
<input type="checkbox"/> MN	Commissioner of Commerce #	<input type="checkbox"/> WV	Secretary of State # @
<input type="checkbox"/> MS	Commissioner of Insurance and Resident Agent* BOTH are required.	<input type="checkbox"/> WY	Commissioner of Insurance #

For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with **full name and address where service of process is to be forwarded**. Use additional pages as necessary. Colorado will forward Service of Process to the Secretary of the Applicant Company and requires a resident agent for foreign entities. Exhibit not required for New Jersey, and North Carolina. Florida accepts only an individual as the entity and requires an email address. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit B. SC will not forward to an individual by name; however, it will forward to a position, e.g., Attention: President (or Compliance Officer, etc.). Washington requires an email address on Exhibit B.

* Attach a completed Exhibit B listing the Resident Agent for the Applicant Company (one per state). Include state name, Resident Agent's **full name and street address**. Use additional pages as necessary. (DC* requires an agent within a ten mile radius of the District).

^ Initial pleadings only.

@ Form accepted only as part of a Uniform Certificate of Authority application.

MA will send the required form to the Applicant Company when the approval process reaches that point.

Exhibit A

Exhibit B

Complete for each state indicated in Exhibit A:

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

Exhibit B

Resolution Authorizing Appointment of Attorney

BE IT RESOLVED by the Board of Directors or other governing body of

(Applicant Company Name)

this _____ day of _____, 20____, that the President or Secretary of said entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Consent to Service of Process to give irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction in the state(s) of

in which the action shall arise, or in which plaintiff may reside, by service of process in the state(s) indicated above and irrevocably appoints the officer(s) of the state(s) and their successors in such offices or appoints the agent(s) so designated in the Uniform Consent to Service of Process and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said entity according to the laws of said state.

CERTIFICATION:

I, _____, Secretary of

(Applicant Company Name)

state that this is a true and accurate copy of the resolution adopted effective the ____ day of _____, 20____ by the Board of Directors or governing board at a meeting held on the _____ day of _____, 20____ or by written consent dated ____ day of _____, 20____.

Secretary



Office of Insurance Regulation
Company Admissions

FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE

LiveScan (available to Florida Residents):

Applicants must pay online for processing of electronic fingerprints and make appointment for electronic fingerprinting. To begin the process, access MorphoTrustUSA

- Select English or Spanish to continue
- Enter First Name and Last Name
- Select "Continue"
- Enter Zip Code to determine closest fingerprint location or Choose "Region" and select "Go"
- Schedule Appointment
- Enter Applicant Information and select "Send Information"
- Verify and Select "Go"
- Select "Method of Payment" and "Send Payment Information"
- Select "Continue to US Bank E-Pay"
- Retain copy of payment confirmation

Paper Card* (available to Florida Residents and Non-Residents):

Applicants must pay online for processing fingerprint cards. To begin the process, access MorphoTrustUSA

- Select English or Spanish to continue
- Enter First Name and Last Name and select "Go"
- Select "Non-Resident Card Submission" (Non-Residents and Florida Residents not utilizing LiveScan)
- Select "No Cards"
- Enter Applicant Information and select "Send Information". If Applicant does not have a Social Security Number, enter "123-12-1234" in the required SSN field
- Verify and Select "Go"
- Select "Method of Payment" and "Send Payment Information"
- Select "Continue to US Bank E-Pay"
- Retain copy of payment confirmation
- Mail completed cards with a cover letter to: Florida Office of Insurance Regulation
Company Admissions
200 East Gaines Street
Tallahassee, Florida 32399-0332

Applicants may contact MorphoTrust USA's toll free registration center at 1-800-528-1358 regarding payment and/or appointment issues.

*Applicants must use fingerprint cards provided by the Office. Applicants must provide **two** completed cards per person. Blank fingerprint cards may be requested by emailing appcoord@floir.com or calling 850-413-2575.

Payment confirmations will be a required component in the electronic application submitted via iApply.

Questions may be emailed to appcoord@floir.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

SAMPLE

WAIVER OF HEARING FROM
SELLER

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

Dated: ____ / ____ / ____ /

Attest:

Secretary

By: _____
President or Chief Executive Officer

(Corporate Seal)

FORM F
ENTERPRISE RISK REPORT

Filed with the Insurance Department of the State of _____

By

Name of Registrant/Applicant

On Behalf of/Related to Following Insurance Companies

Name	Address
------	---------

Date: _____, 20____

Name, Title, Address and telephone number of Individual to Whom Notices and Correspondence Concerning This Statement Should Be Addressed:

ITEM 1. ENTERPRISE RISK

The Registrant/Applicant, to the best of its knowledge and belief, shall provide information regarding the following areas that could produce enterprise risk as defined in Section 628.801(2)(b), Florida Statutes, provided such information is not disclosed in the Insurance Holding Company System Annual Registration Statement filed on behalf of itself or another insurer for which it is the ultimate controlling person:

- Any material developments regarding strategy, internal audit findings, compliance or risk management affecting the insurance holding company system;
- Acquisition or disposal of insurance entities and reallocating of existing financial or insurance entities within the insurance holding company system;
- Any changes of shareholders of the insurance holding company system exceeding ten percent (10%) or more of voting securities;
- Developments in various investigations, regulatory activities or litigation that may have a significant bearing or impact on the insurance holding company system;

- Business plan of the insurance holding company system and summarized strategies for next 12 months;
- Identification of material concerns of the insurance holding company system raised by supervisory college, if any, in last year;
- Identification of insurance holding company system capital resources and material distribution patterns;
- Identification of any negative movement, or discussions with rating agencies which may have caused, or may cause, potential negative movement in the credit ratings and individual insurer financial strength ratings assessment of the insurance holding company system (including both the rating score and outlook);
- Information on corporate or parental guarantees throughout the holding company and the expected source of liquidity should such guarantees be called upon; and
- Identification of any material activity or development of the insurance holding company system that, in the opinion of senior management, could adversely affect the insurance holding company system.

The Registrant/Applicant may attach the appropriate form most recently filed with the U.S. Securities and Exchange Commission, provided the Registrant/Applicant includes specific references to those areas listed in Item 1 for which the form provides responsive information. If the Registrant/Applicant is not domiciled in the U.S., it may attach its most recent public audited financial statement filed in its country of domicile, provided the Registrant/Applicant includes specific references to those areas listed in Item 1 for which the financial statement provides responsive information.

ITEM 2: OBLIGATION TO REPORT.

If the Registrant/Applicant has not disclosed any information pursuant to Item 1, the Registrant/Applicant shall include a statement affirming that, to the best of its knowledge and belief, it has not identified enterprise risk subject to disclosure pursuant to Item 1.

Applicant Company Name : _____

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): First: _____ Middle: _____ Last: _____

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

Yes ☐ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☐

If yes, what country? _____

3. Affiant's occupation or profession: _____

4. Affiant's business address: _____

Business telephone: _____ Business Email: _____

5. Education and training:

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

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

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

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

Applicant Company Name : _____

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 Company: _____

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: _____

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name : _____

NAIC No. _____
FEIN: _____

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☐

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?

Yes ☐ No ☐

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?

Yes ☐ No ☐

- 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?

Applicant Company Name : _____

NAIC No. _____
FEIN: _____

- Yes ☐ No ☐
- 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?
- Yes ☐ No ☐
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☐
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☐
- 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?
- Yes ☐ No ☐
- 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?
- Yes ☐ No ☐
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
- Yes ☐ No ☐
- 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?
- Yes ☐ No ☐
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes ☐ No ☐

If the response to any question above is 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,

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

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.

Yes ☐ No ☐

If 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.

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☐

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?

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

Yes ☐ No ☐

- 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)?

Yes ☐ No ☐

- 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?

Yes ☐ No ☐

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

If the answer to any of the above is 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. _____

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

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

If the answer to any of the above is 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. _____

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

Applicant Company Name : _____

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): First: _____ Middle: _____ Last: _____
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes ☐ No ☐

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>Specify: First, Middle or Last Name</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: _____

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) : _____

Applicant Company Name : _____

NAIC No. _____
FEIN: _____

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

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>

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 Company Name : _____

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 _____ [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 _____ [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 Company Name : _____

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 _____ [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 _____ [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 Company Name : _____

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 _____ [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 _____ [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 _____ [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



Office of Insurance Regulation
Company Admissions

**ACQUISITION OF CONTROLLING STOCK OF A FLORIDA DOMESTIC
INSURER**

The Office receives applications electronically. Please submit your application at <https://iportal.fldfs.com>, using the i-Apply link to Online Company Admissions.

This package is designed to assist individuals in preparing the application with all the information required by statute and to facilitate expeditious processing of the application by this Office.

PLEASE NOTE: THE COMPLETED CHECK LIST MUST BE SUBMITTED WITH THE APPLICATION PACKAGE.

The completed application package must be submitted to the Office by utilizing the following link:

<https://iportal.fldfs.com>
and select iApply – Online Company Admissions

If this package requires submission of forms and/or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <https://iportal.fldfs.com> and select "Form & Rate Filing Assembly and Submission" to begin the submission of forms and/or rates.

Any questions concerning this application package may be directed to the Application Coordinator at appcoord@flor.com. For iApply only questions, contact the Application Coordinator at iapply@flor.com

In order for a submission to be considered a complete application, all required information must be included in the filing. Filings that do not include all required information will be disapproved or returned.

ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER

INSTRUCTIONS

SECTION I - APPLICATION FORMS AND FEES

Section I-1 Acquisition Fees

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

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

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

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

Section I-2 Fingerprint Processing Fees

Applicants are required to prepay electronically for the processing of the fingerprint cards required in Section IV-5. Please see Form OIR-C1-938 for instructions. The fingerprint cards are to be submitted with the application filing.

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.

ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER

SECTION II - LEGAL

Section II-1 Acquisition Statement

Submit a statement detailing the acquisition of ten percent or more of the outstanding stock of the controlling company of the insurer.

Section II-2 Notification Statement

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

Section II-3 Statutory Statements

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

Section II-4 Waiver from the Insurer

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

Section II-5 Organization Charts

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

Section II-6 Tender or Exchange Offer Documents

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

ACQUISITION OF CONTROLLING INTEREST OF A DOMESTIC INSURER

Section II-7 Other Agreements

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

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

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

ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER

SECTION III - FINANCIAL

Section III-1 Holding Company Registration Statement

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

Section III-2 Annual Statement

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

Section III-3 Quarterly Statements

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

Section III-4 Plan of Operation

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

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

ACQUISITION OF CONTROLLING INTEREST OF A DOMESTIC INSURER

Section III-5 Previous Florida Business History of Acquiring Company

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

Section III-6 Confirmation of Funds

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

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

ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER

SECTION IV - MANAGEMENT

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

Section IV-1 A listing of all company officers, directors, acquiring individuals of 10% or more of the stock of the acquiring entity (Official Form Enclosed).

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

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

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

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

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

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

Section IV-3 Investigative Background Report

An Investigative Background Report must be provided for each person listed in Section IV-1 above except for those companies in the organizational structure between the immediate parent and the ultimate parent. Please refer to Form OIR-C1-905 for instructions.

Section IV-4 Fingerprint Cards

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

ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER

CHECK LIST SECTION I- APPLICATION FORMS AND FEES

Company Name: _____

<u>Item #</u>		<u>Completion Check List</u>
1.	Insurer application fees paid	<input type="checkbox"/>
	(a) Copy of invoice included	<input type="checkbox"/>
	(b) Copy of check	<input type="checkbox"/>
2.	Fingerprint fee paid electronically	<input type="checkbox"/>
	a. Copy of on-line payment confirmation	<input type="checkbox"/>

ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER

SECTION II- LEGAL

Company Name: _____

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

ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER

SECTION III- FINANCIAL

Company Name: _____

<u>Item #</u>		<u>Completion Check List</u>
1.	Holding Company Registration Statement	<input type="checkbox"/>
	(a) Registration Provided (CERTIFIED BY HOME STATE).....	<input type="checkbox"/>
	or	
	(b) Statement that company is not a member of a holding company system.....	<input type="checkbox"/>
	(1) Signed by two Executive Officers.....	<input type="checkbox"/>
	(2) Sealed by Company (Corporate Seal)	<input type="checkbox"/>
	(c) 10K Annual Statement.....	<input type="checkbox"/>
2.	Annual Statement	<input type="checkbox"/>
	(a) Certified by state of domicile.....	<input type="checkbox"/>
	(b) Most current year.....	<input type="checkbox"/>
	1. Signed by two executive officers.....	<input type="checkbox"/>
	2. Sealed by corporation	<input type="checkbox"/>
	3. Supplemental schedules included.....	<input type="checkbox"/>
3.	Quarterly Statements	<input type="checkbox"/>
	(a) All quarterly statements year to date.....	<input type="checkbox"/>

ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER

SECTION III- FINANCIAL CONTINUED

Company Name: _____

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

ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER

SECTION IV- MANAGEMENT

Company Name: _____

<u>Item #</u>		<u>Completion Check List</u>
1.	Listing of all company officers and directors and shareholders of 10% or more of voting shares.....	<input type="checkbox"/>
	(a) Full names listed	<input type="checkbox"/>
	(b) Titles listed	<input type="checkbox"/>
2.	Biographical affidavits as to officers and directors (Official Form).....	<input type="checkbox"/>
	As to each biographical:	
	(a) All blanks filled in	<input type="checkbox"/>
	(b) Yes answers explained.....	<input type="checkbox"/>
	(c) Contains original signature of each respective officer and director	<input type="checkbox"/>
	(d) Notarized (Original).....	<input type="checkbox"/>
	(e) Submitted original of each affidavit.....	<input type="checkbox"/>

ACQUISITION OF CONTROLLING STOCK OF A DOMESTIC INSURER

SECTION IV- MANAGEMENT CONTINUED

Company Name: _____

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

INVOICE

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

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE NUMBER: _____

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

1. Make payable to the Department of Financial Services and mail check and invoice only to the Department of Financial Services, Bureau of Financial Services, P.O. Box 6100, Tallahassee, Florida 32314-6100.
2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

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



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: bkgnd-inv@flor.com in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to or contemporaneously with the submission of each application filing, with the exception of acquisition filings.
6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
7. Any questions regarding this process may be directed to the Office at appcoord@flor.com

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION (UCAA)
Management Information Form
Complete Listing of Incorporators*, Officers
Directors and Shareholders (10% or more)

Incorporators*

Titles:

Ownership Percentage:

Officers:

Directors:

Shareholders:

* Primary Application Only

FORM B

INSURANCE HOLDING COMPANY SYSTEM ANNUAL REGISTRATION STATEMENT

Filed with the Insurance Department of the State of _____

By

Name of Registrant

On Behalf of Following Insurance Companies

Name Address

Date: _____, 20____

Name, Title, Address and telephone number of Individual to Whom Notices and Correspondence Concerning This Statement Should Be Addressed:

ITEM 1. IDENTITY AND CONTROL OF REGISTRANT

Furnish the exact name of each insurer registering or being registered (hereinafter called "the Registrant"), the home office address and principal executive offices of each; the date on which each registrant became part of the insurance holding company system; and the method(s) by which control of each registrant was acquired and is maintained.

ITEM 2. ORGANIZATIONAL CHART

Furnish a chart or listing clearly presenting the identities of and interrelationships among all affiliated persons within the insurance holding company system. The chart or listing should show the percentage of each class of voting securities of each affiliate which is owned, directly or indirectly, by another affiliate. If control of any person within the system is maintained other than by the ownership or control of voting securities, indicate the basis of control. As to each person specified in the chart or listing indicate the type of organization (e.g., corporation, trust, partnership) and the state or other jurisdiction of domicile.

OIR-D0-516

690-143.046

690-143.056

Rev _____

ITEM 3. THE ULTIMATE CONTROLLING PERSON

As to the ultimate controlling person in the insurance holding company system furnish the following information:

- (a) Name;
- (b) Home office address;
- (c) Principal executive office address;
- (d) The organizational structure of the person, i.e., corporation, partnership, individual, trust, etc.;
- (e) The principal business of the person;
- (f) The name and address of any person who holds or owns 10% or more of any class of voting security, the class of such security, the number of shares held of record or known to be beneficially owned, and the percentage of class so held or owned; and
- (g) If court proceedings involving a reorganization or liquidation are pending, indicate the title and location of the court, the nature of proceedings and the date when commenced.

ITEM 4. BIOGRAPHICAL INFORMATION

If the ultimate controlling person is a corporation, an organization, a limited liability company, or other legal entity, furnish the following information for the directors and executive officers of the ultimate controlling person: the individual's name and address, his or her principal occupation and all offices and positions held during the past 5 years, and any conviction of crimes other than minor traffic violations. If the ultimate controlling person is an individual, furnish the individual's name and address, his or her principal occupation and all offices and positions held during the past 5 years, and any conviction of crimes other than minor traffic violations.

ITEM 5. TRANSACTIONS AND AGREEMENTS

Briefly describe the following agreements in force, and transactions currently outstanding or which have occurred during the last calendar year between the registrant and its affiliates:

- (a) Loans, other investments, or purchases, sales or exchanges of securities of the affiliates by the Registrant or of the Registrant by its affiliates;
- (b) Purchases, sales or exchanges of assets;
- (c) Transactions not in the ordinary course of business;
- (d) Guarantees or undertakings for the benefit of an affiliate which result in an actual contingent exposure of the Registrant's assets to liability, other than insurance contracts entered into in the ordinary course of the registrant's business;

- (e) All management agreements, service contracts and all cost-sharing arrangements;
- (f) Reinsurance agreements;
- (g) Dividends and other distributions to shareholders;
- (h) Consolidated tax allocation agreements; and
- (i) Any pledge of the registrant's stock and/or of the stock of any subsidiary or controlling affiliate, for a loan made to any member of the insurance holding company system.

No information need be disclosed if such information is not material for purposes of Section 4 of the Act.

Sales, purchases, exchanges, loans or extensions of credit, investments or guarantees involving one-half of 1% or less of the registrant's admitted assets as of the 31st day of December next preceding shall not be deemed material.

The description shall be in a manner as to permit the proper evaluation thereof by the Commissioner, and shall include at least the following: the nature and purpose of the transaction, the nature and amounts of any payments or transfers of assets between the parties, the identity of all parties to the transaction, and relationship of the affiliated parties to the registrant.

ITEM 6. EMPLOYMENT CONTRACTS

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

ITEM 7. LITIGATION OR ADMINISTRATIVE PROCEEDINGS

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

- (a) Criminal prosecutions or administrative proceedings by any government agency or authority which may be relevant to the trustworthiness of any party thereto; and
- (b) Proceedings which may have a material effect upon the solvency or capital structure of the ultimate holding company including, but not necessarily limited to, bankruptcy, receivership or other corporate reorganizations.

ITEM 8. STATEMENT REGARDING PLAN OR SERIES OF TRANSACTIONS

The insurer shall furnish a statement that transactions entered into since the filing of the prior year's annual registration statement are not part of a plan or series of like transactions, the purpose of which is to avoid statutory threshold amounts and the review that might otherwise occur.

ITEM 9. FINANCIAL STATEMENTS AND EXHIBITS

OIR-D0-516

690-143.046

690-143.056

Rev _____

- (a) Financial statements and exhibits should be attached to this statement as an appendix, but list under this item the financial statements and exhibits so attached.
- (b) If the ultimate controlling person is a corporation, an organization, a limited liability company, or other legal entity, the financial statements shall include the annual financial statements of the ultimate controlling person in the insurance holding company system as of the end of the person's latest fiscal year.

If at the time of the initial registration, the annual financial statements for the latest fiscal year are not available, annual statements for the previous fiscal year may be filed and similar financial information shall be filed for any subsequent period to the extent such information is available. Such financial statements may be prepared on either an individual basis; or, unless the Commissioner otherwise requires, on a consolidated basis if consolidated statements are prepared in the usual course of business.

Other than with respect to the foregoing, such financial statement shall be filed in a standard form and format adopted by the National Association of Insurance Commissioners, unless an alternative form is accepted by the Commissioner. Documentation and financial statements filed with the Securities and Exchange Commission or audited GAAP financial statements shall be deemed to be an appropriate form and format.

Unless the Commissioner otherwise permits, the annual financial statements shall be accompanied by the certificate of an independent public accountant to the effect that the statements present fairly the financial position of the ultimate controlling person and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of insurance or other accounting principles prescribed or permitted under law. If the ultimate controlling person is an insurer which is actively engaged in the business of insurance, the annual financial statements need not be certified, provided they are based on the Annual Statement of the insurer's domiciliary state and are in accordance with requirements of insurance or other accounting principles prescribed or permitted under the law and regulations of that state.

Any ultimate controlling person who is an individual may file personal financial statements that are reviewed rather than audited by an independent public accountant. The review shall be conducted in accordance with standards for review of personal financial statements published in the *Personal Financial Statements Guide* by the American Institute of Certified Public Accountants. Personal financial statements shall be accompanied by the independent public accountant's Standard Review Report stating that the accountant is not aware of any material modifications that should be made to the financial statements in order for the statements to be in conformity with generally accepted accounting principles.

- (c) Exhibits shall include copies of the latest annual reports to shareholders of the ultimate controlling person and proxy material used by the ultimate controlling person; and any additional documents or papers required by Form B or regulation Sections 4 and 6.

ITEM 10. FORM C REQUIRED

A Form C, Summary of Changes to Registration Statement (OIR-A1-2116), must be prepared and filed with this Form B.

ITEM 11. SIGNATURE AND CERTIFICATION

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

_____	_____	_____
Date	Name	Position or Title

Sworn to and Subscribed before me this _____ day of _____, 20____.

_____	[SEAL]
Notary Public	

FORM D
PRIOR NOTICE OF A TRANSACTION

Filed with the Florida Office of Insurance Regulation

By

Name of Registrant

On Behalf of Following Insurance Companies

Name	Address
------	---------

Date: _____, 20____

Name, Title, Address and telephone number of Individual to Whom Notices and Correspondence Concerning This Statement Should Be Addressed:

ITEM 1. IDENTITY OF PARTIES TO TRANSACTION

Furnish the following information for each of the parties to the transaction:

- (a) Name;
- (b) Home office address;
- (c) Principal executive office address;
- (d) The organizational structure, i.e. corporation, partnership, individual, trust, etc.;
- (e) A description of the nature of the parties' business operations;

- (f) Relationship, if any, of other parties to the transaction to the insurer filing the notice, including any ownership or debtor/creditor interest by any other parties to the transaction in the insurer seeking approval, or by the insurer filing the notice in the affiliated parties;
- (g) Where the transaction is with a non-affiliate, the name(s) of the affiliate(s) which will receive, in whole or in substantial part, the proceeds of the transaction.

ITEM 2. DESCRIPTION OF THE TRANSACTION

Furnish the following information for each transaction for which notice is being given:

- (a) A statement as to whether notice is being given under Rule 69O-143.047(4)(a), (b), (c), (d) or (e), Florida Administrative Code;
- (b) A statement of the nature of the transaction;
- (c) A statement of how the transaction meets the 'fair and reasonable' standard of Rule 69O-143.047(1)(a); and
- (d) The proposed effective date of the transaction.

ITEM 3. SALES, PURCHASES, EXCHANGES, LOANS, EXTENSIONS OF CREDIT, GUARANTEES OR INVESTMENTS

Furnish a brief description of the amount and source of funds, securities, property or other consideration for the sale, purchase, exchange, loan, extension of credit, guarantee, or investment, whether any provision exists for purchase by the insurer filing notice, by any party to the transaction, or by any affiliate of the insurer filing notice, a description of the terms of any securities being received, if any, and a description of any other agreements relating to the transaction such as contracts or agreements for services, consulting agreements and the like. If the transaction involves other than cash, furnish a description of the consideration, its cost and its fair market value, together with an explanation of the basis for evaluation.

If the transaction involves a loan, extension of credit or a guarantee, furnish a description of the maximum amount which the insurer will be obligated to make available under such loan, extension of credit or guarantee, the date on which the credit or guarantee will terminate, and any provisions for the accrual of or deferral of interest.

If the transaction involves an investment, guarantee or other arrangement, state the time period during which the investment, guarantee or other arrangement will remain in effect, together with any provisions for extensions or renewals of such investments, guarantees or arrangements. Furnish a brief statement as to the effect of the transaction upon the insurer's surplus.

No notice need be given if the maximum amount which can at any time be outstanding or for which the insurer can be legally obligated under the loan, extension of credit or guarantee is less than (a) in the case of non-life insurers, the lesser of 3% of the insurer's admitted assets or 25% of surplus as regards policyholders, or (b) in the case of life insurers, 3% of the insurer's admitted assets, each as of the 31st day of December next preceding.

ITEM 4. LOANS OR EXTENSIONS OF CREDIT TO A NON-AFFILIATE

If the transaction involves a loan or extension of credit to any person who is not an affiliate, furnish a brief description of the agreement or understanding whereby the proceeds of the proposed transaction, in whole or in substantial part, are to be used to make loans or extensions of credit to, to purchase the assets of, or to make investments in, any affiliate of the insurer making such loans or extensions of credit, and specify in what manner the proceeds are to be used to loan to, extend credit to, purchase assets of or make investments in any affiliate. Describe the amount and source of funds, securities, property or other consideration for the loan or extension of credit and, if the transaction is one involving consideration other than cash, a description of its cost and its fair market value together with an explanation of the basis for evaluation. Furnish a brief statement as to the effect of the transaction upon the insurer's surplus.

No notice need be given if the loan or extension of credit is one which equals less than, in the case of non-life insurers, the lesser of 3% of the insurer's admitted assets or 25% of surplus as regards policyholders or, with respect to life insurers, 3% of the insurer's admitted assets, each as of the 31st day of December next preceding.

ITEM 5. REINSURANCE

If the transaction is a reinsurance agreement or modification thereto, as described by Rule 69O-143.047(4)(c), furnish a description of the known and/or estimated amount of liability to be ceded and/or assumed in each calendar year, the period of time during which the agreement will be in effect, and a statement whether an agreement or understanding exists between the insurer and non-affiliate to the effect that any portion of the assets constituting the consideration for the agreement will be transferred to one or more of the insurer's affiliates. Furnish a brief description of the consideration involved in the transaction, and a brief statement as to the effect of the transaction upon the insurer's surplus.

No notice need be given for reinsurance agreements or modifications thereto if the reinsurance premium or a change in the insurer's liabilities, or the projected reinsurance premium or change in the insurer's liabilities in any of the next three years, in connection with the reinsurance agreement or modification thereto is less than 5% of the insurer's surplus as regards policyholders, as of the 31st day of December next preceding. Notice shall be given for all reinsurance pooling agreements including modifications thereto.

ITEM 6. MANAGEMENT AGREEMENTS, SERVICE AGREEMENTS, TAX ALLOCATION AGREEMENTS AND COST-SHARING ARRANGEMENTS.

For management and service agreements, furnish:

- (a) A brief description of the managerial responsibilities, or services to be performed;
- (b) A brief description of the agreement, including a statement of its duration, together with brief descriptions of the basis for compensation and the terms under which payment or compensation is to be made.

For cost-sharing arrangements, furnish:

- (a) A brief description of the purpose of the agreement;
- (b) A description of the period of time during which the agreement is to be in effect;
- (c) A brief description of each party's expenses or costs covered by the agreement;
- (d) A brief description of the accounting basis to be used in calculating each party's costs under the agreement;
- (e) A brief statement as to the effect of the transaction upon the insurer's policyholder surplus;
- (f) A statement regarding the cost allocation methods that specifies whether proposed charges are based on "cost or market." If market based, rationale for using market instead of cost, including justification for the company's determination that amounts are fair and reasonable; and
- (g) A statement regarding compliance with the *NAIC Accounting Practices and Procedure Manual* regarding expense allocation.

ITEM 7. SIGNATURE AND CERTIFICATION

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

Date Name Position or Title

Sworn to and Subscribed before me this _____ day of _____ 2019 _____

Notary Public

[SEAL]

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Uniform Certificate of Authority Application (UCAA)
Lines of Insurance

Please complete the information below for each state in which the Applicant Company is currently licensed indicating currently authorized, currently transacting and applying for authority to do business. As a result of statutory and regulatory requirements, each state has its own terminology for the lines of insurance. The Lines of Business Matrix was developed to assist the Applicant Company in completing this form. The matrix includes each line of business as it is reported on the NAIC's annual statement blanks and corresponding state statute or regulation. The matrix is located on the UCAA website under State Charts.

ALABAMA	Authorized to Transact	Currently Transacting	Applying for
Life (Sec. 27-5-2), Annuities (Sec. 27-5-3)			
Disability (Sec. 27-5-4)			
HMO (Sec. 27-21A-1, 27-21A-2 and 27-21A-3)			
Property (Sec. 27-5-5)			
Miscellaneous Casualty (Sec. 27-5-6, 27-5-7, 27-5-8, 27-5-9)			
Title (Sec. 27-5-10)			

ALASKA	Authorized to Transact	Currently Transacting	Applying for
Life (AS 21.12.040)			
Health (AS 21.12.050)			
Disability (21.12.052)			
Annuities (AS 21.12.055)			
Variable Life (AS 21.42.370)			
Variable Annuities (AS 21.42.370)			
Property (AS 21.12.060)			
Casualty (AS 21.12.070) including clauses:			
(1) Vehicle			
(2) Liability			
(3) Workers' Compensation and Employers Liability			
(4) Burglary and Theft			
(5) Personal Property Floater			
(6) Glass			
(7) Boiler and Machinery			
(8) Leakage and Fire Extinguishing Equipment			
(9) Credit (failure of debtors to pay obligations to insured)			
(10) Malpractice			
(11) Elevator			
(12) Livestock			
(13) Entertainments			
(14) Miscellaneous			
Surety (AS 21.12.080)			
Marine, Wet Marine & Transportation (AS 21.12.090)			
Mortgage Guaranty (AS 21.12.110)			
Title (AS 21.66)			
Fraternal Benefit Society (AS 21.84)			

ARIZONA	Authorized to Transact	Currently Transacting	Applying for
Casualty with Workers' Compensation A.R.S. § 20-252			
Casualty without Workers' Compensation A.R.S. § 20-252			

Applicant Company Name: _____

NAIC No. _____
FEIN: _____

ARIZONA (continued)	Authorized to Transact	Currently Transacting	Applying for
Disability A.R.S. § 20-253			
Life (Includes Annuities) A.R.S. § 20-254			
Variable Annuity A.R.S. § 20-2631(2)			
Variable Life A.R.S. § 20-2601(15)			
Marine and Transportation A.R.S. § 20-255			
Mortgage Guaranty A.R.S. § 20-1541			
Prepaid Legal A.R.S. 20-1097			
Property A.R.S. § 20-256			
Surety A.R.S. § 20-257			
Title A.R.S. § 20-1562			
Vehicle A.R.S. § 20-259			
Life & Disability Reinsurer A.R.S. § 20-1082			
Health Care Services Organization A.R.S. § 20-1051			
Health, Medical, Dental, Optometric Service Corporations A.R.S. § 20-824			
Prepaid Dental Plan Organization A.R.S. § 20-1001			

ARKANSAS	Authorized to Transact	Currently Transacting	Applying for
Life (ACA 23-62-102)			
Accident & Health (ACA 23-62-103)			
Property (ACA 23-62-104)			
Casualty (ACA 23-62-105)			
Surety (ACA 23-62-106)			
Workers' Compensation (ACA 23-62-105)			
Marine (ACA 23-62-107)			
Title (ACA 23-62-108)			
Mortgage Guaranty (ACA 23-62-110)			

CALIFORNIA	Authorized to Transact	Currently Transacting	Applying for
Life (CIC 101)			
Fire (CIC 102)			
Marine (CIC 103)			
Title (CIC 104)			
Surety (CIC 105)			
Disability (CIC 106)			
Plate Glass (CIC 107)			
Liability (CIC 108)			
Workers' Compensation (CIC 109)			
Common Carrier Liability (CIC 110)			
Boiler and Machinery (CIC 111)			
Burglary (CIC 112)			
Credit (CIC 113)			
Sprinkler (CIC 114)			
Team and Vehicle (CIC 115)			
Automobile (CIC 116)			
Aircraft (CIC 118)			
Mortgage Guaranty (CIC 119)			
Insolvency (119.5)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

CALIFORNIA (continued)	Authorized to Transact	Currently Transacting	Applying for
Legal (CIC 119.6)			
Miscellaneous (CIC 120)			
Financial Guaranty (CIC 124)			

COLORADO	Authorized to Transact	Currently Transacting	Applying for
Life (10-3-102(1)(b))			
General Life			
Accident and Health			
Annuities			
Credit			
Variable Contracts			
Fraternal Benefit Society (10-14-603)			
General Life			
Accident and Health			
Annuities			
Variable Contracts			
Title (Title 10, Article 11)			
Title			
Property and Casualty (Title 10, Article 3, Sections 102(1)(a), (c) and (d) or (Title 10, Articles 12 or 13)			
General Property			
Crop			
Motor Vehicle			
General Casualty			
Accident and Health			
Fidelity and Surety (excluding bail bond)			
Bail Bond			
Workers' Compensation			
Mortgage Guaranty			
Credit			
Professional Malpractice			

CONNECTICUT	Authorized to Transact	Currently Transacting	Applying for
(C.G.S. Title 38a)			
Fire, Extended Coverage and Other Allied Lines			
Homeowners Multiple Peril			
Commercial Multiple Peril			
Earthquake			
Growing Crops			
Ocean Marine			
Inland Marine			
Accident and Health			
Workers' Compensation			
Liability other than Auto (B.I. and P.D.)			
Auto Liability (B.I. and P.D.)			
Auto Physical Damage			
Aircraft (all perils)			
Fidelity and Surety			
Financial Guaranty (mono-line)			
Glass			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

CONNECTICUT (continued)	Authorized to Transact	Currently Transacting	Applying for
Burglary and Theft			
Boiler and Machinery			
Credit			
Reinsurance			
Life Non-Participating			
Life Participating			
Variable Life Non-Participating			
Variable Life Participating			
Variable Annuities			
Title			
Fraternal Benefit Societies			
Health Care Center			
Credit Life			
Credit Accident and Health			
Mortgage Guaranty (monoline)			
Residual Value			

DELAWARE	Authorized to Transact	Currently Transacting	Applying for
Life [18 Del. C. Section 902]			
Variable Annuities [Del. Reg 1]			
Variable Life [Del. Reg 44]			
Credit Life [18 Del. C. Section 902]			
Credit Health [18 Del. C. Section 903]			
Health [18 Del. C. Section 903]			
Property [18 Del. C. Section 904]			
Surety [18 Del. C. Section 905]			
Casualty [18 Del. C. Section 906(a)], including subdivisions:			
(1) Vehicle			
(2) Liability			
(3) Workers' Compensation & Employer's Liability			
(4) Burglary & Theft			
(5) Personal Property Floater			
(6) Glass			
(7) Boiler & Machinery			
(8) Leakage & Fire Extinguisher Equipment			
(9) Credit			
(10) Malpractice			
(11) Elevator			
(12) Congenital Defects			
(13) Livestock			
(14) Entertainments			
(15) Miscellaneous			
Marine & Transportation [18 Del. C. Section 907]			
Title [18 Del. C. Section 908]			

Presently, lines listed above for casualty are checked off as individual lines on the certificate of authority application form.

18 Del. C. Section 906(b) – Provision of medical, hospital, surgical and funeral benefits, and of coverage against accidental death or injury, as incidental to and part of other insurance as stated under subdivisions (1) vehicle, (2) liability, (4) burglary and theft, (7) boiler and machinery, (10) malpractice and (11) elevator of subsection (a) shall for all purposes be deemed to be the same kind of insurance to which it is so incidental and shall not be subject to provisions of this title applicable to life

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

and health insurance.

DISTRICT OF COLUMBIA	Authorized to Transact	Currently Transacting	Applying for
Health Maintenance Organizations (Sec. 31 – Chapter 34)			
Life and Health			
Individual Life			
Group Life			
Variable Life (26 DCMR Chapter 27)			
Individual Accident and Health			
Group Accident and Health			
Individual Annuities (Fixed and Variable) (Sec. 31-4442)			
Group Annuities (Fixed and Variable) (Sec. 31-4442)			
Fire and Casualty			
(1) Fire (Sec. 31-2502.11)			
(2.1) Allied Lines (Sec. 31-2502.11)			
(2.2) Multiple Peril Crop			
(2.3) Federal Flood			
(3) Farmowners Multiple Peril (Sec. 31-2502.11)			
(4) Homeowners Multiple Peril (Sec. 31-2502.11)			
(5.1) Commercial Multiple Peril (non-liability) (Sec. 31-2502.11)			
(5.2) Commercial Multiple Peril (liability) (Sec. 31-2502.11)			
(6) Mortgage Guaranty			
(8) Ocean Marine (Sec. 31-2502.11)			
(9) Inland Marine (Sec. 31-2502.11)			
(10) Financial Guaranty			
(11) Medical Malpractice			
(12) Earthquake (Sec. 31-2502.11)			
(13) Group Accident & Health (Sec. 31-2502.11)			
(14) Credit A&H (Group & Individual) (Sec. 31-2502.11)			
(15.1) Collectively Renewable A&H (Sec. 31-2502.11)			
(15.2) Non-cancellable A&H (Sec. 31-2502.11)			
(15.3) Guaranteed Renewable A&H (Sec. 31-2502.11)			
(15.4) Non-Renewable for Stated Reasons Only (Sec. 31-2502.11)			
(15.5) Other Accident Only (Sec. 31-2502.11)			
(15.6) All Other A&H (Sec. 31-2502.11)			
(15.7) Federal Employees Health Benefits Program			
(16) Workers' Compensation (Sec. 31-2502.11)			
(17) Other Liability (Sec. 31-2502.11)			
(18) Products Liability (Sec. 31-2502.11)			
(19.1) Private Passenger Auto No-Fault (personal injury protection) (Sec. 31-2502.11)			
(19.2) Other Private Passenger Auto Liability (Sec. 31-2502.11)			
(19.3) Commercial Auto No-Fault (personal injury protection) (Sec. 31-2502.11)			
(19.4) Other Commercial Auto Liability (Sec. 31-2502.11)			
(20) Glass (Sec. 31-2502.11)			
(21.1) Private Passenger Auto Physical Damage (Sec. 31-2502.11)			
(21.2) Commercial Auto Physical Damage (Sec. 31-2502.11)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

(22)	Aircraft (all perils) (Sec. 31-2502.11)			
------	---	--	--	--

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISTRICT OF COLUMBIA (continued)	Authorized to Transact	Currently Transacting	Applying for
(23) Fidelity (Sec. 31-2502.11)			
(24) Surety (Sec. 31-2502.11)			
(26) Burglary and Theft (Sec. 31-2502.11)			
(27) Boiler and Machinery (Sec. 31-2502.11)			
(28) Credit (Sec. 31-2602.03, 31-2502.11)			
Title [Sec. 31-2602.03 (a)(7)]			

FLORIDA	Authorized to Transact	Currently Transacting	Applying for
Property & Casualty Insurers			
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			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

FLORIDA (continued)	Authorized to Transact	Currently Transacting	Applying for
Property & Casualty Insurers (Reinsurance Only)			
R010 Fire			
R020 Allied Lines			
R030 Farmowners Multi Peril			
R040 Homeowners Multi Peril			
R050 Commercial Multi Peril			
R080 Ocean Marine			
R090 Inland Marine			
R100 Financial Guaranty			
* R106 Auto Warranties			
R110 Medical Malpractice			
R120 Earthquake			
R160 Workers' Compensation			
R170 Other Liability			
* R173 Prepaid Legal			
R192 Private Passenger Auto Liability			
R194 Commercial Auto Liability			
R211 Private Passenger Auto Physical Damage			
R212 Commercial Auto Physical Damage			
R220 Aircraft			
R230 Fidelity			
R240 Surety			
* R245 Bail Bonds			
R250 Glass			
R260 Burglary and Theft			
R270 Boiler and Machinery			
R280 Credit			
* R285 Title (Title Companies Only)			
* R290 Livestock			
R300 Industrial Fire			
* R310 Mortgage Guaranty			
R441 Credit Disability			
* R450 Accident and Health			
* R520 Industrial Extended Coverage			
* R540 Mobile Home Multi Peril			
* R550 Mobile Home Physical Damage			
* R570 Crop Hail			
* R607 Home Warranties			
* R608 Service Warranties			
* R610 Other Warranty			
* R620 Miscellaneous Casualty			
Life, Accident and Health Insurers			
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			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

FLORIDA (continued)	Authorized to Transact	Currently Transacting	Applying for
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			

* 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 proforma (i.e. mobile home combined with homeowners), the plan of operations should specify that this was done.

GEORGIA	Authorized to Transact	Currently Transacting	Applying for
§33-3-5			
Life, accident, and sickness, including subdivisions:			
Variable Annuities			
Variable Life			
Property, marine, and transportation			
Casualty, including subdivisions: Workers' Compensation			
Casualty, excluding subdivisions: Workers' Compensation			
Surety			
Title			

HAWAII	Authorized to Transact	Currently Transacting	Applying for
Life Insurance (Section 431: 1-204, HRS)			
Disability Insurance (Section 431: 1-205, HRS)			
Property Insurance (Section 431: 1-206, HRS)			
Vehicle Insurance (Section 431: 1-208, HRS)*			
General Casualty Insurance (Section 431:1-209, HRS)*			
Marine and Transportation Insurance (Section 431: 1-207, HRS)			
Ocean Marine (Section 431:1-211, HRS)**			
Surety Insurance (Section 431: 1-210, HRS)			
Title Insurance (Section 431: 20-102, HRS)			

* Claims and Sales Office(s) and membership of Hawaii Joint Underwriting Plan are required for all insurers authorized to write and engage in writing vehicle insurance; please check state specific requirements for detail information.

**Subclass of Marine and Transportation Insurance.

IDAHO	Authorized to Transact	Currently Transacting	Applying for
Life - 41-502			
Disability (Including/Excluding Managed Care) - 41-503			
Variable Annuities/Contracts - 41-502, 41-1938			
Property - 41-504			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

IDAHO (continued)	Authorized to Transact	Currently Transacting	Applying for
Marine and Transportation - 41-505			
Casualty - Including Workers' Compensation - 41-506			
Casualty - Excluding Workers' Compensation - 41-506			
Surety (Including Fidelity) - 41-507			
Monoline only:			
Title - 41-508			
Mortgage Guaranty - 41-2652			

ILLINOIS	Authorized to Transact	Currently Transacting	Applying for
Class 1 Life, Accident and Health*			
(a) Life			
(b) Accident and Health			
(c) Legal Expense Insurance			
Class 2 Casualty, Fidelity and Surety*			
(a) Accident and Health			
(b) Vehicle			
(c) Liability			
(d) Workers' Compensation			
(e) Burglary and Forgery			
(f) Glass			
(g) Fidelity and Surety			
(h) Miscellaneous			
(i) Other Casualty Risks			
(j) Contingent Losses			
(k) Livestock and Domestic Animals			
(l) Legal Expense Insurance			
Class 3 Fire and Marine, etc.*			
(a) Fire			
(b) Elements			
(c) War, Riot and Explosion			
(d) Marine and Transportation			
(e) Vehicle			
(f) Property Damage, Sprinkler Leakage and Crop			
(g) Other Fire and Marine Risks			
(h) Contingent Losses			
(i) Legal Expense Insurance			

* See 215/IL5/4 for additional description

INDIANA	Authorized to Transact	Currently Transacting	Applying for
Class I (Life)			
(a) Life and Annuities			
(b) Accident & Health			
(c) Variable Life and Annuities (Segregated Amounts)			
Class II (Casualty)			
(a) Accident and Health - Disability			
(b) Workers' Compensation			
(c) Burglary, Theft			
(d) Glass			
(e) Boiler and Machinery			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

(f) Automobile			
INDIANA (continued)	Authorized to Transact	Currently Transacting	Applying for
(g) Sprinkler			
(h) Liability			
(i) Credit			
(j) Title			
(k) Fidelity & Surety w/Bailbonds			
(kt) Fidelity & Surety w/o Bailbonds			
(l) Miscellaneous			
(m) Legal Expenses			
Class III (Property)			
(a) Fire, Windstorm, Hail, Loot, Riot			
(b) Crops			
(c) Sprinkler			
(d) Marine			

IOWA	Authorized to Transact	Currently Transacting	Applying for
Property/Casualty Lines (515.48)			
Fire			
Extended Coverage			
Other Allied Lines			
Homeowners Multiple Peril			
Commercial Multiple Peril			
Earthquake			
Growing Crops			
Ocean Marine			
Inland Marine			
Accident and Health			
Workers' Compensation			
Other Liability			
Auto Liability			
Auto Physical Damage			
Aircraft			
Fidelity and Surety			
Glass			
Burglary and Theft			
Boiler and Machinery			
Reinsurance Only (monoline)			
Financial Guaranty (monoline)			
Life (508, 509, 511) – Life Only			
Life (508, 509, 511 and 515) credit & variable life, annuities and variable annuities and A&H			
Reciprocal (520)			
Mortgage Guaranty (515C)			
Fraternal (512B)			

*Life includes credit life, variable life, annuities, and variable annuities.

KANSAS	Authorized to Transact	Currently Transacting	Applying for
Life (Includes Annuity and Variable Contracts)			
Accident and Health			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Stand-Alone Prescription Drug Provider KANSAS (continued)	Authorized to Transact	Currently Transacting	Applying for
Fire Insurance			
Fire			
Windstorm & Hail			
Extended Coverage			
Add'l. Perils on Growing Crops			
Hail on Growing Crops			
Optional Perils			
Sprinkler Leakage			
Business Interruption			
Earthquake			
Water Damage			
Aircraft Hull			
Ocean Marine			
Inland Marine			
Rain			
Automobile Physical Damage			
Flood			
Homeowners Policies			
Casualty Insurance			
Accident and Health			
Automobile Liability			
General Liability			
Workers' Compensation			
Fidelity, Surety & Forgery Bonds			
Glass			
Burglary, Theft & Robbery			
Boiler & Machinery			
Credit			
Title			
Malpractice Liability			
Livestock Mortality			
Aircraft Liability			
Cargo Liability			
Cost of Legal Services			
Mortgage Guaranty Insurance			

KENTUCKY	Authorized to Transact	Currently Transacting	Applying for
Life And Health Companies			
Life (includes variable & credit) KRS 304.5-020			
Annuity (includes variable) KRS 304.5-030			
Health (includes credit) KRS 304.5-040			
Property And Casualty Companies			
Health (includes credit) KRS 304.5-040			
Property KRS 304.5-050			
Surety KRS 304.5-060			
Casualty All Lines KRS 304.5-070 (1)(a) thru (1)(q)			
Or, Casualty Limited to:			
Vehicle Insurance KRS 304.5-070(1)(a)			
Liability Insurance KRS 304.5-070(1)(b)			
Workers' Compensation and Employers Liability KRS			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

304.5-070(1)(c)			
Burglary and Theft KRS 304.5-070(1)(d)			
KENTUCKY (continued)	Authorized to Transact	Currently Transacting	Applying for
Personal Property Floater KRS 304.5-070(1)(e)			
Glass KRS 304.5-070(1)(f)			
Boiler and Machinery KRS 304.5-070(1)(g)			
Leakage and Fire Extinguishing Equipment KRS 304.5-070(1)(h)			
Credit KRS 304.5-070(1)(i)			
Malpractice KRS 304.5-070(1)(j)			
Elevator KRS 304.5-070(1)(k)			
Congenital Defects KRS 304.5-070(1)(l)			
Livestock KRS 304.5-070(1)(m)			
Entertainments KRS 304.5-070(1)(n)			
Failure of Certain Institutions to Record Documents KRS 304.5-070(o)			
Automobile Guaranty KRS 304.5-070(1)(p)			
Miscellaneous KRS 304.5-070(1)(q)			
Marine and Transportation KRS 304.5-080			
Mortgage Guaranty KRS 304.5-100			
Title KRS 304.5-090			
All Others Companies:			
Fraternal Benefit Society KRS 304.29-011			
Life			
Health			
Lloyd's KRS 304.28-010			
Non-Profit Health Service Corporation KRS 304.32-030			
Reciprocal KRS 304.27-010			

LOUISIANA*	Authorized to Transact	Currently Transacting	Applying for
Life			
Annuities			
Health and Accident			
Vehicle			
Liability			
Workers' Compensation			
Fire and Allied Lines			
Industrial Fire			
Fidelity			
Surety			
Credit Life, Health and Accident			
Credit Property and Casualty			
Marine and Transportation			
Miscellaneous			
Steam Boiler and Sprinkler Leakage			
Title			
Burglary and Forgery			
Crop			
Homeowners			

*All lines of business are as defined in Louisiana Revised Statutes 22:47.

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

MAINE	Authorized to Transact	Currently Transacting	Applying for
Life and Health			
Life, including Credit Life and Annuities			
Health, including Credit Health			
Variable Life			
Variable Annuity			
Property & Casualty			
Fire			
Allied Lines			
Farmowners Multiple Peril			
Homeowners Multiple Peril			
Commercial Multiple Peril			
Mortgage Guaranty			
Ocean Marine			
Inland Marine			
Financial Guaranty			
Workers' Compensation			
Medical Professional Liability			
Earthquake			
Other Liability			
Product Liability			
Auto Liability			
Auto Physical Damage			
Aircraft (all perils)			
Fidelity			
Surety			
Glass			
Burglary and Theft			
Boiler and Machinery			
Credit			
Federal Flood Insurance			
Title			

MARYLAND	Authorized to Transact	Currently Transacting	Applying for
Insurance Article of the Annotated Code of Maryland:			
Variable Annuities – Section 1-101(d)(e), 16-601, 16-602			
Casualty (not including Vehicle Liability, Mortgage Guaranty & Workers' Compensation) – Section 1-101(i)			
Dental Plan Organization – Section 14-401			
Fraternal – 8-424			
Mortgage Guaranty – Sections 1-101(oo)			
Health – Sections 1-101(p)			
Life, including Annuities and Health (except Variable Life & Variable Annuities) Sections 1-101(d), 1-101(p), 1-101(x)			
Marine, Wet Marine & Transportation – Sections 1-101(z), 1-101(ss)			
Non-Profit Health Service Plan – Section 14-110			
Property and Marine (excluding Wet Marine and Transportation) – Section 1-101(gg), 1-101(z)			
Variable Life – Sections 16-601, 16-602			
Surety – Section 1-101(oo)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

MARYLAND (continued)	Authorized to Transact	Currently Transacting	Applying for
Title – Section 1-101(qq)			
Vehicle Liability – Section 1-101(i)			
Workers' Compensation – Section 1-101(i)			
Health-General Article of the Annotated Code of Maryland:			
Health Maintenance Organizations – Sections 19-708, 19-709, 19-710			
Provider-Sponsored Organizations – Section 19-7A			

MASSACHUSETTS	Authorized to Transact	Currently Transacting	Applying for
(M.G.L. 175 § 47)			
(1) Fire			
(2A) Ocean Marine			
(2B) Inland Marine Only			
(4) Fidelity and Surety			
(5A) Boiler, Fly Wheel, Machinery, Explosion			
(5B) Boiler (no inspector), Fly Wheel, Machinery, Explosion			
(6A) Accident - All Kinds			
(6B) Health - All Kinds			
(6C) Group Accident and Health Only			
(6D) Non-Cancelable Accident and Health Only			
(6E) Workers' Compensation			
(6F) Liability Other than Auto			
(6G) Auto Liability			
(7) Glass			
(8) Water Damage and Sprinkler Leakage			
(9) Elevator Property Damage and Collision			
(10) Credit			
(11) Title (Title Companies Only)			
(12) Burglary, Robbery, Theft, Forgery, Larceny			
(13) Livestock			
(15) Reinsurance			
(16A) Life - All Kinds			
(16B) Group Life Only			
(16C) Variable Annuity Authorization			
(16D) Annuities Only			
(16E) Variable Life Authorization			
(17) Repair - Replacement			
(19) Legal Services			
(20) Credit Involuntary Unemployment			
(51) Stock Companies Extension of Coverage- M.G.L. 175 § 51(g)			
(54) Mutual Companies (specified in Section 47) - M.G.L. 175 § 54(g)			
(54BX) Reinsurance except Life - M.G.L. 175 § 54B			
(54BY) Nuclear Energy - M.G.L. 175 § 54B			
(54BZ) Special Hazards - Radioactive Contamination - M.G.L. 175 § 54B			
(54C) Comprehensive Motor Vehicle and Aircraft - M.G.L. 175 § 54C			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

(54D) Personal Property Floater - M.G.L. 175 § 54D			
--	--	--	--

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

MASSACHUSETTS (continued)	Authorized to Transact	Currently Transacting	Applying for
(54E) Dwellings - M.G.L. 175 § 54E			
(54F) Commercial Property (Multiple Peril) - M.G.L. 175 § 54F			
(54G) Reinsurance - Life Companies Only - M.G.L. 175 § 54G			

MICHIGAN	Authorized to Transact	Currently Transacting	Applying for
Life and Annuity - Other than Variable Contracts (MCL 500.602)			
Separate Account - Variable Annuities (MCL 500.925)			
Separate Account - Variable Life (MCL 500.925)			
Separate Accounts - Modified Guaranteed Annuities (MCL 500.4101)			
Disability (MCL 500.606)			
Property (MCL 500.610)			
Ocean Marine (MCL 500.614)			
Inland Marine (MCL 500.616)			
Automobile Insurance - Limited (MCL 500.620)			
Legal Expense (MCL 500.618)			
Steam Boiler, Flywheel and Machinery (MCL 500.624(1)a)			
Liability (MCL 500.624(1)b)			
Automobile, including Section 500.625, disability coverage supplemental to automobile insurance (MCL 500.624(1)b)			
Workers' Compensation (MCL 500.624(1)b)			
Plate Glass (MCL 500.624(1)c)			
Sprinkler and Water Damage (MCL 500.624(1)d)			
Credit (MCL 500.624(1)e)			
Burglary and Theft (MCL 500.624(1)f)			
Livestock (MCL 500.624(1)g)			
Malpractice (MCL 500.624(1)h)			
Miscellaneous (MCL 500.624(1)i)			
Surety and Fidelity (MCL 500.628)			
Limited Liability (MCL 500 Chapter 65)			
Title (MCL 500 Chapter 73)			
Fraternal (MCL 500 Chapter 81a)			

MINNESOTA	Authorized to Transact	Currently Transacting	Applying for
(MS 60A.06, Subd.1)			
Fire (1)			
Inland Marine (2a)			
Ocean Marine (2a)			
Personal Property Floater (2b)			
Boiler and Machinery (3)			
Life (4)			
Variable Contract Authority (4)			
Accident and Health (5a)			
Workers' Compensation (5b)			
Fidelity (6)			
Surety (6)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Title (7)			
MINNESOTA (continued)	Authorized to Transact	Currently Transacting	Applying for
Glass (8)			
Burglary & Theft (9a)			
Security and Drafts (9b)			
Personal Property Floater - Casualty (9c)			
Water (9d)			
Livestock (10)			
Credit (11)			
Automobile (12)			
General Liability (13)			
Elevator (14)			
Legal Expense (15)			

MISSISSIPPI	Authorized to Transact	Currently Transacting	Applying for
(MCA 83-19-1 Classifications of Insurance Companies)			
Class 1. Fire and Casualty			
(a) Fire and Allied Lines			
(b) Industrial Fire			
(c) Casualty/Liability			
(d) Fidelity			
(e) Surety			
(f) Workers' Compensation			
(g) Boiler and Machinery			
(h) Plate Glass			
(i) Aircraft			
(j) Inland Marine			
(k) Ocean Marine			
(l) Automobile Physical Damage/Automobile Liability			
(m) Homeowners/Farmowners			
(n) Guaranty			
(o) Mortgage Guaranty			
(p) Title			
(q) Trip Accident and Baggage			
(r) Legal			
(s) Credit Property			
Class 2. Life			
(a) Life			
(b) Accident and Health			
(c) Credit Life, Credit Accident and Health			
(d) Industrial Life, Industrial Accident and Health			
(e) Variable Contracts			
(f) Life (Burial)			
Class 3. Fraternal			
(a) Fraternal			
(b) Larger Fraternal			
Class 4. Burial			
(MCA 83-41-303) Health Maintenance Organization			

MISSOURI	Authorized to Transact	Currently Transacting	Applying for
A – Life and Health (RSMo 376)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

A1 – Life, Annuities and Endowments (376.010)			
---	--	--	--

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

MISSOURI (continued)	Authorized to Transact	Currently Transacting	Applying for
A2 – Accident and Health (376.010)			
A3 – Variable contracts (376.309, RSMo)			
H – Title (RSMo 381)			
B – Property and Casualty (RSMo 379)			
B1 – Property (379.010.1(1))			
B2 – Liability (379.010.1(2)) (Includes Workers' Compensation)			
B3 – Fidelity and Surety (379.010.1(3))			
B4 – Accident and Health (379.010.1(4))			
B5 – Miscellaneous (379.010.1(5))			
Health Maintenance Organization (354.400)			
Prepaid Dental Plan (354.700)			
Fraternal Benefit (378) RSMo			
Other			

MONTANA	Authorized to Transact	Currently Transacting	Applying for
Life (including variable contract authority) § 33-1-208 and 33-20-605, MCA			
Life (excluding variable contract authority) § 33-1-208, MCA			
Disability §33-1-207, MCA			
Property §33-1-210, MCA			
Casualty (including Workers' Comp) §33-1-206, MCA			
Casualty (excluding Workers' Comp) §33-1-206, MCA			
Surety §33-1-211, MCA			
Marine §33-1-209, MCA			
Title §33-1-212, MCA			

NEBRASKA	Authorized to Transact	Currently Transacting	Applying for
Life (1)			
Variable Life (2)			
Variable Annuities (3)			
Sickness & Accident (4)			
Property (5)			
Credit Property (6)			
Glass (7)			
Burglary & Theft (8)			
Boiler & Machinery (9)			
Liability (10)			
Workers' Compensation & Employers Liability (11)			
Vehicle (12)			
Fidelity (13)			
Surety (14)			
Title (15)			
Credit (16)			
Mortgage Guaranty (17)			
Marine (18)			
Financial Guaranty (19)			
Miscellaneous (20)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

NEVADA	Authorized to Transact	Currently Transacting	Applying for
Life (681A.040)			
Health (681A.030)			
Property (681A.060)			
Casualty (681A.020) (Including Workers' Comp)			
Casualty (681A.020) (Excluding Workers' Comp)			
Surety (681A.070)			
Marine and Transportation (681A.050)			
Title (681A.080)			
Surplus Lines (685A)			
Risk Retention Group (695E)			
Funeral/Cemetery Sellers (689)			
Premium Finance Company (686A)			
Motor Clubs (696A)			
Health Maintenance Organization (695C)			
Prepaid Ltd. Health Service Organization (695F)			
Variable (688A)			
Home Protection (690B.100)			

NEW HAMPSHIRE	Authorized to Transact	Currently Transacting	Applying for
Fire and Allied Lines (RSA 401.1, I)			
Marine Coverages (RSA 401.1, II)			
Life and Annuities (RSA 401.1, III)			
Variable Annuities Require a Separate License (RSA 401.1, III)			
Accident and/or Health Coverages (401.1, IV)			
Liability Coverages, Including Workers' Compensation (RSA 401.1, V)			
Casualty Coverages (RSA 401.1, VI)			
Fidelity, Surety, Credit Insurance, Mortgage Guaranty, Bonds, and Financial Guaranty (RSA 401.1, VII)			
Other Casualty Risks. Refer to the NAIC Uniform P&C Product Coding Matrix filing code 17. Select each Sub-Type to which this license is being requested. (RSA 401.1, VIII)			
Title (RSA 416-A)			
Fraternal (RSA 418:16)			

NEW JERSEY	Authorized to Transact	Currently Transacting	Applying for
(1) Fire (N.J.S.A. 17:17-1a)			
(2) Earthquake (N.J.S.A. 17:17-1a)			
(3) Growing Crops (N.J.S.A. 17:17-1a)			
(4) Ocean Marine (N.J.S.A. 17:17-1b)			
(5) Inland Marine (N.J.S.A. 17:17-1b)			
(6) Workers' Compensation and Employers Liability (N.J.S.A. 17:17-1e)			
(7) Automobile Liability (BI) (N.J.S.A. 17:17-1e)			
(8) Automobile Liability (PD) (N.J.S.A. 17:17-1e)			
(9) Automobile Physical Damage (N.J.S.A. 17:17-1e)			
(10) Aircraft Physical Damage (N.J.S.A. 17:17-1b)			
(11) Other Liability (N.J.S.A. 17:17-1e)			
(12) Boiler & Machinery (N.J.S.A. 17:17-1f)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

(13) Fidelity & Surety (N.J.S.A. 17:17-1g)			
NEW JERSEY (continued)	Authorized to Transact	Currently Transacting	Applying for
(14) Credit (N.J.S.A. 17:17-1i)			
(15) Burglary & Theft (N.J.S.A. 17:17-1j)			
(16) Glass (N.J.S.A. 17:17-1k)			
(17) Sprinkler Leakage (N.J.S.A. 17:17-1l)			
(18) Livestock (N.J.S.A. 17:17-1m)			
(19) Smoke & Smudge (N.J.S.A. 17:17-1n)			
(20) Physical Loss to Buildings (N.J.S.A. 17:17-1o)			
(21) Radioactive Contamination (N.J.S.A. 17:17-1o)			
(22) Mechanical Breakdown/Power Failure (N.J.S.A. 17:17-1o)			
(23) Other (must be pre-approved by the Commissioner) (N.J.S.A. 17:17-1o)			
(26) Accident and Health (Property/Casualty Companies) (N.J.S.A. 17B:17-4)			
(27) Municipal Bond (N.J.A.C. 11:7)			
(28) Life (N.J.S.A. 17B:17-3)			
(29) Accident and Health (Life/Health Companies) (N.J.S.A. 17B:17-4)			
(30) Annuities (N.J.S.A. 17B:17-5)			
(31) Variable Contracts (N.J.S.A. 17B:28-1 et seq.)			
(33) Title (N.J.S.A. 17:46B-7)			
(34) Fraternal Benefit Society (N.J.S.A. 17:44B)			
(35) Residential Mortgage Guaranty (N.J.S.A. 46A-3)			
(36) Commercial Mortgage Guaranty (N.J.S.A. 46A-3)			

NEW MEXICO	Authorized to Transact	Currently Transacting	Applying for
Life (NMSA Section 59A-7-2)			
Health (NMSA Section 59A-7-3)			
Property (NMSA Section 59A-7-4)			
Marine and Transportation (NMSA Section 59A-7-5)			
Casualty (NMSA Section 59A-7-6)			
Vehicle (NMSA Section 59A-7-7)			
Surety (NMSA Section 59A-7-8)			
Title (NMSA Section 59A-7-9)			

NEW YORK	Authorized to Transact	Currently Transacting	Applying for
(Notes 1 and 2)			
(Section 1113(a) of the N.Y. Ins. Law)			
(1) Life			
(2) Annuities			
(3) (i) & (ii) - A&H			
(4) Fire			
(5) Miscellaneous Property			
(6) Water Damage			
(7) Burglary & Theft			
(8) Glass			
(9) Boiler and Machinery			
(10) Elevator			
(11) Animal			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

(12) Collision			
(13) Personal Injury Liability			
NEW YORK (continued)	Authorized to Transact	Currently Transacting	Applying for
(14) Property Damage Liability			
(15) Workers' Compensation and Employers' Liability			
(16) Fidelity and Surety			
(17) Credit			
(19) Motor Vehicle and Aircraft Physical Damage			
(20) Marine and Inland Marine			
(21) Marine Protection and Indemnity			
(22) Residual Value			
(24) Credit Unemployment			
(26) Gap			
(27) Prize Indemnification			
(28) Service Contract Reimbursement			
(29) Legal Services			
(30) Involuntary Unemployment			
(31) Salary Protection			
Monoline only:			
Title – Section 1113(a)(18) & Article 64 of the N.Y. Ins. Law			
Mortgage Guaranty - Section 1113(a)(23) & Article 65 of the N.Y. Ins. Law			
Financial Guaranty - Section 1113(a)(25) & Article 69 of the N.Y. Ins. Law			

Note 1: A company may only apply for the lines of insurance for which it is authorized in its state of domicile.

Note 2: The company must have transacted business for a minimum of three (3) years prior to seeking admission. If the company was recently acquired, at least three (3) years of operating experience under the new management is required. An affiliated insurer admitted in New York and operating under the same ownership/management team for at least three (3) years may satisfy this requirement. If the aforementioned situation applies, a written request for approval of a waiver must be submitted with the application.

NORTH CAROLINA	Authorized to Transact	Currently Transacting	Applying for
Life (NCGS 58-7-15)			
Life, Including Industrial and Credit Life			
Annuities			
Variable Annuities			
Variable Life			
Accident and Health - Cancelable			
Accident and Health - Non-Cancelable			
Accident and Health – Credit			
Fire (NCGS 58-7-15)			
Fire			
Miscellaneous Property - Extended Coverage			
Miscellaneous Property - Growing Crops			
Water Damage – Commercial			
Water Damage - Residence			
Burglary and Theft			
Glass			
Animal			
Collision – Automobile			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Collision – Other			
Motor Vehicle and Aircraft - Property Damage			
NORTH CAROLINA (continued)	Authorized to Transact	Currently Transacting	Applying for
Motor Vehicle and Aircraft - Fire			
Motor Vehicle and Aircraft - Theft			
Motor Vehicle and Aircraft - Comprehensive			
Motor Vehicle and Aircraft - Collision			
Marine – Inland			
Marine – Ocean			
Marine Protection and Indemnity			
Other			
Casualty (NCGS 58-7-15)			
Accident and Health – Cancelable			
Accident and Health – Non Cancelable			
Accident and Health – Credit			
Water Damage – Commercial			
Water Damage – Residence			
Burglary and Theft			
Glass			
Boiler and Machinery			
Elevator			
Animal			
Collision – Automobile			
Collision – Other			
Personal Injury Liability – Automobile			
Personal Injury Liability – Other			
Property Damage Liability – Automobile			
Property Damage Liability – Other			
Workers' Compensation and Employer's Liability			
Fidelity and Surety			
Credit			
Title			
Motor Vehicle and Aircraft – Property Damage			
Motor Vehicle and Aircraft – Fire			
Motor Vehicle and Aircraft – Theft			
Motor Vehicle and Aircraft – Comprehensive			
Motor Vehicle and Aircraft – Collision			
Marine Protection and Indemnity			
Aircraft Voluntary Settlement			
Hole-in-One			
Other			
Mortgage Guaranty			

NORTH DAKOTA	Authorized to Transact	Currently Transacting	Applying for
Life & Annuity			
Accident & Health			
Property			
Casualty			
Variable Life and Annuity			

OHIO	Authorized to Transact	Currently Transacting	Applying for
-------------	-------------------------------	------------------------------	---------------------

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Life Companies (O.R.C. 3911.01)			
Life			
OHIO (continued)	Authorized to Transact	Currently Transacting	Applying for
Accident and Health (Including Disability)			
Annuities			
Variable Authority (if licensed under O.R.C. 3911.01 for both Life and Annuities lines of business, such company may apply for Variable Annuity) (O.R.C. 3911.011)			
Property & Casualty (O.R.C. 3929.01(A))			
(1) Fire			
(2) Allied Lines			
(3) Farmowners Multiple Peril			
(4) Homeowners Multiple Peril			
(5) Commercial Multiple Peril			
(6) Ocean Marine			
(7) Inland Marine			
(8) Financial Guarantee			
(9) Medical Malpractice			
(10) Earthquake			
(11) Group A&H			
(12) Credit A&H (Group and Individual)			
(13a) Collectively Renewable A&H			
(13b) Noncancellable A&H			
(13c) Guaranteed Renewable A&H			
(13d) Nonrenewable for Stated Reasons Only			
(13e) Other Accident Only			
(13f) All Other A&H			
(14) Workers' Compensation (to the extent permitted by law)			
(15) Other Liability			
(16a) Private Passenger Auto No-Fault (personal injury protection to the extent permitted by law)			
(16b) Other Private Passenger Auto Liability			
(16c) Commercial Auto No-Fault (personal injury protection to the extent permitted by law)			
(16d) Other Commercial Auto Liability			
(17a) Private Passenger Auto Physical Damage			
(17b) Commercial Auto Physical Damage			
(18) Aircraft (all perils)			
(19) Fidelity			
(20) Surety			
(21) Glass			
(22) Burglary and Theft			
(23) Boiler and Machinery			
(24) Credit			
(25) Reinsurance Only			
(26) Other (list)			
Title Insurance (O.R.C. 3953)			

OKLAHOMA	Authorized to Transact	Currently Transacting	Applying for
Life (O.S. 36 §702)			
Surety (including bail) (OAC 365:25-5-41)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Surety (excluding bail) (O.S 36 §708)			
Title (O.S. 36 §709)			
Marine (O.S. 36 §705)			
OKLAHOMA (continued)	Authorized to Transact	Currently Transacting	Applying for
Accident & Health (O.S. 36 §703)			
Property (O.S. 36 §704)			
Vehicle (O.S. 36 §706)			
Casualty (vehicle only) (O.S. 36 §706)			
Casualty (including vehicle)(O.S. 36 §707)			
Workers' Compensation (O.S. 36 §608, §612.2)			
Variable Annuity (O.S. 36 §6061, §6062, OAC 365:10.9.10)			
Variable Life (O.S. 36 §6061, §6062)			
Reinsurance (O.S. 36 §2132)			
Health Maintenance Organizations (O.S.36 §6901)			

OREGON	Authorized to Transact	Currently Transacting	Applying for
Life (ORS 731.170)			
Credit Life and Credit Health (ORS 743.371)			
Industrial Life Insurance (ORS 731.166)			
Health (ORS 731.162)			
Health Care Service Contractor (ORS 750.005)			
Health Care Service Contractor (Complementary Health Services) (ORS 750.005)			
Property (ORS 731.182)			
Casualty, Excluding Workers' Comp (ORS 731.158)			
Casualty, Including Workers' Comp (ORS 731.158)			
Marine & Transportation (ORS 731.174)			
Surety (ORS 731.186)			
Home Protection (only) (ORS 731.164)			
Mortgage (only) (ORS 731.178)			
Title (only) (ORS 731.190)			

PENNSYLVANIA	Authorized to Transact	Currently Transacting	Applying for
(Notes 1 and 2)			
Life			
Life and Annuities (40 P.S. § 382(a)(1))			
Separate Account – Variable Life (40 P.S. § 382 (a)(1))			
Separate Account – Variable Annuities (40 P.S. § 382 (a)(1))			
Accident and Health (40 P.S. § 382(a)(2))			
Property			
Fire and Allied Lines (40 P.S. § 382(b)(1))			
Inland Marine & Auto Physical (40 P.S. § 382(b)(2))			
Ocean Marine (40 P.S. § 382(b)(3))			
Casualty			
Fidelity and Surety (40 P.S. § 382(c)(1))			
Accident and Health (40 P.S. § 382(c)(2))			
Glass (40 P.S. § 382 (c)(3))			
Other Liability (40 P.S. § 382 (c)(4))			
Steam Boiler & Machinery (40 P.S. § 382 (c)(5))			
Burglary-Theft (40 P.S. § 382 (c)(6))			
Credit (40 P.S. § 382 (c)(7))			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Water (40 P.S. § 382 (c)(8))			
Elevator (40 P.S. § 382 (c)(9))			
Livestock (40 P.S. § 382 (c)(10))			
Auto Liability (40 P.S. § 382 (c)(11))			
PENNSYLVANIA (continued)	Authorized to Transact	Currently Transacting	Applying for
Mine & Machinery (40 P.S. § 382 (c)(12))			
Personal Property Floater (40 P.S. § 382 (c)(13))			
Workers' Compensation (40 P.S. § 382 (c)(14)) (Note 3)			
Other (40 P.S. § 382 (e))			
Title (40 P.S. § 910-1)			

Note 1: A company may only apply for the lines of insurance for which it is authorized in its state of domicile.

Note 2: The company must have transacted business for a minimum of one (1) year prior to seeking admission. If the company was recently acquired, at least one (1) year of operating experience under the new management is required. An affiliated insurer admitted in Pennsylvania and operating under the same ownership/management team for at least one year may satisfy this requirement. If the aforementioned situation applies, a written request for approval of a waiver must be submitted with the application.

Note 3: The Department of Labor and Industry requires all insurers that are applying to write workers' compensation to complete and file an Initial Report of Accident and Illness Prevention Services. The Insurance Department will not issue a Certificate of Authority to a foreign insurer to write workers' compensation insurance until the Department of Labor and Industry has indicated the company has made the necessary filing as required by the Workers' Compensation Act. The necessary form with instructions can be obtained at:

http://www.portal.state.pa.us/portal/server.pt/community/doing_business_in_the_commonwealth/9264.

PUERTO RICO	Authorized to Transact	Currently Transacting	Applying for
Agricultural (Section 4.060 of the Insurance Code)			
Casualty (Section 4.080 of the Insurance Code)			
Disability (Section 4.030 of the Insurance Code)			
Fraternal Life (Chapter 36 of the Insurance Code)			
Health (Chapter 19 of the Insurance Code)			
Life (Section 4.020 of the Insurance Code)			
Marine & Transportation (Section 4.050 of the Insurance Code)			
Mortgage Loans (Chapter 23 of the Insurance Code)			
Title (Section 4.100 of the Insurance Code)			
Surety (Section 4.090 of the Insurance Code)			
Property (Section 4.040 of the Insurance Code)			
Variable Life (Section 4.020 of the Insurance Code)			
Variable Annuities (Section 4.020 of the Insurance Code)			
Vehicle (Section 4.070 of the Insurance Code)			

RHODE ISLAND	Authorized to Transact	Currently Transacting	Applying for
Life and Health Companies:			
Life (Note 1)			
Accident and Health (Note 1)			
Annuities (Note 1)			
Variable Life (Note 1)			
Variable Annuity (Note 1)			
Variable Contracts (Notes 1 and 2)			
Property and Casualty Companies: (Note 3)			
Fire			
Allied Lines			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Multi-Peril Crop			
Federal Flood			
Farmowners Multi-Peril			
Homeowners Multi-Peril			
Commercial Multi-Peril			
RHODE ISLAND (continued)	Authorized to Transact	Currently Transacting	Applying for
Ocean Marine			
Inland Marine			
Medical Malpractice/Medical Liability			
Earthquake			
Accident & Health			
Workers' Compensation			
Other Liability			
Products Liability			
Automobile (Full Coverage)			
Aircraft (All Perils)			
Fidelity			
Surety			
Glass			
Burglary and Theft			
Boiler and Machinery			
Credit			
Warranty			
Title			
Financial Guaranty or Mortgage Guaranty			

A company will be granted authority for a line of business in Rhode Island only on the condition that the company already has authority to sell that line in its state of domicile.

Note 1: Includes individual and group, and credit and non-credit.

Note 2: Variable Contracts includes Variable Life and Variable Annuity.

Note 3: Or alternatively: All lines except Life, Annuities, Title, Mortgage Guaranty and Financial Guaranty.

SOUTH CAROLINA	Authorized to Transact	Currently Transacting	Applying for
Life and Annuities (SC 38-5-30)			
Accident and Health (SC 38-5-30)			
Property (SC 38-5-30)			
Casualty (SC 38-5-30)			
Surety (SC 38-5-30)			
Marine (SC 38-5-30)			
Title (SC 38-5-30)			

SOUTH DAKOTA	Authorized to Transact	Currently Transacting	Applying for
(1) Life			
(2) Health			
(3) Fire & Allied Lines			
(4) Inland & Ocean Marine			
(5) Workers' Compensation			
(6) Bodily Injury (No Auto)			
(7) Property Damage (No Auto)			
(8) Bodily Injury (Auto)			
(9) Property Damage (Auto)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

(10)	Physical Damage (Auto)			
(11)	Fidelity & Surety Bonds			
(12)	Glass			
(13)	Burglary & Theft			
(14)	Boiler & Machinery			
SOUTH DAKOTA (continued)		Authorized to Transact	Currently Transacting	Applying for
(15)	Aircraft			
(16)	Credit (includes Credit Life; Credit Health; Credit Mortgage Guaranty and GAP (Guaranteed Auto Protection))			
(17)	Crop - Hail			
(18)	Livestock			
(19)	Title			
(20)	Variable Annuity			
(21)	Variable Life			
(22)	Reinsurance			
(23-A)	Travel			
(23-C)	Bail Bonds			
(24)	SD Farm Mutual (County)			
(25)	SD Farm Mutual (State)			
(27)	Personal			

TENNESSEE	Authorized to Transact	Currently Transacting	Applying for
Life (TCA 56-2-201), (a)			
Accident and Health (TCA 56-2-201), (a)			
Credit (TCA 56-2-201), (a)			
Variable Contracts (TCA 56-2-201), (a)			
Property (TCA 56-2-201), (a), (b)			
Vehicle (TCA 56-2-201), (a), (c)			
Casualty (TCA 56-2-201) (a), (d)			
Surety (TCA 56-2-201) (a), (e)			
Title (TCA 56-35-112) (a)			

- (a) Company may only write lines in Tennessee that they are authorized to write in their domiciliary state.
- (b) Includes Fire and Extended Coverage, Other Allied Lines, Homeowners Multiple Peril, Commercial Multiple Peril, Earthquake, Growing Crops, Water Damage – Sprinkler Leakage, Ocean Marine and Inland Marine.
- (c) Automobile Bodily Injury, Automobile Property Damage and Automobile Physical Damage. (The Vehicle class is to be used when the company requests Vehicle only and no other Casualty line)
- (d) All lines listed under (c) above in addition to Disability, General Liability, Workers' Compensation, Burglary and Theft, Personal Property Floater, Glass, Boiler, Water Damage, Credit, Elevator, Livestock, Collision, Malpractice, Miscellaneous.
- (e) Credit, Accident and Health, Fidelity, Performance Contracts and Bonds, Indemnification Insurance and Mortgage Guaranty.

TEXAS	Authorized to Transact	Currently Transacting	Applying for
Fire			
Allied Coverages (a)			
Hail, growing crops only			
Rain			
Inland Marine (b)			
Ocean Marine			
Aircraft Liability			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Aircraft Physical Damage			
Accident			
Health			
Workers' Comp & Emp. Liability			
Employer's Liability			
TEXAS (continued)	Authorized to Transact	Currently Transacting	Applying for
Automobile Liability (c)			
Automobile Physical Damage (d)			
Liability other than Automobile (e)			
Fidelity and Surety			
Glass			
Burglary and Theft			
Forgery			
Boiler and Machinery			
Credit (f)			
Livestock (g)			
Title (i)			
Mortgage Guaranty Type I			
Mortgage Guaranty Type II			
Life (includes Annuity)			
Variable Life			
Variable Annuity			

When one of the above coverages includes more than one kind or sub-line of insurance, the selection of that coverage authorizes the company to write one or more of the specified kinds of insurance included in that coverage.

- (a) Includes, but not limited to, Extended Coverage, Windstorm, Lightning, Hurricane, Hail (except growing crops), Explosion, Riot, Civil Commotion, Smoke, Aircraft, Land Vehicles, Physical Loss Form, Additional Extended Coverage, Vandalism, Malicious Misc
- (b) Includes Personal Property Floater.
- (c) Includes Bodily Injury, Medical Payments, Property Damage, and other Automobile Liability. If applicant is planning to write commercial automobile liability, a loss control plan must be submitted.
- (d) Includes Fire, Theft, Collision, Comprehensive and other Automobile Physical Damage.
- (e) Includes Bodily Injury, Medical Payments and Property Damage with regards to Comprehensive Personal Liability, Owners, Landlords and Tenants, Manufacturers and Contractors, Product, Contractual, Elevator (including Elevator Collision), Employers' Liability, Professional Liability for Physicians, Podiatrists, Certified Anesthetists, and Hospitals, and other Liability other than Automobile. If applicant is planning to write professional liability insurance for hospitals, professional liability for insureds other than hospitals, general liability and / or medical liability for insureds other than hospitals, a loss control plan must be submitted.
- (f) Includes Credit Involuntary Unemployment; excludes Mortgage Guaranty.
- (g) Mortality.
- (i) May be written only by Title insurance companies except those companies transacting title insurance prior to October 1, 1967. Includes Attorney's Title insurance companies as authorized by Texas Insurance Code, Article 9.56.

UTAH	Authorized to Transact	Currently Transacting	Applying for
Life Insurance, including annuity and variable products, (Utah Code Ann. § 31A-1-301(9) & (102)(a))			
Accident & Health (Utah Code Ann. § 31A-1-301(1))			
Property Insurance (Utah Code Ann. § 31A-1-301 (139))			
Surety Insurance (Utah Code Ann. § 31A-1-301 (161))			
Bail Bond Surety (Utah Code Ann. § 31A-1-301(12))			
Vehicle Liability Insurance (Utah Code Ann. § 31A-1-301(169))			
Liability Insurance (Utah Code Ann. § 31A-1-301(100)(a))			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Marine and Transport (Utah Code Ann. § 31A-1-301(84) & (120))			
Workers' Compensation Insurance (Utah Code Ann. § 31A-1-301(172))			
UTAH (continued)	Authorized to Transact	Currently Transacting	Applying for
Title Insurance (Utah Code Ann. § 31A-1-301(164))			
Professional Liability, excluding medical malpractice (Utah Code Ann. § 31A-1-301(138))			
Professional Liability, including medical malpractice (Utah Code Ann. § 31A-1-301(110 & 138))			
Motor Club (Utah Code Ann. § 31A-1-301(116))			
Limited Health Plan (Utah Code Ann. § 31A-8-101(6))			
Nonprofit Health Service Corporation (Utah Code Ann. § 31A-7-102)			
Credit Guarantee (Utah Code Ann. § 31A-1-301(36))			
Legal Expense (Utah Code Ann. § 31A-1-301(99))			
Health Maintenance Organization (Utah Code Ann. § 31A-8-101(5))			

VERMONT	Authorized to Transact	Currently Transacting	Applying for
Life (Section 3301(a)(1))			
Variable Annuity (Section 3857)			
Variable Life (Section 3857)			
Health (Section 3301(a)(2))			
Casualty (Section 3301(a)(3))			
Marine and Transportation (Section 3301(a)(4))			
Marine Protection and Indemnity (Section 3301(a)(5))			
Wet Marine and Transportation (Section 3301(a)(6))			
Property (Section 3301(a)(7))			
Surety (Section 3301(a)(8))			
Title (Section 3301(a)(9))			
Multiple Line (Section 3301(a)(10))			

VIRGINIA	Authorized to Transact	Currently Transacting	Applying for
(§ 38.2 101 through 134)			
Life and Health and Fraternal Benefit Society			
01 Life			
02 Industrial Life			
03 Credit Life			
04 Variable Life			
05 Annuities			
06 Variable Annuities			
07 Accident and Sickness			
08 Credit Accident and Sickness			
71 Modified Guaranteed Life			
72 Modified Guaranteed Annuities			
99 Managed Care Health Insurance Plan *			
Title			
33 Title			
Property and Casualty			
07 Accident and Sickness			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

08	Credit Accident and Sickness			
09	Fire			
10	Miscellaneous Property and Casualty			
11	Farmowners Multi Peril			
12	Homeowners Multi Peril			
VIRGINIA (continued)		Authorized to Transact	Currently Transacting	Applying for
13	Commercial Multi Peril			
14	Ocean Marine			
15	Inland Marine			
16	Workers' Comp-Emp Liability			
17	Liability Other Than Auto			
18	Auto Liability			
19	Auto Physical Damage			
20	Aircraft Liability			
21	Aircraft Physical Damage			
23	Fidelity			
24	Surety			
25	Glass			
26	Burglary and Theft			
27	Boiler and Machinery			
28	Credit			
29	Animal			
30	Water Damage			
32	Legal Services			
55	Home Protection			
56	Mortgage Guaranty			
74	Credit Involuntary Unemployment			
75	Credit Property			
99	Managed Care Health Insurance Plan *			

* Companies applying to operate a Managed Care Health Insurance Plan (MCHIP) will be required to obtain a Certificate of Quality Assurance (Certificate) from the Virginia Department of Health pursuant to § 38.2-5800 et seq. of the Code of Virginia. Upon receipt of an application to operate an MCHIP, the Bureau of Insurance will send a letter to the applicant describing the requirements for operating an MCHIP that includes the requirement to obtain a Certificate of Quality Assurance from the Virginia Department of Health.

WASHINGTON	Authorized to Transact	Currently Transacting	Applying for
Life (RCW 48.11.020)			
Disability (RCW 48.11.030)			
Property (RCW 48.11.040)			
Marine and Transportation (RCW 48.11.050)			
Vehicle (RCW 48.11.060)			
General Casualty (RCW 48.11.070)			
Surety (RCW 48.11.080)			
Title (RCW 48.11.100)			
Ocean Marine (RCW 48.11.105)			

WEST VIRGINIA	Authorized to Transact	Currently Transacting	Applying for
Life (WV Code §33-1-10(a))			
Accident & Sickness (WV Code §33-1-10(b))			
Fire (WV Code §33-1-10(c))			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Marine (WV Code §33-1-10(d))			
Casualty without Workers' Compensation (WV Code §33-1-10(e))			
Casualty with Workers' Compensation (WV Code §33-1-10(e)(14))			
Surety (WV Code §33-1-10(f)(1)) Fidelity			
WEST VIRGINIA (continued)	Authorized to Transact	Currently Transacting	Applying for
Surety (WV Code §33-1-10(f)(2)) Performance			
Surety (WV Code §33-1-10(f)(3)) Financial Guaranty			
Surety (WV Code §33-1-10(f)(3)) Mortgage Guaranty (monoline)			
Surety (WV Code §33-1-10(f)(4)) Title			
Reinsurance (WV Code §33-1-11)*			
Variable Annuity (WV Code §33-13A)			
Variable Life (WV Code §33-13A)			
Physicians' Mutual (WV Code §33-20F)			
Reciprocal (WV Code §33-21) **			
Farmers Mutual Fire (WV Code §33-22)			
Fraternal (WV Code §33-23)			
Hospital Service Corporation (WV Code §33-24)			
Medical Service Corporation (WV §33-24)			
Health Service Corporation (WV §33-24)			
Dental Service Corporation (WV §33-24)			

* Indicate above the kinds of insurance to be reinsured, if application is for authority to transact reinsurance only.

** Indicate above the kinds of insurance to be written by the reciprocal insurer

WISCONSIN	Authorized to Transact	Currently Transacting	Applying for
(s. Ins 6.75, Wis. Adm. Code)			
(1) (a) Life and Insurance Annuities - Nonparticipating			
(1) (a) Life and Insurance Annuities -Participating			
(1) (b) Variable Life and Variable Annuities			
(1) (c) Disability (includes health)			
(2) (a) Fire, Inland Marine and Other Property			
(2) (b) Ocean Marine			
(2) (c) Disability (includes health)			
(2) (d) Liability and Incidental Medical Expense			
(2) (e) Automobile			
(2) (f) Fidelity Insurance			
(2) (g) Surety Insurance			
(2) (h) Title			
(2) (i) Mortgage Guaranty			
(2) (j) Credit Insurance			
(2) (k) Workers' Compensation Insurance			
(2) (l) Legal Expense Insurance			
(2) (m) Credit Unemployment Insurance			
(2) (n) Miscellaneous			
(2) (o) Aircraft			

WYOMING	Authorized to Transact	Currently Transacting	Applying for
Life, including annuities (WS 26-5-102)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Variable Contracts (WS 26-5-102)			
Disability (WS 26-5-103)			
Property (WS 26-5-104)			
Surety (WS 26-5-105)			
Casualty (WS 26-5-106)			
Marine and Transportation (WS 26-5-107)			
Multiple Lines (WS 26-5-108)			
WYOMING (continued)	Authorized to Transact	Currently Transacting	Applying for
Title (WS 26-5-109)			

FORM C

SUMMARY OF CHANGES TO REGISTRATION STATEMENT

Filed with the Insurance Department of the State of _____

By

Name of Registrant

On Behalf of Following Insurance Companies

Name	Address
------	---------

_____	_____
_____	_____
_____	_____
_____	_____

Date: _____, 20____

Name, Title, Address and telephone number of Individual to Whom Notices and Correspondence Concerning This Statement Should Be Addressed:

Furnish a brief description of all items in the current annual registration statement which represent changes from the prior year's annual registration statement. The description should identify the nature of the change and shall be in a manner as to permit the proper evaluation thereof by the Commissioner, and shall include specific references to Item numbers in the annual registration statement and to the terms contained therein.

If a transaction disclosed on the prior year's annual registration statement has been effectuated, furnish the mode of completion and any flow of funds between affiliates resulting from the transaction.

The insurer shall furnish a statement that transactions entered into since the filing of the prior year's annual registration statement are not part of a plan or series of like transactions whose purpose it is to avoid statutory threshold amounts and the review that might otherwise occur.

SIGNATURE AND CERTIFICATION

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

Date	Name	Position or Title
------	------	-------------------

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

Notary Public (SEAL)

690-143.046,.047,.056
Rulemaking Authority

624.308 Rules.—

- (1) The department and the commission may each adopt rules pursuant to ss. 120.536(1) and 120.54 to implement provisions of law conferring duties upon the department or the commission, respectively.
- (2) In addition to any other penalty provided, willful violation of any such rule shall subject the violator to such suspension or revocation of certificate of authority or license as may be applicable under this code as for violation of the provision as to which such rule relates.

624.307 General powers; duties.—

- (1) The department and office shall enforce the provisions of this code and shall execute the duties imposed upon them by this code, within the respective jurisdiction of each, as provided by law.

624.317 Investigation of agents, adjusters, administrators, service companies, and others.—If it has reason to believe that any person has violated or is violating any provision of this code, or upon the written complaint signed by any interested person indicating that any such violation may exist:

- (1) The department shall conduct such investigation as it deems necessary of the accounts, records, documents, and transactions pertaining to or affecting the insurance affairs of any general agent, surplus lines agent, adjuster, managing general agent, insurance agent, insurance agency, customer representative, service representative, or other person subject to its jurisdiction, subject to the requirements of s. 626.601.
- (2) The office shall conduct such investigation as it deems necessary of the accounts, records, documents, and transactions pertaining to or affecting the insurance affairs of any:
 - (a) Administrator, service company, or other person subject to its jurisdiction.
 - (b) Person having a contract or power of attorney under which she or he enjoys in fact the exclusive or dominant right to manage or control an insurer.
 - (c) Person engaged in or proposing to be engaged in the promotion or formation of:
 1. A domestic insurer;
 2. An insurance holding corporation; or
 3. A corporation to finance a domestic insurer or in the production of the domestic insurer's business.

628.251 Management and exclusive agency contracts.—

- (1) No domestic mutual insurer or stock insurer shall make any contract whereby any person is granted or is to enjoy in fact the management of the insurer to the substantial exclusion of its board of directors or to have the controlling or preemptive right to produce substantially all insurance business for the insurer, unless the contract is filed with and approved by the office.
- (2) Any such contract shall provide that any such manager or producer of its business shall within 90 days after expiration of each calendar year furnish the insurer's board of directors a written statement of amounts received under or on account of the contract and amounts expended thereunder during such calendar year, including the emoluments received therefrom by the respective directors, officers, and other principal management personnel of the manager or producer, and with such classification of items and further detail as the insurer's board of directors may reasonably require.
- (3) The office shall disapprove any such contract if it finds that it:
 - (a) Subjects the insurer to excessive charges;
 - (b) Is to extend for an unreasonable length of time;
 - (c) Does not contain fair and adequate standards of performance; or
 - (d) Contains other inequitable provision or provisions which impair the proper interests of policyholders or members of the insurer.

69O-143.046,.047,.056
Rulemaking Authority

628.461 Acquisition of controlling stock.—

(1) A person may not, individually or in conjunction with any affiliated person of such person, acquire directly or indirectly, conclude a tender offer or exchange offer for, enter into any agreement to exchange securities for, or otherwise finally acquire 10 percent or more of the outstanding voting securities of a domestic stock insurer or of a controlling company, unless:

(a) The person or affiliated person has filed with the office and sent to the insurer and controlling company a letter of notification regarding the transaction or proposed transaction within 5 days after any form of tender offer or exchange offer is proposed, or within 5 days after the acquisition of the securities if no tender offer or exchange offer is involved. The notification must be provided on forms prescribed by the commission containing information determined necessary to understand the transaction and identify all purchasers and owners involved;

(b) The person or affiliated person has filed with the office the statement as specified in subsection (3). The statement must be completed and filed within 30 days after:

1. Any definitive acquisition agreement is entered;
2. Any form of tender offer or exchange offer is proposed; or
3. The acquisition of the securities, if no definitive acquisition agreement, tender offer, or exchange offer is involved; and

(c) The office has approved the tender or exchange offer, or acquisition if no tender offer or exchange offer is involved, and approval is in effect.

A filing required under this subsection must be made for any acquisition that equals or exceeds 10 percent of the outstanding voting securities.

(2) This section does not apply to any acquisition of voting securities of a domestic stock insurer or of a controlling company by any person who, on July 1, 1976, is the owner of a majority of such voting securities or who, on or after July 1, 1976, becomes the owner of a majority of such voting securities with the approval of the office under this section. The person or affiliated person filing the notice required by paragraph (1)(a) may request, in writing, the office to waive the requirements of paragraph (1)(b) if there is no change in the ultimate controlling shareholder or ownership percentages of the ultimate controlling shareholders and no unaffiliated parties acquire any direct or indirect interest in the insurer. The office may waive the filing if it determines that in fact there is no change in the ultimate controlling shareholder or ownership percentages of the ultimate controlling shareholders and no unaffiliated parties will acquire any direct or indirect interest in the insurer.

(3) The statement to be filed with the office under subsection (1) and furnished to the insurer and controlling company must contain all the following information and any additional information that the office deems necessary to determine the character, experience, ability, and other qualifications of the person or affiliated person of such person for the protection of the policyholders and shareholders of the insurer and the public:

(a) The identity of, and the background information specified in subsection (4) on, each natural person by whom, or on whose behalf, the acquisition is to be made; and, if the acquisition is to be made by, or on behalf of, a corporation, association, or trust, as to the corporation, association, or trust and as to any person who controls, directly or indirectly, the corporation, association, or trust, the identity of, and the background information specified in subsection (4) on, each director, officer, trustee, or other natural person performing duties similar to those of a director, officer, or trustee for the corporation, association, or trust.

(b) The source and amount of the funds or other consideration used, or to be used, in making the acquisition.

(c) Any plans or proposals that such persons may have made to liquidate such insurer, to sell any of its assets or merge or consolidate it with any person, or to make any other major

Rulemaking Authority

(1) A domestic stock insurer shall not pay any dividend or distribute cash or other property to stockholders except out of that part of its available and accumulated surplus funds which is derived from realized net operating profits on its business and net realized capital gains.

(2) Dividend payments or distributions to stockholders, without prior written approval of the office, shall not exceed the larger of:

(a) The lesser of 10 percent of surplus or net gain from operations (life and health companies) or net income (property and casualty companies), not including realized capital gains, plus a 2-year carryforward for property and casualty companies;

(b) Ten percent of surplus, with dividends payable constrained to unassigned funds minus 25 percent of unrealized capital gains;

(c) The lesser of 10 percent of surplus or net investment income (net gain before capital gains for life and health companies) plus a 3-year carryforward (2-year carryforward for life and health companies) with dividends payable constrained to unassigned funds minus 25 percent of unrealized capital gains.

(3) In lieu of the provisions in subsection (2), an insurer may pay a dividend or make a distribution without the prior written approval of the office when:

(a) The dividend is equal to or less than the greater of:

1. Ten percent of the insurer's surplus as to policyholders derived from realized net operating profits on its business and net realized capital gains; or

2. The insurer's entire net operating profits and realized net capital gains derived during the immediately preceding calendar year; and

(b) The insurer will have surplus as to policyholders equal to or exceeding 115 percent of the minimum required statutory surplus as to policyholders after the dividend or distribution is made; and

(c) The insurer has filed notice with the office at least 10 business days prior to the dividend payment or distribution, or such shorter period of time as approved by the office on a case-by-case basis. Such notice shall not create a right in the office to approve or disapprove a dividend otherwise properly payable hereunder; and

(d) The notice includes a certification by an officer of the insurer attesting that after payment of the dividend or distribution the insurer will have at least 115 percent of required statutory surplus as to policyholders.

(4) The office shall not approve a dividend or distribution in excess of the maximum amount allowed in subsection (1) unless, considering the following factors, it determines that the distribution or dividend would not jeopardize the financial condition of the insurer:

(a) The liquidity, quality, and diversification of the insurer's assets and the effect on its ability to meet its obligations.

(b) Reduction of investment portfolio and investment income.

(c) Effects on the written premium to surplus ratios as required by the Florida Insurance Code.

(d) Industrywide financial conditions.

(e) Prior dividend distributions of the insurer.

(f) Whether the dividend is only a "pass-through" dividend from a subsidiary of the insurer.

(5) A dividend or distribution by a not-for-profit insurance company subsidiary to its mutual insurance holding company, directly or indirectly through one or more intermediate holding companies, pursuant to part III of this chapter, which meets the requirements of this section and which applies to a stock insurer, is permitted under this section.

628.381 Dividends to mutual policyholders.—

(1) The directors of a domestic mutual insurer may from time to time apportion and pay or credit to its members dividends only out of that part of its surplus funds which represents net realized savings and net realized earnings in excess of the surplus required by law to be maintained.

69O-143.046,.047,.056
Rulemaking Authority

(2) A dividend otherwise proper may be payable out of such savings and earnings even though the insurer's total surplus is then less than the aggregate of its contributed surplus.

628.801 Insurance holding companies; registration; regulation.—

(1) An insurer that is authorized to do business in this state and that is a member of an insurance holding company shall, on or before April 1 of each year, register with the office and file a registration statement and be subject to regulation with respect to its relationship to the holding company as provided by law or rule. The commission shall adopt rules establishing the information and statement form required for registration and the manner in which registered insurers and their affiliates are regulated. The rules apply to domestic insurers, foreign insurers, and commercially domiciled insurers, except for foreign insurers domiciled in states that are currently accredited by the NAIC. Except to the extent of any conflict with this code, the rules must include all requirements and standards of ss. 4 and 5 of the Insurance Holding Company System Regulatory Act and the Insurance Holding Company System Model Regulation of the NAIC, as adopted in December 2010. The commission may adopt subsequent amendments thereto if the methodology remains substantially consistent. The rules may include a prohibition on oral contracts between affiliated entities. Material transactions between an insurer and its affiliates shall be filed with the office as provided by rule.

(2) Effective January 1, 2015, the ultimate controlling person of every insurer subject to registration shall also file an annual enterprise risk report on or before April 1. As used in this subsection, the term "ultimate controlling person" means a person who is not controlled by any other person. The report, to the best of the ultimate controlling person's knowledge and belief, must identify the material risks within the insurance holding company system that could pose enterprise risk to the insurer. The report shall be filed with the lead state office of the insurance holding company system as determined by the procedures within the Financial Analysis Handbook adopted by the NAIC and is confidential and exempt from public disclosure as provided in s. 624.4212.

(a) An insurer may satisfy this requirement by providing the office with the most recently filed parent corporation reports that have been filed with the Securities and Exchange Commission which provide the appropriate enterprise risk information.

(b) The term "enterprise risk" means an activity, circumstance, event, or series of events involving one or more affiliates of an insurer which, if not remedied promptly, are likely to have a materially adverse effect upon the financial condition or liquidity of the insurer or its insurance holding company system as a whole, including anything that would cause the insurer's risk-based capital to fall into company action level as set forth in s. 624.4085 or would cause the insurer to be in a hazardous financial condition.

(3) Effective January 1, 2015, pursuant to chapter 624 relating to the examination of insurers, the office may examine any insurer registered under this section and its affiliates to ascertain the financial condition of the insurer, including the enterprise risk to the insurer by the ultimate controlling party, or by any entity or combination of entities within the insurance holding company system, or by the insurance holding company system on a consolidated basis.

(4) The filings and related documents filed pursuant to this section are confidential and exempt as provided in s. 624.4212 and are not subject to subpoena or discovery directly from the office. A waiver of any applicable privilege or claim of confidentiality in the filings and related documents may not occur as a result of any disclosure to the office under this section or any other section of the insurance code as authorized under s. 624.4212. Neither the office nor any person who received the filings and related documents while acting under the authority of the office or with whom such information is shared pursuant to s. 624.4212 is permitted or required to testify in any private civil action concerning any confidential documents, materials, or information subject to s. 624.4212. However, the department or office may use the confidential and exempt information in the furtherance of any regulatory

690-143.046,.047,.056
Rulemaking Authority

or legal action brought against an insurer as a part of the official duties of the department or office.

(5) Effective January 1, 2015, the failure to file a registration statement, or a summary of the registration statement, or the enterprise risk filing report required by this section within the time specified for filing is a violation of this section.

(6) Upon request, the office may waive the filing requirements of this section:

(a) If the insurer is a domestic insurer that is the subsidiary of an insurer that is in full compliance with the insurance holding company registration laws of its state of domicile, which state is accredited by the NAIC; or

(b) If the insurer is a domestic insurer that writes only in this state and has annual direct written and assumed premium of less than \$300 million, excluding premiums reinsured with the Federal Crop Insurance Corporation and Federal Flood Program, and demonstrates that compliance with this section would not provide substantial regulatory or consumer benefit. In evaluating a waiver request made under this paragraph, the office may consider various factors including, but not limited to, the type of business entity, the volume of business written, the ownership or organizational structure of the entity, or whether the company is in runoff.

A waiver granted pursuant to this subsection is valid for 2 years unless sooner withdrawn due to a change in the circumstances under which the waiver was granted.

628.803 Sanctions.—

(1) Any company failing, without just cause, to file any registration statement or certificate of exemption required to be filed pursuant to commission rules relating to this part shall, in addition to other penalties prescribed under the Florida Insurance Code, be subject to pay a penalty of \$100 for each day's delay, not to exceed a total of \$10,000.


(2) Every director or officer of an insurance holding company system who knowingly violates or participates in, or who knowingly directs any of the officers or agents of the company to engage in transactions or make investments which have not been properly filed or approved or which violate commission rules relating to this part, shall pay, in their individual capacity, a civil forfeiture of not more than \$5,000 per violation. In determining the amount of the civil forfeiture, the office shall take into account the appropriateness of the forfeiture with respect to the gravity of the violation, and the history of previous violations.

(3) Whenever it appears to the office that any insurer subject to this part or any director, officer, employee, or agent thereof has engaged in any transaction or entered into a contract which violates commission rules relating to this part, the office may order the insurer to cease and desist immediately any further activity under that transaction or contract. The office may also order the insurer to void any such transaction or contract and restore the status quo if this action is in the best interest of the policyholders, creditors, or public.

(4) If the office determines that any person violated s. 628.461 or s. 628.801, the violation may serve as an independent basis for disapproving dividends or distributions and for placing the insurer under an order of supervision in accordance with part VI of chapter 624.

(5) Any officer, director, or employee of an insurance holding company system who willfully and knowingly subscribes to, or makes or causes to be made, any false statements, false reports, or false filings with the intent to deceive the office in the performance of its duties under this part is guilty of a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

M E M O R A N D U M

DATE: November 17, 2015
TO: Kevin M. McCarty, Commissioner, Office of Insurance Regulation
THROUGH: Anoush Brangaccio, General Counsel
FROM: Virginia Christy
Stephen Fredrickson 
SUBJECT: Cabinet Agenda for December 8, 2015
Request for Final Approval to Adopt Amendments to
Rule 69O-154.202, 203, 204
Assignment #170568-15

The Office of Insurance Regulation requests that these proposed rule amendments be presented to the Cabinet aides on or before December 2, 2015 and to the Financial Services Commission on December 8, 2015, with a request for Final Approval to Adopt the proposed rules. A notice of the Final Rule Hearing will be published in the *Florida Administrative Register* on November 18, 2015.

The notice of proposed rules was published on October 12, 2015 in Volume 41, No. 198, of the *Register*. The hearing was not requested, therefore, the hearing was not held. The Joint Administrative Procedures Committee identified several minor issues with the existing rules which have been corrected through a Notice of Change.

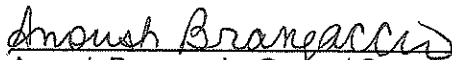
The rules update morbidity tables applicable to Long Term Disability policies as they change over time.

Sections 624.308(1), 625.121, 625.081, 624.307(1), F.S., provide rulemaking authority and laws implemented for this rule.

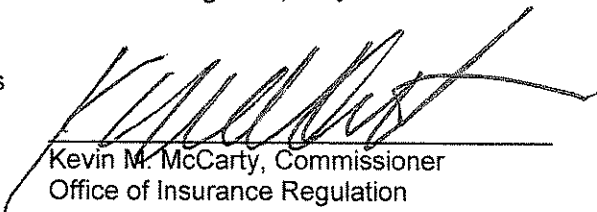
The Legal Services Office has communicated with the Joint Administrative Procedures Committee, and ascertained that their review of the rules has been completed.

Stephen Fredrickson is the attorney handling this rule. Attached are: 1) the proposed rule(s); 2) any incorporated materials, such as forms; 3) copies of the rulemaking statutory authority and law implemented.

Approved for signature:


Anoush Brangaccio, General Counsel

Approved for submission to Financial Services
Commission:


Kevin M. McCarty, Commissioner
Office of Insurance Regulation

69O-154.202 Definitions.

As used in this rule chapter, the following terms have the following meaning:

(1) thru (9) No Change

(10) Group Long-Term Disability Income. The term group long-term disability income includes group contracts providing group disability income coverage with a maximum benefit duration longer than two years. Group long-term disability income contracts are based on a group pricing structure. The term "group long-term disability" does not include group short-term disability (coverage with benefit periods of two years or less in maximum duration). It also does not include voluntary group disability income coverage that is priced on an individual risk structure and generally sold in the workplace.

(Renumber Subsequent Sections)

Rulemaking Specific Authority 624.308(1), 625.121(14), 625.081 FS. Law Implemented 624.307(1), 625.081, 625.121 FS. History—New 4-14-99, Formerly 4-154.202, Amended 3-1-04, Amended _____.

69O-154.203 Categories of Reserves.

Adequacy of an insurer's health insurance reserves shall be determined on the basis of all three categories combined. However, these standards emphasize the importance of determining appropriate reserves for each of the three categories separately.

(1)(a) No Change

(b) Minimum Standards for Claim Reserves.

1. Disability Income.

a. Interest. The maximum interest rate for claim reserves is specified in subsection 69O-154.204(2), F.A.C.

b. Morbidity. Minimum standards for morbidity are those specified in subsection

69O-154.204(1), F.A.C., except that, at the option of the insurer:

(I) For claims incurred on or before December 31, 2006, with a duration from date of disablement of less than two years, reserves may at the option of the insurer be based on the insurer's experience, if such experience is considered credible, or upon other assumptions designed to place a sound value on the liabilities.

Each insurer may elect one of the following to use as the minimum morbidity standard for claim reserves:

(A) The minimum morbidity standard in effect for claim reserves as of the date the claim was incurred, or

(B) The standards as defined in (II) applied to all open claims. Once an insurer elects to calculate reserves for all open claims on the standard defined in (II), all future valuations must be on that basis.

(II) For individual disability income claims incurred on or after January 1, 2007, the minimum standards with respect to morbidity are those specified in 69O-154.204, except that, at the option of the insurer, assumptions regarding claim termination rates for the period less than two years from the date of disablement may, at the option of the insurer, be based on the insurer's experience, if such experience is considered credible, or upon other assumptions designed to place a sound value on the liabilities.

(III) No Change

(IV) For group disability income claims incurred on or after January 1, 2007 and on or before September 30, 2014.

(A) No Change

(B) Assumptions regarding claim termination rates for the period two or more years but less than five years from the date of disablement may, with the approval of the

Office, be based on the insurer's experience, if such experience is considered credible, and for which the insurer maintains underwriting and claim administration control. The request for such approval of a plan of modification to the reserve basis must include:

(i) An analysis of the credibility of the experience;

(ii) A description of how all of the insurer's experience is proposed to be used in setting reserves;

(iii) A description and quantification of the margins to be included;

(iv) A summary of the financial impact that the proposed plan of modification would have had on the insurer's last filed annual statement;

(v) A copy of the approval of the proposed plan of modification by the commissioner of the state of domicile; and

(vi) Any other information deemed necessary, to provide clarity and completeness, by the office.

(C) Each insurer may elect one of the following to use as the minimum morbidity standard for group long-term disability income claim reserves:

(i) The minimum morbidity standard in effect for claim reserves as of the date the claim was incurred, or

(ii) The standards as defined in (1)(b) IV(B)(iii) above, applied to all open claims.

(iii) Once an insurer elects to calculate reserves for all open claims on a more recent standard then all future valuations must be on that basis.

(V) No Change

(VI) For group long-term disability income claims incurred on or after October 1, 2014, and on or before December 31, 2016, the minimum standards with respect to morbidity may be based on the 2012 GLTD termination table

([http://www.naic.org/documents/01 naic 2012 group long-term disability valuation table.xls](http://www.naic.org/documents/01_naic_2012_group_long-term_disability_valuation_table.xls)) which is incorporated herein by reference or subsequent table with considerations of:

(A) The insurer's own experience computed in accordance with Actuarial Guideline XLVII as included in the NAIC Accounting Practices and Procedures Manual, adopted by rule 69O-137.001(4), and

(B) An adjustment to include an own experience measurement margin derived in accordance with Actuarial Guideline XLVII, as included in the NAIC Accounting Practices and Procedures Manual, and

(C) A credibility factor derived in accordance with Actuarial Guideline XLVII

(D) Subject to the conditions in this paragraph, the 2012 GLTD or subsequent table with considerations outlined in paragraph(B) shall be used in determining minimum standards with respect to morbidity for group long term disability claims incurred on or after January 1, 2017.

(VII) Subject to the conditions in this Section, the 2012 GLTD or subsequent table with considerations outlined in Paragraph (b)1 shall be used in determining minimum standards with respect to morbidity for group long term disability claims incurred on or after January 1, 2017.

(1)(b)1.c. thru (1)(b)2. No Change

(2) and (3) No Change

Rulemaking Specific Authority 624.308(1), 625.121(14), 625.081 FS. Law Implemented

624.307(1), 625.081, 625.121 FS. History—New 4-14-99, Formerly 4-154.203, Amended 3-1-04, 4-7-05, 11-2-06, Amended_____.

69O-154.204 Specific Minimum Standards for Morbidity, Mortality and Interest.

Specific minimum standards for morbidity, mortality and interest which apply to claim reserves according to year of incurral and to contract reserves according to year of issue:

(1) Morbidity.

(a) No Change

(b) Minimum morbidity standards for valuation of specified group contract health insurance benefits shall be as follows:

1. Disability Income Benefits Due to Accident or Sickness, where rules 69O-154.201 - 69O-154.210 reference 69O-154.204; otherwise Actuarial Guideline XLVII, as included in the most current version of the NAIC Accounting Practices and Procedures Manual adopted by rule 69O-137.001(4).

1. a. and b. No Change

(c) No Change

(2) and (3) No Change

Rulemaking Specific Authority 624.308(1), 625.121(14), 625.081 FS. Law Implemented 624.307(1), 625.081, 625.121 FS. History—New 4-14-99, Formerly 4-154.204, Amended 3-1-04, 4-7-05, 11-2-06, Amended_____.

624.308 Rules.—

(1) The department and the commission may each adopt rules pursuant to ss. 120.536(1) and 120.54 to implement provisions of law conferring duties upon the department or the commission, respectively.

625.121 Standard Valuation Law; life insurance.—

(1) SHORT TITLE.—This section shall be known as the "Standard Valuation Law."

(2) ANNUAL VALUATION.—The office shall annually value, or cause to be valued, the reserves for all outstanding life insurance policies and annuity and pure endowment contracts of each life insurer doing business in this state. In the case of an alien insurer, such valuation is limited to its insurance transactions in the United States. In calculating reserves, the office may use group methods and approximate averages for fractions of a year or otherwise, and may accept the insurer's calculation of such reserves. In lieu of the valuation of the reserves required of a foreign or alien insurer, the office may accept any valuation made or caused to be made by the insurance supervisory official of any state or other jurisdiction if the valuation complies with the minimum standard provided under this section. If a valuation is made by the office, the office may use its actuary or employ an actuary for that purpose; and the reasonable compensation of the actuary, at a rate approved by the office, plus reimbursement of travel expenses pursuant to s. 624.320, supported by an itemized statement of such compensation and expenses, shall be paid by the insurer upon demand of the office. If a domestic insurer furnishes the office with a valuation of its outstanding policies as computed by its own actuary or by an actuary deemed satisfactory for that purpose by the office, the valuation shall be verified by the actuary of the office without cost to the insurer. This section applies to the calculation of reserves for policies and contracts not subject to s. 625.1212.

(3) ACTUARIAL OPINION OF RESERVES.—

(a) Each life insurer doing business in this state shall annually submit the opinion of a qualified actuary as to whether the reserves and related actuarial items held in support of the policies and contracts specified by the commission by rule are computed appropriately, are based on assumptions that satisfy contractual provisions, are consistent with prior reported amounts, and comply with applicable laws of this state. The commission by rule shall define the specifics of this opinion and add any other items determined necessary to its scope.

1. The opinion shall be submitted with the annual statement and must reflect the valuation of such reserve liabilities for each year ending on or before December 31 of the year before the operative date of the valuation manual as defined in s. 625.1212(2), and in accordance with s. 625.1212(4) for each year thereafter.

2. The opinion applies to all business in force, including individual and group health insurance plans, in the form and substance acceptable to the office as specified by rule of the commission.

3. The commission may adopt rules providing the standards of the actuarial opinion consistent with standards adopted by the Actuarial Standards Board on December 31, 2013, and subsequent revisions thereto if the standards remain substantially consistent.

4. The office may accept an opinion filed by a foreign or alien insurer with the insurance supervisory official of another state if the office determines that the opinion reasonably meets the requirements applicable to an insurer domiciled in this state.

5. As used in this subsection, the term "qualified actuary" means a member in good standing of the American Academy of Actuaries who also meets the requirements specified by rule of the commission.

6. Disciplinary action by the office against the insurer or the qualified actuary shall be in accordance with the insurance code and related rules adopted by the commission.

7. A memorandum in the form and substance specified by rule shall be prepared to support each actuarial opinion.

8. If the insurer fails to provide a supporting memorandum at the request of the office within a period specified by rule of the commission, or if the office determines that the supporting memorandum provided by the insurer fails to meet the standards prescribed by rule of the commission, the office may engage a qualified actuary at the expense of the insurer to review the opinion and the basis for the opinion and prepare such supporting memorandum as required by the office.

9. Except as otherwise provided in this subparagraph, any memorandum or other material in support of the opinion is confidential and exempt from s. 119.07(1) and is not subject to subpoena or discovery directly from the office; however, the memorandum or other material may be released by the office with the written consent of the insurer, or to the American Academy of Actuaries upon request stating that the memorandum or other material is required for the purpose of professional disciplinary proceedings and setting forth procedures satisfactory to the office for preserving the confidentiality of the memorandum or other material. If any portion of the confidential memorandum is cited by the insurer in its marketing, is cited before any governmental agency other than a state insurance department, or is released by the insurer to the news media, no portion of the memorandum is confidential. Neither the office nor any person who receives documents, materials, or other information while acting under the authority of the office or with whom such information is shared pursuant to this paragraph may testify in a private civil action concerning the confidential documents, materials, or information. However, the department or office may use the confidential and exempt information in the furtherance of any regulatory or legal action brought against an insurer as a part of the official duties of the department or office. A waiver of an applicable privilege or claim of confidentiality in the documents, materials, or information may not occur as a result of disclosure to the office under this section or any other section of the insurance code, or as a result of sharing as authorized under s. 624.4212.

(b) In addition to the opinion required by paragraph (a), the office may, pursuant to commission rule, require an opinion of the same qualified actuary as to whether the reserves and related actuarial items held in support of the policies and contracts specified by the commission by rule, when considered in light of the assets held by the insurer with respect to the reserves and related actuarial items, including, but not limited to, the investment earnings on the assets and considerations anticipated to be received and retained under the policies and contracts, make adequate provision for the insurer's obligations under the policies and contracts, including, but not limited to, the benefits under, and expenses associated with, the policies and contracts.

(c) The commission may provide by rule for a transition period for establishing any higher reserves which the qualified actuary may deem necessary in order to render the opinion required by this subsection.

(4) MINIMUM STANDARD FOR VALUATION OF POLICIES AND CONTRACTS ISSUED BEFORE OPERATIVE DATE OF STANDARD NONFORFEITURE LAW.—The minimum standard for the valuation of all such policies and contracts issued prior to the operative date of s. 627.476 (Standard Nonforfeiture Law) shall be any basis satisfactory to the office. Any basis satisfactory to the former Department of Insurance on the effective date of this code shall be deemed to meet such minimum standards.

(5) MINIMUM STANDARD FOR VALUATION OF POLICIES AND CONTRACTS ISSUED ON OR AFTER OPERATIVE DATE OF THE STANDARD NONFORFEITURE LAW.—Except as otherwise provided in paragraph (h) and subsections (6), (13), and (14), the minimum standard for the valuation of all such policies and contracts issued on or after the operative date of s. 627.476 shall be the commissioners' reserve valuation method defined in subsections (7), (11), and (14); 5 percent interest for group annuity and pure endowment contracts and 3.5 percent interest for all other such policies and contracts, or in the case of life insurance policies and contracts, other than annuity and pure endowment contracts, issued on or after July 1, 1973, 4 percent interest for such policies issued prior to October 1, 1979, and 4.5

percent interest for such policies issued on or after October 1, 1979; and the following tables:

(a) For all ordinary policies of life insurance issued on the standard basis, excluding any disability and accidental death benefits in such policies:

1. For policies issued before the operative date of s. 627.476(9), the 1958 Commissioners Standard Ordinary (CSO) Mortality Table; except that, for any category of such policies issued on female risks, modified net premiums and present values, referred to in subsection (7), may be calculated according to an age up to 6 years younger than the actual age of the insured.

2. For policies issued on or after the operative date of s. 627.476(9), the 1980 Commissioners Standard Ordinary Mortality Table or, at the election of the insurer for any one or more specified plans of life insurance, the 1980 Commissioners Standard Ordinary Mortality Table with Ten-Year Select Mortality Factors.

3. For policies issued on or after July 1, 2004, ordinary mortality tables, adopted after 1980 by the NAIC, adopted by rule by the commission for use in determining the minimum standard of valuation for such policies.

(b) For all industrial life insurance policies issued on the standard basis, excluding any disability and accidental death benefits in such policies:

1. For policies issued before the first date, the 1961 Commissioners Standard Industrial Mortality Table is applicable according to s. 627.476, the 1941 Standard Industrial Mortality Table;

2. For policies issued on or after that date, the 1961 Commissioners Standard Industrial Mortality Table; and

3. For policies issued on or after October 1, 2014, a Commissioners Standard Industrial Mortality Table adopted by the NAIC after 1980 which is adopted by rule of the commission for use in determining the minimum standard of valuation for such policies.

(c) For individual annuity and pure endowment contracts, excluding any disability and accidental death benefits in such policies, the 1937 Standard Annuity Mortality Table or, at the option of the insurer, the Annuity Mortality Table for 1949, Ultimate, or any modification of these tables approved by the office.

(d) For group annuity and pure endowment contracts, excluding any disability and accidental death benefits in such policies, the Group Annuity Mortality Table for 1951; any modification of such table approved by the office; or, at the option of the insurer, any of the tables or modifications of tables specified for individual annuity and pure endowment contracts.

(e) For total and permanent disability benefits in or supplementary to ordinary policies or contracts:

1. For policies or contracts issued on or after January 1, 1966, the tables of period 2 disablement rates and the 1930 to 1950 termination rates of the 1952 disability study of the Society of Actuaries, with due regard to the type of benefit;

2. For policies or contracts issued on or after January 1, 1961, and before January 1, 1966, either of the tables specified in subparagraph 1. or, at the option of the insurer, the class three disability table (1926);

3. For policies issued before January 1, 1961, the class three disability table (1926); and

4. For policies or contracts issued on or after July 1, 2004, tables of disablement rates and termination rates adopted after 1980 by the NAIC, adopted by rule by the commission for use in determining the minimum standard of valuation for those policies or contracts.

Any such table for active lives shall be combined with a mortality table permitted for calculating the reserves for life insurance policies.

(f) For accidental death benefits in or supplementary to policies:

1. For policies issued on or after January 1, 1966, the 1959 Accidental Death Benefits Table;
2. For policies issued on or after January 1, 1961, and before January 1, 1966, the 1959 Accidental Death Benefits Table or, at the option of the insurer, the Intercompany Double Indemnity Mortality Table;
3. For policies issued before January 1, 1961, the Intercompany Double Indemnity Mortality Table; and
4. For policies issued on or after July 1, 2004, tables of accidental death benefits adopted after 1980 by the NAIC, adopted by rule by the commission for use in determining the minimum standard of valuation for those policies.

Either table shall be combined with a mortality table permitted for calculating the reserves for life insurance policies.

(g) For group life insurance, life insurance issued on the substandard basis, and other special benefits, such tables as may be approved by the office as being sufficient with relation to the benefits provided by such policies.

(h) Except as provided in subsection (6), the minimum standard for the valuation of all individual annuity and pure endowment contracts issued on or after the operative date of this paragraph and for all annuities and pure endowments purchased on or after such operative date under group annuity and pure endowment contracts shall be the commissioners' reserve valuation method defined in subsection (7) and the following tables and interest rates:

1. For individual annuity and pure endowment contracts issued before October 1, 1979, excluding any disability and accidental death benefits in such contracts, the 1971 Individual Annuity Mortality Table, or any modification of this table approved by the office, and 6 percent interest for single-premium immediate annuity contracts and 4 percent interest for all other individual annuity and pure endowment contracts.
2. For individual single-premium immediate annuity contracts issued on or after October 1, 1979, and before October 1, 1986, excluding any disability and accidental death benefits in such contracts, the 1971 Individual Annuity Mortality Table, or any modification of this table approved by the office, and 7.5 percent interest. For such contracts issued on or after October 1, 1986, the 1983 Individual Annual Mortality Table, or any modification of such table approved by the office, and the applicable calendar year statutory valuation interest rate as described in subsection (6).
3. For individual annuity and pure endowment contracts issued on or after October 1, 1979, and before October 1, 1986, other than single-premium immediate annuity contracts, excluding any disability and accidental death benefits in such contracts, the 1971 Individual Annuity Mortality Table, or any modification of this table approved by the office, and 5.5 percent interest for single-premium deferred annuity and pure endowment contracts and 4.5 percent interest for all other such individual annuity and pure endowment contracts. For such contracts issued on or after October 1, 1986, the 1983 Individual Annual Mortality Table, or any modification of such table approved by the office, and the applicable calendar year statutory valuation interest rate as described in subsection (6).
4. For all annuities and pure endowments purchased before October 1, 1979, under group annuity and pure endowment contracts, excluding any disability and accidental death benefits purchased under such contracts, the 1971 Group Annuity Mortality Table, or any modification of this table approved by the office, and 6 percent interest.
5. For all annuities and pure endowments purchased on or after October 1, 1979, and before October 1, 1986, under group annuity and pure endowment contracts, excluding disability and accidental death benefits purchased under such contracts, the 1971 Group Annuity Mortality Table, or any modification of this table approved by the office, and 7.5 percent interest. For such contracts purchased on or after October 1, 1986, the 1983 Group

Annuity Mortality Table, or any modification of such table approved by the office, and the applicable calendar year statutory valuation interest rate as described in subsection (6).

After July 1, 1973, an insurer may have filed with the former Department of Insurance a written notice of its election to comply with this paragraph after a specified date before January 1, 1979, which shall be the operative date of this paragraph for such insurer. However, an insurer may elect a different operative date for individual annuity and pure endowment contracts from that elected for group annuity and pure endowment contracts. If an insurer does not make such election, the operative date of this paragraph for such insurer is January 1, 1979.

(i) In lieu of the mortality tables specified in this subsection, and subject to rules previously adopted by the former Department of Insurance, the insurance company may, at its option:

1. Substitute the applicable 1958 CSO or CET Smoker and Nonsmoker Mortality Tables, in lieu of the 1980 CSO or CET mortality table standard, for policies issued on or after the operative date of s. 627.476(9) and before January 1, 1989.
2. Substitute the applicable 1980 CSO or CET Smoker and Nonsmoker Mortality Tables in lieu of the 1980 CSO or CET mortality table standard.
3. Use the Annuity 2000 Mortality Table for determining the minimum standard of valuation for individual annuity and pure endowment contracts issued on or after January 1, 1998, and before July 1, 1998.
4. Use the 1994 GAR Table for determining the minimum standard of valuation for annuities and pure endowments purchased on or after January 1, 1998, and before July 1, 1998, under group annuity and pure endowment contracts.

(j) The commission may adopt by rule the model regulation for valuation of life insurance policies as approved by the NAIC in March 1999, including tables of select mortality factors, and may make the regulation effective for policies issued on or after January 1, 2000.

(k) For individual annuity and pure endowment contracts issued on or after July 1, 2004, excluding disability and accidental death benefits purchased under those contracts, individual annuity mortality tables adopted after 1980 by the NAIC, adopted by rule by the commission for use in determining the minimum standard of valuation for those contracts.

(l) For all annuities and pure endowments purchased on or after July 1, 2004, under group annuity and pure endowment contracts, excluding disability and accidental death benefits purchased under those contracts, group annuity mortality tables adopted after 1980 by the NAIC, adopted by rule by the commission for use in determining the minimum standard of valuation for those contracts.

(6) MINIMUM STANDARD OF VALUATION.—

(a) The interest rates used in determining the minimum standard for the valuation of:

1. All life insurance policies issued in a particular calendar year on or after the operative date of s. 627.476(9);
2. All individual annuity and pure endowment contracts issued in a particular calendar year on or after January 1, 1982;
3. All annuities and pure endowments purchased in a particular calendar year on or after January 1, 1982, under group annuity and pure endowment contracts; and
4. The net increase, if any, in a particular calendar year after January 1, 1982, in amounts held under guaranteed interest contracts,

shall be the calendar year statutory valuation interest rates for the year-of-issue purchase or increase as defined in this subsection.

(b) The calendar year statutory valuation interest rates I shall be determined as follows, and the results rounded to the nearest 0.25 percent:

1. For life insurance:

$$I = 0.03 + W(R1-0.03) + (W/2)(R2-0.09).$$

For purposes of this subparagraph, "R1" is the lesser of R and .09; "R2" is the greater of R and .09; "R" is the reference interest rate defined in this subsection; and "W" is the weighting factor defined in this subsection.

2. For single-premium immediate annuities and for annuity benefits involving life contingencies arising from other annuities with cash settlement options and from guaranteed interest contracts with cash settlement options:

$$I = 0.03 + W(R-0.03).$$

For purposes of this subparagraph, "R" is the reference interest rate defined in this subsection, and "W" is the weighting factor defined in this subsection.

3. For other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on an issue-year basis, except as stated in subparagraph 2., the formula for life insurance stated in subparagraph 1. shall apply to annuities and guaranteed interest contracts with guarantee durations in excess of 10 years, and the formula for single-premium immediate annuities stated in subparagraph 2. shall apply to annuities and guaranteed interest contracts with guarantee durations of 10 years or less.

4. For other annuities with no cash settlement options and for guaranteed interest contracts with no cash settlement options, the formula for single-premium immediate annuities stated in subparagraph 2. shall apply.

5. For other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on a change-in-fund basis, the formula for single-premium immediate annuities stated in subparagraph 2. shall apply.

However, if the calendar year statutory valuation interest rate for any life insurance policies issued in any calendar year determined without reference to this sentence differs from the corresponding actual rate for similar policies issued in the immediately preceding calendar year by less than 0.5 percent, the calendar year statutory valuation interest rate for such life insurance policies shall be equal to the corresponding actual rate for the immediately preceding calendar year. For purposes of applying the immediately preceding sentence, the calendar year statutory valuation interest rate for life insurance policies issued in a calendar year shall be determined for 1980, the reference interest rate defined for 1979 being used, and shall be determined for each subsequent calendar year regardless of when s. 627.476(9) becomes operative.

(c) The weighting factors referred to in the formulas stated in paragraph (b) are given in the following tables:

1. Weighting factors for life insurance:

Guarantee Duration	Weighting
--------------------	-----------

(Years)	Factors
---------	---------

10 or less:.....	0.50
------------------	------

More than 10, but not more than 20:.....	0.45
--	------

More than 20:.....	0.35
--------------------	------

Rulemaking authority

For life insurance, the “guarantee duration” is the maximum number of years the life insurance can remain in force on a basis guaranteed in the policy or under options to convert to plans of life insurance with premium rates or nonforfeiture values or both which are guaranteed in the original policy.

2. Weighting factor for single-premium immediate annuities and for annuity benefits involving life contingencies arising from other annuities with cash settlement options and guaranteed interest contracts with cash settlement options: 0.80.

3. Weighting factors for other annuities and for guaranteed interest contracts, except as stated in subparagraph 2., shall be as specified in sub-subparagraphs a., b., and c., according to the rules and definitions in sub-subparagraphs d., e., and f. and in paragraph (f):

a. For annuities and guaranteed interest contracts valued on an issue-year basis:

Guarantee Duration	Weighting Factor
--------------------	------------------

(Years)	for Plan Type
---------	---------------

5 or less:.....A—0.80

B—0.60

C—0.50

More than 5, but not more than 10:.....A—0.75

B—0.60

C—0.50

More than 10, but not more than 20:.....A—0.65

B—0.50

C—0.45

More than 20:.....A—0.45

B—0.35

C—0.35

b. For annuities and guaranteed interest contracts valued on a change-in-fund basis, the factors shown in sub-subparagraph a. increased by: 0.15 for Plan Type A; 0.25 for Plan Type B; 0.05 for Plan Type C.

c. For annuities and guaranteed interest contracts valued on an issue-year basis, other than those with no cash settlement options, which do not guarantee interest on considerations received more than 1 year after issue or purchase and for annuities and guaranteed interest contracts valued on a change-in-fund basis which do not guarantee interest rates on considerations received more than 12 months beyond the valuation date,

the factors shown in sub-subparagraph a. or derived in sub-subparagraph b. increased by: 0.05 for Plan Type A; 0.05 for Plan Type B; 0.05 for Plan Type C.

d. For other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, the "guarantee duration" is the number of years for which the contract guarantees interest rates in excess of the calendar year statutory valuation interest rate for life insurance policies with guarantee duration in excess of 20 years. For other annuities with no cash settlement options and for guaranteed interest contracts with no cash settlement options, the guarantee duration is the number of years from the date of issue or date of purchase to the date annuity benefits are scheduled to commence.

e. "Plan type," as used in the tables above, is defined as follows:

(I) Plan Type A: At any time, the policyholder may withdraw funds only with an adjustment to reflect changes in interest rates or asset values since receipt of the funds by the insurer; the policyholder may withdraw funds only without such adjustment but in installments over 5 years or more; the policyholder may withdraw funds only as an immediate life annuity; or no withdrawal is permitted.

(II) Plan Type B: Before expiration of the interest rate guarantee, the policyholder may withdraw funds only with an adjustment to reflect changes in interest rates or asset values since receipt of the funds by the insurer; the policyholder may withdraw funds only without such adjustment but in installments over 5 years or more; or no withdrawal is permitted. At the end of interest rate guarantee, funds may be withdrawn without such adjustment in a single sum or installments over less than 5 years.

(III) Plan Type C: The policyholder may withdraw funds before expiration of interest rate guarantee in a single sum or installments over less than 5 years either without adjustment to reflect changes in interest rates or asset values since receipt of the funds by the insurer or subject only to a fixed surrender charge stipulated in the contract as a percentage of the fund.

f. An insurer may elect to value guaranteed interest contracts with cash settlement options and annuities with cash settlement options on either an issue-year basis or on a change-in-fund basis. Guaranteed interest contracts with no cash settlement options and other annuities with no cash settlement options must be valued on an issue-year basis.

(d) The "reference interest rate" referred to in paragraph (b) is defined as follows:

1. For all life insurance, the lesser of the average over a period of 36 months and the average over a period of 12 months, ending on June 30 of the calendar year next preceding the year of issue, of the interest rate index.

2. For single-premium immediate annuities and for annuity benefits involving life contingencies arising from other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, the average over a period of 12 months, ending on June 30 of the calendar year of issue or year of purchase, of the interest rate index.

3. For other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on a year-of-issue basis, except as stated in subparagraph 2., with guarantee duration in excess of 10 years, the lesser of the average over a period of 36 months and the average over a period of 12 months, ending on June 30 of the calendar year of issue or purchase, of the interest rate index.

4. For other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on a year-of-issue basis, except as stated in subparagraph 2., with guarantee duration of 10 years or less, the average over a period of 12 months, ending on June 30 of the calendar year of issue or purchase, of the interest rate index.

5. For other annuities with no cash settlement options and for guaranteed interest contracts with no cash settlement options, the average over a period of 12 months, ending on June 30 of the calendar year of issue or purchase, of the interest rate index.

6. For other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on a change-in-fund basis, except as stated in

subparagraph 2., the average over a period of 12 months, ending on June 30 of the calendar year of the change in the fund, of the interest rate index.

(e) The interest rate index shall be the Moody's Corporate Bond Yield Average-Monthly Average Corporates as published by Moody's Investors Service, Inc., if the index is calculated by using substantially the same methodology used by Moody's on January 1, 1981. If Moody's corporate bond yield average ceases to be calculated in substantially the same manner, the interest rate index shall be the index specified in the valuation manual, as applicable, as provided under s. 625.1212, or an index adopted by the NAIC and approved by rule adopted by the commission. The methodology used in determining the index approved by rule must be substantially the same as the methodology employed on January 1, 1981, for determining Moody's Corporate Bond Yield Average-Monthly Average Corporates as published by Moody's Investors Service, Inc.

(f) As used in this subsection, an "issue-year basis" of valuation refers to a valuation basis under which the interest rate used to determine the minimum valuation standard for the entire duration of the annuity or guaranteed interest contract is the calendar year valuation interest rate for the year of purchase of the annuity or guaranteed interest contract; and the "change-in-fund" basis of valuation refers to a valuation basis under which the interest rate used to determine the minimum valuation standard applicable to each change in the fund held under the annuity or guaranteed interest contract is the calendar year valuation interest rate for the year of the change in the fund.

(7) COMMISSIONERS' RESERVE VALUATION METHOD.—

(a)1. Except as otherwise provided in this subsection and subsections (11) and (14), reserves according to the commissioners' reserve valuation method, for the life insurance and endowment benefits of policies providing for a uniform amount of insurance and requiring the payment of uniform premiums, shall be the excess, if any, of the present value, at the date of valuation, of such future guaranteed benefits provided for by such policies, over the then-present value of any future modified net premiums therefor. The modified net premiums for any such policy shall be such uniform percentage of the respective contract premiums for such benefits that the present value, at the date of issue of the policy, of all such modified net premiums shall be equal to the sum of the then-present value of such benefits provided for by the policy and the excess of sub-subparagraph a. over sub-subparagraph b. as follows:

a. A net-level annual premium equal to the present value, at the date of issue, of such benefits provided for after the first policy year, divided by the present value, at the date of issue, of an annuity of one per annum payable on the first and each subsequent anniversary of such policy on which a premium falls due; provided, however, that such net-level annual premium shall not exceed the net-level annual premium on the 19-year premium whole life plan for insurance of the same amount at an age 1 year higher than the age at issue of such policy.

b. A net-1-year-term premium for such benefits provided for in the first policy year.

2. For any life insurance policy which is issued on or after January 1, 1985, for which the contract premium in the first policy year exceeds that of the second year and for which no comparable additional benefit is provided in the first year for such excess, and which provides an endowment benefit, a cash surrender value, or a combination thereof in an amount greater than such excess premium, the reserve according to the commissioners' reserve valuation method as of any policy anniversary occurring on or before the assumed ending date, defined herein as the first policy anniversary on which the sum of any endowment benefit and any cash surrender value then available is greater than such excess premium, shall, except as otherwise provided in subsection (11), be the greater of the reserve as of such policy anniversary calculated as described in subparagraph 1. and the reserve as of such policy anniversary calculated as described in subparagraph 1. but with:

a. The value defined in subparagraph 1. being reduced by 15 percent of the amount of such excess first year premium;

- b. All present values of benefits and premiums being determined without reference to premiums or benefits provided for by the policy after the assumed ending date;
- c. The policy being assumed to mature on such date as an endowment; and
- d. The cash surrender value provided on such date being considered as an endowment benefit.

In making the above comparison, the mortality and interest bases stated in subsections (5) and (6) shall be used.

(b) Reserves according to the commissioners' reserve valuation method for:

- 1. Life insurance policies providing for a varying amount of insurance or requiring the payment of varying premiums;
- 2. Group annuity and pure endowment contracts, purchased under a retirement plan or plan of deferred compensation, established or maintained by an employer, including a partnership or sole proprietorship, or by an employee organization, or by both, other than a plan providing individual retirement accounts or individual retirement annuities under s. 408 of the Internal Revenue Code, as now or hereafter amended;
- 3. Disability and accidental death benefits in all policies and contracts; and
- 4. All other benefits, except life insurance and endowment benefits in life insurance policies, and benefits provided by all other annuity and pure endowment contracts,

shall be calculated by a method which is consistent with and yields results consistent with the principles of paragraph (a).

(c) This subsection shall apply to all annuity and pure endowment contracts other than group annuity and pure endowment contracts purchased under a retirement plan or plan of deferred compensation, established or maintained by an employer, including a partnership or sole proprietorship, or by an employee organization, or by both, other than a plan providing individual retirement accounts or individual retirement annuities under s. 408 of the Internal Revenue Code, as now or hereafter amended. Reserves according to the commissioners' annuity reserve method for benefits under annuity or pure endowment contracts, excluding any disability and accidental death benefits in such contracts, shall be the greatest of the respective excesses of the present values, at the date of valuation, of the future guaranteed benefits, including guaranteed nonforfeiture benefits, provided for by such contracts at the end of each respective contract year, over the present value, at the date of valuation, of any future valuation considerations derived from future gross considerations, required by the terms of such contract, that become payable prior to the end of such respective contract year. The future guaranteed benefits shall be determined by using the mortality table, if any, and the interest rate or rates specified in such contracts for determining guaranteed benefits. The valuation considerations are the portions of the respective gross considerations applied under the terms of such contracts to determine nonforfeiture values.

(8) MINIMUM AGGREGATE RESERVES.—

(a) In no event shall an insurer's aggregate reserves for all life insurance policies, excluding disability and accidental death benefits, issued on or after the operative date of s. 627.476, be less than the aggregate reserves calculated in accordance with the methods set forth in subsections (7), (11), and (12) and the mortality table or tables and rate or rates of interest used in calculating nonforfeiture benefits for such policies.

(b) In no event may the aggregate reserves for all policies, contracts, and benefits be less than the aggregate reserves determined by the qualified actuary to be necessary to render the opinion required by subsection (3).

(9) OPTIONAL RESERVE BASIS.—

(a) Reserves for all policies and contracts issued prior to the operative date of s. 627.476 may be calculated, at the option of the insurer, according to any standards which produce greater aggregate reserves for all such policies and contracts than the minimum reserves required by the laws in effect immediately prior to such date.

(b) For any category of policies, contracts, or benefits specified in subsections (5) and (6), issued on or after the operative date of s. 627.476 (the Standard Nonforfeiture Law for Life Insurance), reserves may be calculated, at the option of the insurer, according to any standard or standards which produce greater aggregate reserves for such category than those calculated according to the minimum standard herein provided; but the rate or rates of interest used for policies and contracts, other than annuity and pure endowment contracts, shall not be higher than the corresponding rate or rates of interest used in calculating any nonforfeiture benefits provided for therein.

(10) LOWER VALUATIONS.—An insurer that adopted a standard of valuation producing greater aggregate reserves than those calculated according to the minimum standard provided under this section shall, with the approval of the office, adopt a lower standard of valuation, but not lower than the minimum herein provided; however, for the purposes of this subsection, the holding of additional reserves previously determined by an appointed actuary, as defined in s. 625.1212(2), to be necessary to render the opinion required by subsection (3) may not be deemed to be the adoption of a higher standard of valuation.

(11) ADDITIONAL PREMIUM.—If in any contract year the gross premium charged by a life insurer on a policy or contract is less than the valuation net premium for the policy or contract calculated by the method used in calculating the reserve thereon but using the minimum valuation standards of mortality and rate of interest, the minimum premium reserve required for the policy or contract shall be the greater of the reserve calculated according to the actual mortality table, rate of interest, and method used for the policy or contract, or the actual method used for the policy or contract but using the minimum valuation standards of mortality and rate of interest and replacing the valuation net premium by the actual gross premium in each contract year for which the valuation net premium exceeds the actual gross premium. The minimum valuation standards of mortality and rate of interest are those standards defined by subsections (4), (5), and (6). For any life insurance policy that is issued on or after January 1, 1985, for which the gross premium in the first policy year exceeds that of the second year and for which no comparable additional benefit is provided in the first year for such excess, and which provides an endowment benefit, a cash surrender value, or a combination thereof in an amount greater than such excess premium, the foregoing provisions of this subsection shall be applied as if the method actually used in calculating the reserve for such policy were the method described in subsection (7), the provisions of subparagraph (7)(a)2. being ignored. The minimum premium reserve amount, if any, at each policy anniversary of such a policy is the excess, if any, of the amount determined by the foregoing provisions of this subsection plus the reserve calculated by the method described in subsection (7), the provisions of subparagraph (7)(a)2. being ignored, over the reserve actually calculated by the method described in subsection (7), the provisions of subparagraph (7)(a)2. being taken into account.

(12) RESERVE CALCULATION FOR INDETERMINATE PREMIUM PLANS.—In the case of a plan of life insurance which provides for future premium determination, the amounts of which are to be determined by the insurer based on then estimates of future experience, or in the case of a plan of life insurance or annuity for which the minimum reserves cannot be determined by the methods described in subsections (7) and (11), the reserves that are held under such plan must:

(a) Be appropriate in relation to the benefits and the pattern of premiums for that plan; and

(b) Be computed by a method that is consistent with the principles of this section, as determined by rules adopted by the commission.

(13) CREDIT LIFE AND DISABILITY POLICIES.—

(a) For policies issued prior to January 1, 2004:

1. The minimum reserve for single-premium credit disability insurance, monthly premium credit life insurance, and monthly premium credit disability insurance shall be the unearned gross premium.
2. As to single-premium credit life insurance policies, the insurer shall establish and maintain reserves that are not less than the value, at the valuation date, of the risk for the unexpired portion of the period for which the premium has been paid as computed on the basis of the commissioners' 1980 Standard Ordinary Mortality Table and 3.5 percent interest. At the discretion of the office, the insurer may make a reasonable assumption as to the ages at which net premiums are to be determined. In lieu of the foregoing basis, reserves based upon unearned gross premiums may be used at the option of the insurer.

(b) For policies issued on or after January 1, 2004:

1. The minimum reserve for single-premium credit disability insurance shall be either:
 - a. The unearned gross premium, or
 - b. Based upon a morbidity table that is adopted by the National Association of Insurance Commissioners and is specified in a rule the commission adopts pursuant to subsection (14).
2. The minimum reserve for monthly premium credit disability insurance shall be the unearned gross premium.
3. The minimum reserve for monthly premium credit life insurance shall be the unearned gross premium.
4. As to single-premium credit life insurance policies, the insurer shall establish and maintain reserves that are not less than the value, at the valuation date, of the risk for the unexpired portion of the period for which the premium has been paid as computed on the basis of the commissioners' 1980 Standard Ordinary Mortality Table or any ordinary mortality table, adopted after 1980 by the National Association of Insurance Commissioners, that is approved by rule adopted by the commission for use in determining the minimum standard of valuation for such policies; and an interest rate determined in accordance with subsection (6). At the discretion of the office, the insurer may make a reasonable assumption as to the ages at which net premiums are to be determined. In lieu of the foregoing basis, reserves based upon unearned gross premiums may be used at the option of the insurer.

(14) MINIMUM STANDARDS FOR HEALTH PLANS.—The commission shall adopt a rule containing the minimum standards applicable to the valuation of health plans in accordance with sound actuarial principles.

625.081 Reserve for health insurance.—For all health insurance policies, the insurer shall maintain an active life reserve which places a sound value on the insurer's liabilities under such policies; is not less than the reserve according to appropriate standards set forth in rules issued by the commission; and, with the exception of credit disability insurance, in no event, is less in the aggregate than the pro rata gross unearned premiums for such policies.

624.307 General powers; duties.—

- (1) The department and office shall enforce the provisions of this code and shall execute the duties imposed upon them by this code, within the respective jurisdiction of each, as provided by law.

690-154.202,.203,.204

Rulemaking authority

Florida Workers' Compensation Joint Underwriting Association, Inc. (FWCJUA)
Board of Governors
Appointment for Consideration

FWCJUA Board Nominee for Consideration for Vacant At Large Seat 3
(Office Recommendation)

At Large Seat 3 Cynthia Howard, C₃WCS

Current Board Members Appointed by the Financial Services Commission on
October 14, 2015:

Domestic Insurer Seat 1 Thomas A. Koval, FCCI Insurance Group

Domestic Insurer Seat 2 Steven T. Solomon, WorkComp Partners

Foreign Insurer Seat 1 James P. Ward, The Hartford Insurance Company

Foreign Insurer Seat 2 Mark R. Hogle, Employers Insurance Company

FAIA Seat Robert T. Moore, Corporate Insurance Advisors, LLC

At Large Seat 1 Charlie Clary, DAG Architects

At Large Seat 2 Claude Revels, JM Family Enterprises, Inc.

At Large Seat 3 Vacant

Background Summary

- The operation of the FWCJUA, a non-profit entity, is subject to the supervision of a nine-member Board of Governors.
- Eight board members are appointed by, and serve at the pleasure of the Financial Services Commission pursuant to section 627.311(5), Florida Statutes. These include three at-large members, two domestic insurer representatives, two foreign insurer representatives, and one representative from the largest property and casualty insurance agents' association in Florida (this is the Florida Association of Insurance Agents).
- The ninth board member is the insurance consumer advocate appointed by the Chief Financial Officer, or his designee, under section 627.0613, Florida Statutes.
- Each Board member serves a term of four years, with the most recent term expiring on June 30, 2015.
- The new four-year terms began on July 1, 2015.