



## **Florida Office of Insurance Regulation**

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### **FILING REQUIREMENTS ADVISORY ORGANIZATION**

This packet is designed to assist individuals in submitting the filing requirements or updated information, in accordance with Florida Statutes and Rules, to the Florida Office of Insurance Regulation ("Office").

Please submit all documents required by this packet in searchable PDF format unless otherwise indicated or required by Florida Statutes.

In order for a submission to be considered complete, all required information must be included in the filing.

The completed filing packet must be submitted to the Office by selecting Company Admissions – iApply Login at the following link:

**<https://www.floir.com/iportal>**

Any questions concerning this application packet or iApply for property and casualty applicants may be directed to [pcappcoord@floir.com](mailto:pcappcoord@floir.com).

## FILING REQUIREMENTS ADVISORY ORGANIZATION

### CHECKLIST

Please complete and check off all relevant items prior to submission. Submit the completed checklist with the filing. Indicate if this is an initial filing or information update below.

☐ **Initial Filing:** If an initial filing, Applicant should check off and submit all items.

☐ **Information Update:** If an information update only, Applicant should check off and submit only the items to be updated. Advisory organizations are required to promptly notify the Office of any changes in the items below.

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☐ **1. Organizational Document**

Submit a copy of Applicant's Constitution, Articles of Incorporation, Articles of Agreement, or Articles of Association, and all amendments to those documents, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

☐ **2. Bylaws or Similar Documents**

If updating, submit a copy of Applicant's Bylaws, or equivalent document regulating the conduct of Applicant's internal affairs. This document should be certified within the last year by Applicant's Secretary as a true and correct copy of the current document. Only the Secretary's signature will be accepted unless Applicant does not have this position.

☐ **3. List of Members and Subscribers**

Submit a current list of Applicant's members and subscribers.

☐ **4. Resident Agent**

Below provide the name and address of a resident of this state upon whom notices or orders of the office or process affecting Applicant may be served.

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

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Email Address: \_\_\_\_\_