



Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No.: _____
FEIN: _____

Uniform Certificate of Authority Application (UCAA) Expansion Application

To the Insurance Commissioner/Director/Superintendent of the State of:

(Check the appropriate states in which the Applicant Company is applying.)

Alabama	Montana
Alaska	Nebraska
Arizona	Nevada
Arkansas	New Hampshire
California	New Jersey
Colorado	New Mexico
District of Columbia	New York
Connecticut	North Carolina
Delaware	North Dakota
Florida	Ohio
Georgia	Oklahoma
Hawaii	Oregon
Idaho	Pennsylvania
Illinois	Puerto Rico
Indiana	Rhode Island
Iowa	South Carolina
Kansas	South Dakota
Kentucky	Tennessee
Louisiana	Texas
Maine	Utah
Maryland	Vermont
Massachusetts	Virginia
Michigan	Washington
Minnesota	West Virginia
Mississippi	Wisconsin
Missouri	Wyoming

The undersigned Applicant Company hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are all lines of business (a) currently authorized for transaction, (b) currently transacted, and (c) which the Applicant Company is applying to transact.

Name of Applicant Company: _____ NAIC No.: _____ -- Group Code

Home Office Address: _____

Administrative Office Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Are these addresses the same as those shown on the Applicant Company's Annual Statement?

Yes No

If not, indicate why: _____

OIR-C1-1413

Rev.: 07/23

Rule: 69O-136.100

Revised 08/18/2014

FORM 2E

Applicant Company Name: _____

NAIC No.: _____

FEIN: _____

Date Incorporated: _____ Form of Organization: _____

Billing Address: _____
E-Mail Address: _____ Phone: _____ Fax: _____

Premium Tax Statement Address: _____
E-Mail Address: _____ Phone: _____ Fax: _____

Producer Licensing Address: _____
E-Mail Address: _____ Phone: _____ Fax: _____

Rate/Form Filing Address: _____
E-Mail Address: _____ Phone: _____ Fax: _____

Consumer Affairs Address: _____
E-Mail Address: _____ Phone: _____ Fax: _____

State or Country of Domicile: _____ Date Organized: _____

Date of Last Amendment of Charter, Bylaws or Subscriber's Agreement: _____

Date of Last Financial Examination: _____

Date of Last Market Conduct Examination: _____

Par Value of Issued Stock: \$ _____ Surplus as regards policyholders: \$ _____

Certificate of Deposit (Home State): \$ _____

Ultimate Owner/Holding Company: _____

Has the Applicant Company ever been refused admission to this or any other state prior to the date of this application?

Yes No

If yes, give full explanation in an attached letter.

Is Applicant Company a member of a group that is required to file an Own Risk Solvency Assessment (ORSA) report with your lead state?

Yes No

Is the Applicant Company required to file an ORSA report with its lead state?

Yes No

If yes to either ORSA question, please provide:

Lead State: _____ Lead State Contact Name: _____

E-mail Address: _____ Phone: _____

The Applicant Company hereby designates (name natural persons only) _____ to appoint persons and entities to act as and to be licensed as agents in the State of _____, and to terminate the said appointments.

NOTE: This does not apply to those states that do not require appointments.

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The following information is required of the individual (Applicant Company employee or paid consultant) who is authorized to represent the Applicant Company before the department

Name: _____

Title: _____

Mailing Address: _____

E-Mail Address: _____ Phone: _____ Fax: _____

Please provide a listing of all other applications filed by the Applicant Company, or any of its affiliates, that are pending before the Department.

Applicant Company Officers' Certification and Attestation

One of the three officers (listed below) of the Applicant Company must carefully read the following:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant Company, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant Company is licensed or to which the Applicant Company is applying for licensure.
3. I acknowledge that I am the _____ of the Applicant Company, am authorized to execute and am executing this document on behalf of the Applicant Company.
4. 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

_____ Date

_____ Signature of Treasurer

_____ Full Legal Name of Treasurer

_____ Date

_____ Name of Applicant Company

_____ Signature of Witness

_____ Full Legal Name of Witness

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FORM 2E



Florida Office of Insurance Regulation

Applicant Company Name: _____ NAIC No. _____
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Uniform Certificate of Authority Application (UCAA) Expansion Application Checklist For Expansion Application Only

The application checklist is intended to help guide the insurer (herein after referred to as "Applicant Company") with the assembly of a complete Expansion Uniform Certificate of Authority Application (UCAA). Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting the application for review. The completed checklist should be attached to the top of the application. For electronic filings, the checklist is automatically created and cannot be edited. Any additional items listed below pertaining to the application should be attached via the UCAA portal or mailed directly to the states.

Regulator Use Only

1. **Application Form and Supporting Documents, containing:** Completed UCAA Expansion Application Checklist (Form 1E)
 Original UCAA Expansion Form executed and signed (Form 2E)
 Include all lines of insurance the Applicant Company is licensed to transact, currently transacting and requesting authority to transact in all jurisdictions. (Form 3)
 Notification to state of domicile of planned expansion
 Cover letter (optional)
2. **Filing Fee (pursuant to Section II Filing Requirements Item 2), containing:** Payment of required filing fee
 Copy of check
3. **Minimum Paid-in Capital and Surplus Requirements (pursuant to Section II Filing Requirements Item 3)** Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared
4. **Certificate of Deposit for Statutory Deposit Requirements (pursuant to Section II Filing Requirements Item 4)** An original Certificate of Deposit prepared by state of domicile (Form 7)
5. **Name Approval (pursuant to Section II Filing Requirements Item 5)** Evidence of name approval request
6. **Plan of Operation (pursuant to Section II Filing Requirements Item 6)** Completed questionnaire (Form 8)
 Pro Forma (Form 13)
 Narrative
7. **Holding Company Act Filings (pursuant to Section II Filing Requirements Item 7)** Include Holding Company Act Filings, including Form B, Form F or substantially similar statement.
8. **Certificate of Compliance (pursuant to Section II Filing Requirements Item 8)** Original Certificate of Compliance (Form 6) completed by domiciliary state insurance regulatory agency
9. **Report of Examination (pursuant to Section II Filing Requirements Item 9)** Includes a copy of the most recent Report of Financial Examination from its domiciliary state and a note of all more recent examinations, completed by any state, including market conduct examinations along with a description of each examination.
10. **Statutory Membership(s)** Submit documentation as listed in Section II Filing Requirements Item 10

Regulator Use Only**11. Public Records Package – Submit ALL items in chart in Section II Item 11, including:****a. Articles of Incorporation, including:** Original certification by domiciliary state**b. Bylaws, including:** Original certification by the Applicant Company's corporate assistant**c. Statement with attachments, including:** Current year annual statement*, verified and signed, including actuarial opinion, and NAIC Management's Discussion and Analysis Current year quarterly statements (one copy for each quarter), verified and signed

*1. Updated statements should be submitted on a timely basis while application is pending.

2. If annual statement for two preceding years has not been filed with the NAIC, one copy of each year must be submitted with the application.

d. Independent CPA Audit Report**12. NAIC Biographical Affidavit (Form 11) for the following:** Officers (as listed on Jurat Page of most recent or upcoming financial statement) Directors (as listed on Jurat Page of most recent or upcoming financial statement)

Key managerial personnel (including heads of risk management, compliance, internal audit or other individuals who will control the operations of the Applicant Company or have binding authority over the Applicant Company)

Any individual (including management not represented on the Jurat Page or not in key managerial positions) with 10% or greater ownership of the Applicant Company and/or the Applicant Company's ultimate controlling entity. If applicable, a copy of a disclaimer of control and approval from the domiciliary regulator may be submitted in lieu of a biographical affidavit for those states that deem acceptable.

 Affidavit originally signed and notarized within six months of application date Affidavit certified by independent third party**13. Uniform Consent to Service of Process** Original executed Service of Process form (Form 12)**14. State-Specific Information**

Check state-specific requirements for those states that require additional background information, such as fingerprints, in place of or in addition to Business Character Reports. If applying in one of those states, necessary fingerprint cards and processing fees should be included.



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Uniform Certificate of Authority Application QUESTIONNAIRE

Directions: Each "Yes" or "No" question is to be answered by marking an "X" in the appropriate space. All questions should be answered. If the Applicant Company denotes a question as "Not Applicable" (N/A) an explanation must be provided. Other answers and additional explanations or details may be provided in writing attached to the questionnaire. Please complete this form and file it with the Applicant Company's application for a Certificate of Authority.

1. I hold the position(s) of _____ with the Applicant Company.
Yes ____ No ____
2. A. Has the Applicant Company transferred or encumbered any portion of its assets or business, or has its outstanding capital stock been directly or indirectly pledged?
Yes ____ No ____
B. Has the Applicant Company merged or consolidated with any other company within the last five years?
Yes ____ No ____

If the answer to either question is yes, provide the details in writing and attach to the Questionnaire.

3. Is the Applicant Company presently negotiating for or inviting negotiations for any transaction described above?
Yes ____ No ____
If yes, provide the details in writing and attach to the Questionnaire.
4. Has the Applicant Company ever changed its name?
Yes ____ No ____
If yes, attach copies of the instruments effecting such transaction certified by the Secretary over corporate seal as a true copy of the originals, including any official state regulatory approvals and filing data.

5. A. Has the Applicant Company undergone a change of management or control since the date of its latest annual statement filed in support of this application?
Yes ____ No ____
B. Does the Applicant Company contemplate a change in management or any transaction that would normally result in a change of management within the reasonably foreseeable future?
Yes ____ No ____

If the answer to either question is yes, provide the details in writing and attach to the Questionnaire.

6. Is the Applicant Company owned or controlled by a holding corporation?
Yes ____ No ____

If yes, attach and make a part hereof an affidavit by an executive officer of the Applicant Company who knows the facts listing the principal owners (10% or more of the outstanding shares) of such holding corporation by name and residence address, business occupation and business affiliations.

7. Is the Applicant Company owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?

Yes No

If yes, provide the details in writing and attach to the Questionnaire

8. A. Has the Applicant Company's certificate of authority to do business in any state been suspended or revoked within the last ten years?

Yes No

B. Has the Applicant Company's application for admission to any state been denied within the last ten years?

Yes No

If the answer to either question is yes, provide the details in writing and attach to the Questionnaire.

9. Has any person who is presently an officer or director of Applicant Company been convicted on, or pleaded guilty or nolo contendere to, an indictment or information in any jurisdiction charging a felony for theft, larceny or mail fraud or, of violating any corporate securities statute or any insurance statute?

Yes No

If yes, provide the details in writing and attach to the Questionnaire.

10. Is the Applicant Company presently engaged in a dispute with any state or federal regulatory agency?

Yes No

If yes, provide the details in writing and attach to the Questionnaire.

11. Is the Applicant Company a plaintiff or defendant in any legal action other than one arising out of policy claims?

Yes No

If yes, provide a summary of each case and an estimate of the Applicant Company's probable liability, if any, and attach to the Questionnaire.

12. Does the Applicant Company purchase investment securities through any investment banking or brokerage house or firm from whom any of Applicant Company's officers, directors, trustees, investment committee members or controlling stockholders receive a commission on such purchases?

Yes No

If yes, provide the details in writing and attach to the Questionnaire.

13. Is the Applicant Company a,

A. Bank

Yes No

B. Bank holding company, subsidiary or affiliate

Yes No

C. Financial holding company

Yes No

D. Other financial institution

Yes No

If yes, identify the bank(s), bank holding company(ies) or financial institution and the affiliation of the Applicant Company. Provide the details in writing and attach to the Questionnaire.

14. Has the Applicant Company, within 18 months last preceding the date of this affidavit, done any of the following:

A. Made a loan to an entity owned or controlled directly or through a holding corporation by one or more of Applicant Company's officers, directors, trustees or investment committee members, or to any such person?

Yes No

B. Sold or transferred any of its assets or property, real or personal, to any such entity or person?

Yes No

C. Had its outstanding capital stock directly or indirectly pledged for the debt of an affiliate?

Yes No

D. Purchased securities, assets or property of any kind from an entity owned or controlled by one or more of the Applicant Company's officers, directors, trustees, or any persons who have authority in the management of the Applicant Company's funds (including a controlling stockholder)?

Yes No

If the answer to any of the last four questions is affirmative, did any officer, director, trustee or any person who had authority in the management of the Applicant Company's funds (including a controlling stockholder) receive any money or valuable thing for negotiating, procuring, recommending or aiding in such transaction?

Yes No

If yes, provide the details in writing and attach to the Questionnaire.

15. Attach an organizational depiction (in the format of a flow chart) showing the various executive management, directors and officers and related material functions that require internal control oversight of the Applicant Company, with the name and official title of those responsible for those offices/functions and the portions of the organization they oversee. Material functions should include, but are not limited to, underwriting, claims adjustment/payments, premium accounting, claims accounting, marketing, financial reporting, and investment management. Note any executive or key staff that has access to funds or bank accounts. Submit a map or narrative explaining where offices are geographically located and the approximate number of employees at each location.

A. Designate any common facilities and/or any of the above functions that are shared with affiliates.

B. Designate any of the above office/functions that are delegated to third parties.

C. Attach copies of signed agreements for office functions delegated to either affiliates or third parties.

D. As applicable, attach a separate chart reflecting any other management positions (if different than what was noted above) that exercise control over insurance operations in other jurisdiction where the Applicant Company is seeking admission.

E. Attach any similar information that was submitted to lenders or investment partners.

F. Attach a copy of the Applicant Company's investment policy (required for primary and redomestication applications only).

16. Provide a detailed description of the Applicant Company's sales techniques. The description should include:

- A. Information regarding recruitment and training of sales representatives.
- B. Identification as to whether the Applicant Company will be a direct writer or will use agents, brokers or a combination thereof.
- C. Explanation of the compensation and control to be provided by the Applicant Company to its agents, brokers or sales personnel.
- D. Sample copies of any agreements entered into between the Applicant Company and its agents or brokers.
- E. If the Applicant Company will use a specific agency or managing general agent, identification of the agency or managing general agent and a copy of the agreement for this arrangement.
- F. Sample contract forms of all types used and remuneration schedule, including those for general agents, if any.

17. For each state in which the Applicant Company is filing, explain:

- A. The product lines currently sold or planned by the Applicant Company,
- B. Specialty line or lines currently sold and planned,
- C. Captive business,
- D. The Applicant Company's marketing plan, including a description of the financial, corporate or other connections productive of insurance,
- E. The Applicant Company's current and expected competition (both regionally and nationally), and
- F. How each state in which admission has been requested fits into the marketing plan. General description of the classes to be transacted is not an adequate response. For example, if the Applicant Company plans to market credit life and disability products tailored for use by credit unions, simply stating that it will transact credit life and disability is inadequate.

18. If a parent, subsidiary and/or affiliated insurer is admitted for the classes of insurance requested in the pending application, please differentiate the products and/or markets of the Applicant Company from those of the admitted insurer(s).

19. Provide a detailed description of the advertising that will be used by the Applicant Company to market its products in each state. Include a detailed explanation as to how the Applicant Company will develop, purchase, control and supervise its advertising.

20. For each State, explain in detail the following:

- A. How the Applicant Company's policies will be underwritten, including the issuance of policies and endorsements,
- B. How policies will be cancelled,
- C. How premiums and other funds will be handled, and
- D. How personnel will be trained, supervised, and compensated.

21. Explain in detail how the Applicant Company will adjust and pay claims.

- A. Describe how the Applicant Company will train, supervise and compensate the personnel handling claims adjusting and claims payment.

B. Provide detailed information as to how and by whom claim reserves will be set and modified.

C. Does the Applicant Company pay any representative given discretion as to the settlement or adjustment of claims whether in direct negotiation with the claimant or in supervision of the person negotiating, a compensation which is in any way contingent upon the amount of settlement of such claims?

Yes ____ No ____

22. Is the Applicant Company a member of a group of companies that shares any of the following:

A. Common facilities with another company or companies

Yes ____ No ____

B. Services (e.g. accounting personnel for financial statement preparation)

Yes ____ No ____

C. Or, is a party to a tax allocation agreement in common with another company

Yes ____ No ____

If the answer to any of the above is yes, explain the division of costs between participants. If costs are pro-rated, what is the basis for division? Attach a copy of relevant contracts and include a summary of any attached contract.

23. Does the Applicant Company have any reinsurance contracts which contracts that in effect provide that Applicant Company will reimburse or indemnify the Reinsurer for losses payable there under?

Yes ____ No ____

If yes, provide the details in writing and attach to the Questionnaire.

24. Does any salaried employee or officer, exclusive of a director, presently have in force a license as an insurance broker issued by the _____ Department of Insurance?
(Name of Application State)

Yes ____ No ____

If yes, please identify his/her license and position held with applicant.

25. Does the Applicant Company have outstanding unexercised stock options?

Yes ____ No ____

A. If yes, to whom and in what number of shares?

B. If options are outstanding for a number of shares greater than 10% of the number of shares presently issued and outstanding, a copy of the option form and of the plan pursuant to which they were granted are attached.

26. Are any of the Applicant Company's policies being sold in connection with a mutual fund or investment in securities?

Yes ____ No ____ Not Applicable ____

If yes, supply details including all sales literature which refers to the insurance and mutual fund or other investment literature that refers to the insurance and mutual fund or other investment plan connection.

27. If the Applicant Company is applying for authority to write Variable Annuities, provide the following:

A. Copy(ies) of any third-party management or service contracts

- B. Commission schedules
- C. Five-year sales and expense projections
- D. A statement from the Applicant Company's actuary describing reserving procedures including the mortality and expense risks which the Applicant Company will bear under the contract
- E. Statement of the investment policy of the separate account
- F. Copy of the variable annuity prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law
- G. Copies of the variable annuity laws and regulations of the state of domicile
- H. Copy(ies) of the variable annuity contract(s) and application(s)
- I. A description of any investment advisory services contemplated relating to Separate Accounts
- J. Board of Directors resolution authorizing the creation of the separate account

28. If the Applicant Company is applying for authority to write Variable Life Insurance, provide the following:

- A. Copy(ies) of variable life policy(ies) the Applicant Company intends to issue
- B. Name and experience of person(s) or firm(s) proposed to supply consulting, investments, administrative, custodial or distribution services to the Applicant Company
- C. Disclose whether each investment advisor i) is registered under the Investment Advisers Act of 1940, or ii) is an investment manager under the Employee Retirement Income Security Act of 1974, or iii) whether the Applicant Company will annually file required information and statements concerning each investment advisor as required by its domiciliary state
- D. Copy of the variable life prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law
- E. Statement of the investment policy of any separate account, and the procedures for changing such policy
- F. Copies of the variable life insurance laws and regulations of the state of domicile
- G. A statement from the Applicant Company's actuary describing reserving procedures including the mortality and expense risks which the Applicant Company will bear under the contract
- H. Standards of suitability or conduct regarding sales to policyholders
- I. Statement specifying the standards of conduct with respect to the purchase or sale of investments of separate accounts (i.e. Board resolution)
- J. Board of Directors resolution authorizing the creation of the separate account

29. If the Applicant Company is applying for authority to write Life Insurance, has the Applicant Company at any time in any jurisdiction while operating under its present management, or at any time within the last five years irrespective of changes in management, taught or permitted its agents to sell insurance by using any of the following devices, or representations resembling any of the following:

- A. "Centers of influence" and "advisory board,"
Yes ____ No ____

- B. A charter or founder's policy,
Yes ____ No ____
- C. A profit sharing plan,
Yes ____ No ____
- D. Only a limited number of a certain policies will be sold in any given geographical area;
Yes ____ No ____
- E. "Profits" will accrue or be derived from mortality savings, lapses and surrenders, investment earnings, savings in administration;
Yes ____ No ____
- F. A printed list of several large American or Canadian insurers showing the dollar amounts of "savings", "profits" or "earnings" they have made in such categories.
Yes ____ No ____

If the answer to any of the above is yes, supply a complete set of all sales material including the sales manual, all Applicant Company instructional material, brochures, illustrations, diagrams, literature, "canned" sales talks, copies of the policies which are no longer in use, list of states where such methods were used and the date (by year) when they were used, the approximate amount of insurance originally written in each state on each policy form thusly sold, the amount currently in force, and the lapse ratio on each form year by year and cumulatively in gross to the present date.

30. Does the Applicant Company pay, directly or indirectly, any commission to any officer, director, actuary, medical director or any other physician charged with the duty of examining risks or applications?

Yes ____ No ____ Not Applicable ____

If yes, provide the details in writing and attach to the Questionnaire.

The following questions are to be completed only if the Applicant Company is redomesticating to another state.

31. Does the Applicant Company have any permitted practices allowed by its current state of domicile?

Yes ____ No ____ Not Applicable ____

If yes, provide the details in writing and attach a copy of the state of domicile's approval to the Questionnaire.

32. Does the Applicant Company's current state of domicile prescribe any practices of the Applicant Company that are not in accordance with,

- A. Laws, regulations or bulletins of proposed state of domicile;

Yes ____ No ____ Not Applicable ____

If yes, provide the details in writing and attach to the Questionnaire.

- B. Reserving requirements of proposed state of domicile; or

Yes ____ No ____ Not Applicable ____

If yes, provide the details in writing and attach to the Questionnaire.

- C. NAIC guidelines

Yes ____ No ____ Not Applicable ____

If yes, provide the details in writing and attach to the Questionnaire.

33. Will the Applicant Company's investments comply with the investment laws, regulations or bulletins of the proposed state of domicile?

Yes _____ No _____ Not Applicable _____

If no, provide the details in writing and attach to the Questionnaire.

34. Does the Applicant Company have any outstanding surplus notes?

Yes _____ No _____ Not Applicable _____

If yes, provide the details in writing and attach to the Questionnaire and attach copy(ies) of the surplus notes reflecting the state of domicile's approval.



Florida Office of Insurance Regulation

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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
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)			
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)			

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

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
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			
Vehicle A.R.S. § 20-259			
Recognized Surplus Lines A.R.S. § 20-407.01 & 20-409			
Title A.R.S. § 20-1562			
Life (Includes Annuities A.R.S. § 20-254.01) A.R.S. § 20-254			
Variable Annuity A.R.S. § 20-2631(2)			
Variable Life A.R.S. § 20-2601(15)			
Life & Disability Reinsurer A.R.S. § 20-1082			
Disability A.R.S. § 20-253			
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
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)			
Mortgage Guaranty (ACA 23-62-110)			
Title (ACA 23-62-108)			
Life (ACA 23-62-102)			
Variable Contracts (ACA 23-81-404)			
Accident & Health (ACA 23-62-103)			
Health Maintenance Organization (23-76-102)			

CALIFORNIA	Authorized to Transact	Currently Transacting	Applying for
Fire (CIC 102)			
Marine (CIC 103)			
Surety (CIC 105)			
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)			
Legal (CIC 119.6)			
Miscellaneous (CIC 120)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

CALIFORNIA (continued)	Authorized to Transact	Currently Transacting	Applying for
Financial Guaranty (CIC 124)			
Title (CIC 104)			
Life (CIC 101)			
Disability (CIC 106)			

COLORADO	Authorized to Transact	Currently Transacting	Applying for
General Property – (C.R.S. 10-3-102(1))			
Crop – (C.R.S. 10-3-102(1))			
Motor Vehicle – (C.R.S. 10-3-102(1))			
General Casualty – (C.R.S. 10-3-102(1))			
Accident and Health – (C.R.S. 10-3-102(1))			
Fidelity and Surety (excluding bail bond) – (C.R.S. 10-3-102(1))			
Bail Bond – (C.R.S. 10-3-102(1))			
Workers' Compensation – (C.R.S. 10-3-102(1))			
Mortgage Guaranty – (C.R.S. 10-3-102(1))			
Credit (Casualty, Accident and Health) – (C.R.S. 10-3-102(1))			
Professional Malpractice – (C.R.S. 10-3-102(1))			
Title – (Title 10, Article 11)			
General Life – Life (C.R.S. 10-3-102(1)(b))			
Accident and Health – Life (C.R.S. 10-3-102(1)(b))			
Annuities – Life (C.R.S. 10-3-102(1)(b))			
Credit (Life, Accident and Health) – Life (C.R.S. 10-3-102(1)(b))			
Variable Contracts – Life (C.R.S. 10-3-102(1)(b))			
General Life – Fraternal (C.R.S. 10-14-603)			
Accident and Health – Fraternal (C.R.S. 10-14-603)			
Annuities – Fraternal (C.R.S. 10-14-603)			
Variable Contracts – Fraternal (C.R.S. 10-14-603)			
HMO Commercial – HMO (C.R.S. 10-16-401)			
HMO Medicare – HMO (C.R.S. 10-16-401)			
HMO Medicaid – HMO (C.R.S. 10-16-401)			

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

CONNECTICUT (continued)	Authorized to Transact	Currently Transacting	Applying for
Credit (C.G.S. Title 38a)			
Reinsurance (C.G.S. Title 38a)			
Mortgage Guaranty (monoline) (C.G.S. Title 38a)			
Residual Value (C.G.S. Title 38a)			
Title (C.G.S. Title 38a)			
Life Non-Participating (C.G.S. Title 38a)			
Life Participating (C.G.S. Title 38a)			
Variable Life Non-Participating (C.G.S. Title 38a)			
Variable Life Participating (C.G.S. Title 38a)			
Variable Annuities (C.G.S. Title 38a)			
Fraternal Benefit Societies (C.G.S. Title 38a)			
Credit Life (C.G.S. Title 38a)			
Credit Accident and Health (C.G.S. Title 38a)			
Accident and Health (C.G.S. Title 38a)			
Health Care Center (C.G.S. Title 38a)			

DELAWARE	Authorized to Transact	Currently Transacting	Applying for
Property [18 Del. C. Section 904]			
Surety [18 Del. C. Section 905]			
(1) Vehicle – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(2) Liability – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(3) Workers' Compensation & Employer's Liability – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(4) Burglary & Theft – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(5) Personal Property Floater – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(6) Glass – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(7) Boiler & Machinery – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(8) Leakage & Fire Extinguisher Equipment – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(9) Credit – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(10) Malpractice – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(11) Elevator – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(12) Congenital Defects – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(13) Livestock – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(14) Entertainments – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(15) Miscellaneous – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
Casualty [18 Del C. Section 906(b)]*			
Marine & Transportation [18 Del. C. Section 907]			
Title [18 Del. C. Section 908]			
Life [18 Del. C. Section 902] including subdivisions			
Variable Annuities [18 Del. Reg 1 Admin C. 1201]			

DELAWARE (continued)	Authorized to Transact	Currently Transacting	Applying for
Variable Life [18 Del. – Admin C 1205]			
Credit Life [18 Del. C. Section 902]			
Health [18 Del. C. Section 903] including subdivision			
Credit Health [18 Del. C. Section 903]			
Automobile Club [18 Del. C. Section 908A]			

[^]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 and health insurance.

DISTRICT OF COLUMBIA	Authorized to Transact	Currently Transacting	Applying for
(1) Fire (Sec. 31-2502.11)			
(2.1) Allied Lines (Sec. 31-2502.11)			
(2.2) Multiple Peril Crop			
(2.3) Federal Flood			
(2.4) Private Crop (Sec. 31-2502.11)			
(2.5) Private Flood (Sec. 31-2502.11)			
(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			
(11.1) Medical Professional Liability - Occurrence (Sec. 31-2502.11)			
(11.2) Medical Professional Liability – Claims Made (Sec. 31-2502.11)			
(12) Earthquake (Sec. 31-2502.11)			
(13.1) Comprehensive (Hospital and Medical) Individual (Sec. 31-2502.11)			
(13.2) Comprehensive (Hospital and Medical) Group (Sec. 31-2502.11)			
(14) Credit A&H (Group & Individual) (Sec. 31-2502.11)			
(15.1) Vision Only (Sec. 31-2502.11)			
(15.2) Dental Only (Sec. 31-2502.11)			
(15.3) Disability Income (Sec. 31-2502.11)			
(15.4) Medicare Supplement (Sec. 31-2502.11)			
(15.5) Medicaid Title XIX (Sec. 31-2502.11)			
(15.6) Medicare Title XVII (Sec. 31-2502.11)			
(15.7) Long-Term Care (Sec. 31-2502.11)			
(15.8) Federal Employees Health Benefits Program			
(15.9) Other Health (Sec. 31-2502.11)			
(16) Workers' Compensation (Sec. 31-2502.11)			
(17.1) Other Liability – Occurrence (Sec. 31-2502.11)			
(17.2) Other Liability – Claims Made (Sec. 31-2502.11)			
(17.3) Excess Workers' Compensation (Sec. 31-2502.11)			
(18.1) Products Liability - Occurrence (Sec. 31-2502.11)			
(18.2) Products Liability – Claims Made (Sec. 31-2502.11)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISTRICT OF COLUMBIA (continued)	Authorized to Transact	Currently Transacting	Applying for
(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)			
(22) Aircraft (all perils) (Sec. 31-2502.11)			
(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. 31-2502.11)			
(30) Warranty (Sec. 31-2502.11)			
(31) Reinsurance – Nonproportional Assumed Property (Sec. 31-2502.11)			
(32) Reinsurance – Nonproportional Assumed Liability (Sec. 31-2502.11)			
(33) Reinsurance – Nonproportional Assumed Financial Lines (Sec. 31-2502.11)			
(34) Aggregate Write-Ins for Other Lines of Business (Sec. 31-2502.11)			
Title [Sec. 315031.01-31-5031.24]			
Individual Life			
Group Life			
Variable Life (26 DCMR Chapter 27)			
Individual Annuities (Variable) (Sec 31-4442)			
Individual Annuities (Fixed) (Sec 31-4442)			
Group Annuities (Variable) (Sec 31-4442)			
Group Annuities (Fixed) (Sec 31-4442)			
Health Maintenance Organizations (Sec. 31 – Chapter 34)			
Individual Accident and Health			
Group Accident and Health			

FLORIDA	Authorized to Transact	Currently Transacting	Applying for
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**			
FLORIDA (continued)	Authorized to	Currently	Applying

	Transact	Transacting	for
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**			
* 0290 Livestock**			
0300 Industrial Fire**			
* 0310 Mortgage Guaranty**			
* 0520 Industrial Extended Coverage**			
* 0540 Mobile Home Multi Peril**			
* 0550 Mobile Home Physical Damage**			
* 0570 Multi Peril Crop (Crop Hail) **			
* 0607 Home Warranties**			
* 0608 Service Warranties**			
* 0610 Other Warranty**			
* 0620 Miscellaneous Casualty**			
R010 Fire (Reinsurance Only)**			
R020 Allied Lines (Reinsurance Only)**			
R030 Farmowners Multi Peril (Reinsurance Only)**			
R040 Homeowners Multi Peril (Reinsurance Only)**			
R050 Commercial Multi Peril (Reinsurance Only)**			
R080 Ocean Marine (Reinsurance Only)**			
R090 Inland Marine (Reinsurance Only)**			
R100 Financial Guaranty (Reinsurance Only)**			
* R106 Auto Warranties (Reinsurance Only)**			
R110 Medical Malpractice (Reinsurance Only)**			
R120 Earthquake (Reinsurance Only)**			
R160 Workers' Compensation (Reinsurance Only)**			
R170 Other Liability (Reinsurance Only)**			
* R173 Prepaid Legal (Reinsurance Only)**			
R192 Private Passenger Auto Liability (Reinsurance Only)**			
R194 Commercial Auto Liability (Reinsurance Only)**			
R211 Private Passenger Auto Physical Damage (Reinsurance Only)**			
R212 Commercial Auto Physical Damage (Reinsurance Only)**			
R220 Aircraft (Reinsurance Only)**			
R230 Fidelity (Reinsurance Only)**			
R240 Surety (Reinsurance Only)**			
* R245 Bail Bonds (Reinsurance Only)**			
R250 Glass (Reinsurance Only)**			
R260 Burglary and Theft (Reinsurance Only)**			
R270 Boiler and Machinery (Reinsurance Only)**			
R280 Credit (Reinsurance Only)**			
* R290 Livestock (Reinsurance Only)**			
R300 Industrial Fire (Reinsurance Only)**			
FLORIDA (continued)	Authorized to	Currently	Applying

	Transact	Transacting	for
* R310 Mortgage Guaranty (Reinsurance Only)**			
* R520 Industrial Extended Coverage (Reinsurance Only)**			
* R540 Mobile Home Multi Peril (Reinsurance Only)**			
* R550 Mobile Home Physical Damage (Reinsurance Only)**			
* R570 Multi Peril Crop (Crop Hail) (Reinsurance Only)**			
* R607 Home Warranties (Reinsurance Only)**			
* R608 Service Warranties (Reinsurance Only)**			
* R610 Other Warranty (Reinsurance Only)**			
* R620 Miscellaneous Casualty (Reinsurance Only)**			
* 0285 Title (Title Companies Only)**			
* R285 Title (Title Companies Only) (Reinsurance Only)**			
0400 Ordinary Life**			
Endowment**			
Term Life**			
Industrial Life**			
Individual Annuities**			
Universal Life**			
0405 Individual Variable Annuities**			
Group Variable Annuities**			
0410 Group Life and Annuities**			
0420 Variable Life**			
0425 Fraternal Life**			
0430 Fraternal Health**			
0440 Credit Life**			
R400 Ordinary Life and Annuity (Reinsurance Only)**			
R405 Individual/Group Variable Annuities (Reinsurance Only)**			
R410 Group Life and Annuity (Reinsurance Only)**			
R420 Variable Life (Reinsurance Only)**			
R440 Credit Life (Reinsurance Only)**			
0441 Credit Disability**			
0450 Accident and Health**			
R441 Credit Disability (Reinsurance Only)**			
R450 Accident and Health (Reinsurance Only)**			

*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.

**Property & Casualty Statutory References: Property (Section 624.604); Casualty (Section 624.605); Surety (Section 624.606); Fidelity (Section 624.6065); Marine (Section 624.607); Title (Section 624.608); Residual Value (Section 624.6081); Collateral Protection (Section 624.6085); Financial Guaranty (Section 627.971); Motor Vehicle Service Agreements (Section 634.011); Home Warranties (Section 634.301); Service Warranties (Section 634.401); Mortgage Guaranty (Section 635.011); Legal Expense (Section 642.015(3))

**Life Statutory References: Life (Section 624.602); Health (Section 624.603); Life (Section 632.617)

GEORGIA	Authorized to Transact	Currently Transacting	Applying for
Property, Marine, and Transportation [O.C.G.A. § 33-3-5(2)]			
Casualty [O.C.G.A. § 33-3-5(3)]: Casualty Including Workers' Compensation [O.C.G.A. § 33-7-3]			
Casualty [O.C.G.A. § 33-3-5(3)]: Casualty Excluding Workers' Compensation [O.C.G.A. § 33-7-3]			
Surety [O.C.G.A. § 33-3-5(4)]			
Title [O.C.G.A. § 33-3-5(5)]			
Life, accident, and sickness [O.C.G.A. § 33-3-5(1)]			

GEORGIA (continued)	Authorized to Transact	Currently Transacting	Applying for
Life, accident, and sickness [O.C.G.A. § 33-3-5(1)]: Including Variable Annuities [O.C.G.A. § 33-11-66]			
Life, accident, and sickness [O.C.G.A. § 33-3-5(1)]: Including Variable Life [O.C.G.A. § 33-11-65]			
Fraternal [O.C.G.A. Section 33-15]			
Health Maintenance Organization [O.C.G.A. § 33-3-5(6) and § 33-21-1 <i>et seq.</i>]			

HAWAII	Authorized to Transact	Currently Transacting	Applying for
Property Insurance (HRS 431:1-206)* Including Residential Hurricane (HRS 431:3-306.5)			
Property Insurance (HRS 431:1-206)* Excluding Residential Hurricane			
Marine and Transportation Insurance (HRS 431:1-207) Including Ocean Marine (HRS 431:1-211)			
Marine and Transportation Insurance (HRS 431:1-207) Excluding Ocean Marine			
Vehicle Insurance (HRS 431:1-208)**			
General Casualty Insurance (HRS 431:1-209)**			
Surety Insurance (HRS 431:1-210)			
Title Insurance (HRS 431:20-102)			
Life Insurance Including Variable Life and Variable Annuity (HRS 431:1-204)			
Life Insurance Excluding Variable Life and Variable Annuity (HRS 431:1-204)			
Accident and Health Insurance (HRS 431:1-205)			

* (1) Concurrently licensed in General Casualty is required; (2) Residential hurricane carrier must also meet the requirements specified in Section 431:3-306.5; information required by this Section needs to be included in the application package. Failure to comply with the Section shall cause exclusion of the residential hurricane coverage.

** Local 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.

IDAHO	Authorized to Transact	Currently Transacting	Applying for
Property - 41-504			
Marine and Transportation - 41-505			
Casualty - Including Workers' Compensation - 41-506			
Casualty - Excluding Workers' Compensation - 41-506			
Surety (Including Fidelity) - 41-507			
Mortgage Guaranty - 41-2652 (monoline only)			
Title - 41-508			
Life - 41-502			
Variable Annuities (Including Variable Contracts) - 41-502, 41-1938			
Variable Annuities (Excluding Variable Contracts) - 41-502, 41-1938			
Disability (Including Managed Care) - 41-503			
Disability (Excluding Managed Care) - 41-503			

ILLINOIS	Authorized to Transact	Currently Transacting	Applying for
Class 2 (a) Accident and Health*			
Class 2 (b) Vehicle*			
Class 2 (c) Liability*			

ILLINOIS (continued)	Authorized to Transact	Currently Transacting	Applying for
Class 2 (d) Workers' Compensation*			
Class 2 (e) Burglary and Forgery*			
Class 2 (f) Glass*			
Class 2 (g) Fidelity and Surety*			
Class 2 (h) Miscellaneous*			
Class 2 (i) Other Casualty Risks*			
Class 2 (j) Contingent Losses*			
Class 2 (k) Livestock and Domestic Animals*			
Class 2 (l) Legal Expense Insurance*			
Class 3 (a) Fire*			
Class 3 (b) Elements*			
Class 3 (c) War, Riot and Explosion*			
Class 3 (d) Marine and Transportation*			
Class 3 (e) Vehicle*			
Class 3 (f) Property Damage, Sprinkler Leakage and Crop*			
Class 3 (g) Other Fire and Marine Risks*			
Class 3 (h) Contingent Losses*			
Class 3 (i) Legal Expense Insurance*			
Class 1 (a) Life*			
Class 1 (c) Legal Expense Insurance*			
Fraternal Benefit Society [215 ILCS 5/282.1 et seq.]			
Class 1(b) Accident and Health*			
Health Maintenance Organization (HMO) [215 ILCS 125/1-1 et seq.]			
Limited Health Service Organization (LHSO) [215 ILCS 130/1001 et seq.]			

* See Illinois Insurance Code 215/ILCS 5/4 for additional description

INDIANA	Authorized to Transact	Currently Transacting	Applying for
Class II (a) Accident and Health - Disability			
Class II (b) Workers' Compensation			
Class II (c) Burglary, Theft			
Class II (d) Glass			
Class II (e) Boiler and Machinery			
Class II (f) Automobile			
Class II (g) Sprinkler			
Class II (h) Liability			
Class II (i) Credit			
Class II (k) Fidelity & Surety w/Bailbonds			
Class II (k) Fidelity & Surety w/o Bailbonds			
Class II (l) Miscellaneous			
Class II (m) Legal Expenses			
Class III (a) Fire, Windstorm, Hail, Loot, Riot			
Class III (b) Crops			
Class III (c) Sprinkler			
Class III (d) Marine			
Class II (j) Title			
Class 1 (a) Life and Annuities			
Class 1 (c) Variable Life and Annuities (Segregated Amounts)			
Class 1 (b) Accident & Health			

IOWA	Authorized to Transact	Currently Transacting	Applying for
Fire (515.48)			
Extended Coverage (515.48)			
Other Allied Lines (515.48)			
Homeowners Multiple Peril (515.48)			
Commercial Multiple Peril (515.48)			
Earthquake (515.48)			
Growing Crops (515.48)			
Ocean Marine (515.48)			
Inland Marine (515.48)			
Accident and Health (515.48)			
Workers' Compensation (515.48)			
Other Liability (515.48)			
Auto Liability (515.48)			
Auto Physical Damage (515.48)			
Aircraft (515.48)			
Fidelity (515.48)			
Surety (515.48)			
Glass (515.48)			
Burglary and Theft (515.48)			
Boiler and Machinery (515.48)			
Financial Guaranty (monoline) (515.48)			
Reciprocal (520)			
Mortgage Guaranty (515C) (monoline)			
Reinsurance Only (monoline)			
Life (508, 509, 511) – includes credit & variable life, annuities, and variable annuities			
Fraternal (512B)			
Health Maintenance Organization (514B)			
Accident and Health (515)			

KANSAS	Authorized to Transact	Currently Transacting	Applying for
Additional Perils on Growing Crops			
Aircraft Hull			
Aircraft Liability			
Automobile Liability			
Automobile Physical Damage			
Bail Bonds			
Boiler & Machinery			
Burglary, Theft & Robbery			
Business Interruption			
Cargo Liability			
Cost of Legal Services			
Credit			
Earthquake			
Extended Coverage			
Fidelity Bonds			
Fire			
Flood			
Forgery Bonds			
General Liability			
Glass			
Hail on Growing Crops			
Homeowners Policies			

KANSAS (continued)	Authorized to Transact	Currently Transacting	Applying for
Inland Marine			
Livestock Mortality			
Malpractice Liability			
Mortgage Guaranty			
Ocean Marine			
Optional Perils			
Personal Lines – For Licensing Purposes			
Rain			
Risk Retention Group/Surplus Lines – For Licensing Purposes			
Self-Service Storage – For Licensing Purposes			
Sprinkler Leakage			
Surety Bonds			
Water Damage			
Windstorm & Hail			
Workers' Compensation			
Title			
Annuities			
Life			
Variable Annuities			
Variable Life			
Accident and Health			
Stand-Alone Prescription Drug Provider			

KENTUCKY	Authorized to Transact	Currently Transacting	Applying for
Property KRS 304.5-050			
Surety KRS 304.5-060			
Casualty All Lines KRS 304.5-070 (1)(a) thru (1)(q)			
Vehicle Insurance KRS 304.5-070(1)(a) (Casualty)			
Liability Insurance KRS 304.5-070(1)(b) (Casualty)			
Workers' Compensation and Employers Liability KRS 304.5-070(1)(c) (Casualty)			
Burglary and Theft KRS 304.5-070(1)(d) (Casualty)			
Personal Property Floater KRS 304.5-070(1)(e) (Casualty)			
Glass KRS 304.5-070(1)(f) (Casualty)			
Boiler and Machinery KRS 304.5-070(1)(g) (Casualty)			
Leakage and Fire Extinguishing Equipment KRS 304.5-070(1)(h) (Casualty)			
Credit KRS 304.5-070(1)(i) (Casualty)			
Malpractice KRS 304.5-070(1)(j) (Casualty)			
Elevator KRS 304.5-070(1)(k) (Casualty)			
Congenital Defects KRS 304.5-070(1)(l) (Casualty)			
Livestock KRS 304.5-070(1)(m) (Casualty)			
Entertainments KRS 304.5-070(1)(n) (Casualty)			
Failure of Certain Institutions to Record Documents KRS 304.5-070(o) (Casualty)			
Automobile Guaranty KRS 304.5-070(1)(p) (Casualty)			
Miscellaneous KRS 304.5-070(1)(q) (Casualty)			
Marine and Transportation KRS 304.5-080			
Mortgage Guaranty KRS 304.5-100			
Title KRS 304.5-090			
Life (includes variable & credit) KRS 304.5-020			
Annuity (includes variable) KRS 304.5-030			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

KENTUCKY (continued)	Authorized to Transact	Currently Transacting	Applying for
Life (Fraternal – KRS 304.29-011)			
Health (Fraternal – KRS 304.29-011)			
Health (includes credit) KRS 304.5-040			
Non-Profit Health Service Corporation KRS 304.32-030			
Lloyd's KRS 304.28-010			
Reciprocal KRS 304.27-010			

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

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

MAINE	Authorized to Transact	Currently Transacting	Applying for
Fire			
Allied Lines			
Farmowners Multiple Peril			
Homeowners Multiple Peril			
Commercial Multiple Peril			
Mortgage Guaranty			
Ocean Marine			
Inland Marine			
Financial Guaranty^			
Workers' Compensation			
Medical Malpractice			
Earthquake			
Other Liability			
Product Liability			
Auto Liability			
Auto Physical Damage			
Aircraft (all perils)			
Fidelity			
Surety			
Glass			
Burglary and Theft			
Boiler and Machinery			
MAINE (continued)	Authorized to	Currently	Applying

	Transact	Transacting	for
Credit			
Federal Flood Insurance			
Title			
Life*			
Variable Life			
Variable Annuity			
Health			

*Including Credit Life and Fixed Annuities

^ Monoline issued only

MARYLAND	Authorized to Transact	Currently Transacting	Applying for
Casualty (not including Vehicle Liability, Mortgage Guaranty & Workers' Compensation) – Section 1-101(i)			
Mortgage Guaranty – Sections 1-101(oo)			
Marine, Wet Marine & Transportation – Sections 1-101(z), 1-101(ss)			
Property and Marine (excluding Wet Marine and Transportation) – Section 1-101(gg), 1-101(z)			
Surety – Section 1-101(oo)			
Vehicle Liability – Section 1-101(i)			
Workers' Compensation – Section 1-101(i)			
Title – Section 1-101(qq)			
Variable Annuities – Section 1-101(d)(e), 16-601, 16-602, 16-603			
Fraternal – Section 8-42434, 8-424, 8-427			
Life, including Annuities and Health (except Variable Life & Variable Annuities) Sections 1-101(d), 1-101(e), 1-101(p), 1-101(x)			
Variable Life – Sections 16-601, 16-602			
Dental Plan Organization – Section 14-401, 14-405, 14-407			
Health – Sections 1-101(p)			
Non-Profit Health Service Plan – Section 14-101, 14-110, 14-111			
Health Maintenance Organizations – Sections 19-708, 19-709, 19-710			
Provider-Sponsored Organizations – Section 19-7A			
Managed Care Organizations – Sections 15-101, 15-102.4			

MASSACHUSETTS	Authorized to Transact	Currently Transacting	Applying for
(1) Fire (M.G.L. 175 § 47)			
(2A) Ocean Marine (M.G.L. 175 § 47)			
(2B) Inland Marine Only (M.G.L. 175 § 47)			
(4) Fidelity and Surety (M.G.L. 175 § 47)			
(5A) Boiler, Fly Wheel, Machinery, Explosion (M.G.L. 175 § 47)			
(5B) Boiler (no inspector), Fly Wheel, Machinery, Explosion (M.G.L. 175 § 47)			
(6E) Workers' Compensation (M.G.L. 175 § 47)			
(6F) Liability Other than Auto (M.G.L. 175 § 47)			
(6G) Auto Liability (M.G.L. 175 § 47)			
(7) Glass (M.G.L. 175 § 47)			
(8) Water Damage and Sprinkler Leakage (M.G.L. 175 § 47)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

MASSACHUSETTS (continued)	Authorized to Transact	Currently Transacting	Applying for
(9) Elevator Property Damage and Collision (M.G.L. 175 § 47)			
(10) Credit (M.G.L. 175 § 47)			
(12) Burglary, Robbery, Theft, Forgery, Larceny (M.G.L. 175 § 47)			
(13) Livestock (M.G.L. 175 § 47)			
(15) Reinsurance (M.G.L. 175 § 47)			
(17) Repair – Replacement (M.G.L. 175 § 47)			
(19) Legal Services (M.G.L. 175 § 47)			
(20) Credit Involuntary Unemployment (M.G.L. 175 § 47)			
(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			
(54D) Personal Property Floater - M.G.L. 175 § 54D			
(54E) Dwellings - M.G.L. 175 § 54E			
(54F) Commercial Property (Multiple Peril) - M.G.L. 175 §54F			
(11) Title (Title Companies Only) (M.G.L. 175 § 47)			
(16A) Life - All Kinds (M.G.L. 175 § 47)			
(16B) Group Life Only (M.G.L. 175 § 47)			
(16C) Variable Annuity Authorization (M.G.L. 175 § 47)			
(16D) Annuities Only (M.G.L. 175 § 47)			
(16E) Variable Life Authorization (M.G.L. 175 § 47)			
(54G) Reinsurance - Life Companies Only - M.G.L. 175 § 54G			
(6A) Accident - All Kinds (M.G.L. 175 § 47)			
(6B) Health - All Kinds (M.G.L. 175 § 47)			
(6C) Group Accident and Health Only (M.G.L. 175 § 47)			
(6D) Non-Cancelable Accident and Health Only (M.G.L. 175 § 47)			

MICHIGAN	Authorized to Transact	Currently Transacting	Applying for
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)			
Casualty–Steam Boiler, Flywheel and Machinery (MCL 500.624(1)a)			
Casualty–Liability (MCL 500.624(1)b)			
Casualty–Automobile, including Section 500.625, disability coverage supplemental to automobile insurance (MCL 500.624(1)b)			
Casualty–Workers’ Compensation (MCL 500.624(1)b)			
Casualty–Plate Glass (MCL 500.624(1)c)			
Casualty–Sprinkler and Water Damage (MCL 500.624(1)d)			
MICHIGAN (continued)	Authorized to	Currently	Applying

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

	Transact	Transacting	for
Casualty-Credit (MCL 500.624(1)e)			
Casualty-Burglary and Theft (MCL 500.624(1)f)			
Casualty-Livestock (MCL 500.624(1)g)			
Casualty-Malpractice (MCL 500.624(1)h)			
Casualty-Miscellaneous (MCL 500.624(1)i)			
Surety and Fidelity (MCL 500.628)			
Limited Liability (MCL 500 Chapter 65)			
Title (MCL 500 Chapter 73)			
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)			
Fraternal (MCL 500 Chapter 81a)			
Disability (MCL 500.606)			

MINNESOTA	Authorized to Transact	Currently Transacting	Applying for
Fire (1) (MS 60A.06, Subd.1)			
Inland Marine (2a) (MS 60A.06, Subd.1)			
Ocean Marine (2a) (MS 60A.06, Subd.1)			
Personal Property Floater (2b) (MS 60A.06, Subd.1)			
Boiler and Machinery (3) (MS 60A.06, Subd.1)			
Workers' Compensation (5b) (MS 60A.06, Subd.1)			
Fidelity (6) (MS 60A.06, Subd.1)			
Surety (6) (MS 60A.06, Subd.1)			
Glass (8) (MS 60A.06, Subd.1)			
Burglary & Theft (9a) (MS 60A.06, Subd.1)			
Security and Drafts (9b) (MS 60A.06, Subd.1)			
Personal Property Floater - Casualty (9c) (MS 60A.06, Subd.1)			
Water (9d) (MS 60A.06, Subd.1)			
Livestock (10) (MS 60A.06, Subd.1)			
Credit (11) (MS 60A.06, Subd.1)			
Automobile (12) (MS 60A.06, Subd.1)			
General Liability (13) (MS 60A.06, Subd.1)			
Elevator (14) (MS 60A.06, Subd.1)			
Legal Expense (15) (MS 60A.06, Subd.1)			
Title (7) (MS 60A.06, Subd.1)			
Life (4) (MS 60A.06, Subd.1)			
Variable Contract Authority (4) (MS 60A.06, Subd.1)			
Accident and Health (5a) (MS 60A.06, Subd.1)			

MISSISSIPPI	Authorized to Transact	Currently Transacting	Applying for
Class 1 (a) Fire and Allied Lines (MCA 83-19-1)			
Class 1 (b) Industrial Fire (MCA 83-19-1)			
Class 1 (c) Casualty/Liability (MCA 83-19-1)			
Class 1 (d) Fidelity (MCA 83-19-1)			
Class 1 (e) Surety (MCA 83-19-1)			
Class 1 (f) Workers' Compensation (MCA 83-19-1)			
Class 1 (g) Boiler and Machinery (MCA 83-19-1)			
Class 1 (h) Plate Glass (MCA 83-19-1)			
MISSISSIPPI (continued)	Authorized to Transact	Currently Transacting	Applying for

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Class 1 (i) Aircraft (MCA 83-19-1)			
Class 1 (j) Inland Marine (MCA 83-19-1)			
Class 1 (k) Ocean Marine (MCA 83-19-1)			
Class 1 (l) Automobile Physical Damage/Automobile Liability (MCA 83-19-1)			
Class 1 (m) Homeowners/Farmowners (MCA 83-19-1)			
Class 1 (n) Guaranty (MCA 83-19-1)			
Class 1 (o) Mortgage Guaranty (MCA 83-19-1)			
Class 1 (q) Trip Accident and Baggage (MCA 83-19-1)			
Class 1 (r) Legal (MCA 83-19-1)			
Class 1 (s) Credit Property (MCA 83-19-1)			
Class 1 (p) Title (MCA 83-19-1)			
Class 2 (a) Life (MCA 83-19-1)			
Class 2 (c) Credit Life, Credit Accident and Health (MCA 83-19-1)			
Class 2 (d) Industrial Life, Industrial Accident and Health (MCA 83-19-1)			
Class 2 (e) Variable Contracts (MCA 83-19-1)			
Class 2 (f) Life (Burial) (MCA 83-19-1)			
Class 3 (a) Fraternal (MCA 83-19-1)			
Class 3 (b) Larger Fraternal (MCA 83-19-1)			
Class 2 (b) Accident and Health (MCA 83-19-1)			
(MCA 83-41-303) Health Maintenance Organization (HMO)			

MISSOURI	Authorized to Transact	Currently Transacting	Applying for
B1 – Property (379.010.1(1))			
B2 – Liability (379.010.1(2))*			
B3 – Fidelity and Surety (379.010.1(3))			
B4 – Accident and Health (379.010.1(4))			
B5 – Miscellaneous (379.010.1(5))			
Title (RSMo 381)			
A1 – Life, Annuities and Endowments (376.010)			
A3 – Variable contracts (376.309)			
Fraternal Benefit (378) RSMo			
A2 – Accident and Health (376.010)			
Health Services Corporation (RSMo 354.010)			
Health Maintenance Organization (354.400)			
Prepaid Dental Plan (354.700)			
Other			

*(includes Workers' Compensation)

MONTANA	Authorized to Transact	Currently Transacting	Applying for
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			
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			

NEBRASKA	Authorized to	Currently	Applying

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

	Transact	Transacting	for
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)			
Credit (16)			
Mortgage Guaranty (17)			
Marine (18)			
Financial Guaranty (19)			
Miscellaneous (20)			
Title (15)			
Life (1)			
Variable Life (2)			
Variable Annuities (3)			
Sickness & Accident (4)			

NEVADA	Authorized to Transact	Currently Transacting	Applying for
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)			
Life (681A.040)			
Variable (688A)			
Health (681A.030)			
Health Maintenance Organization (695C)			
Prepaid Ltd. Health Service Organization (695F)			
Surplus Lines (685A)			
Risk Retention Group (695E)			
Funeral/Cemetery Sellers (689)			
Premium Finance Company (686A)			
Motor Clubs (696A)			
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)			
Liability/Casualty 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. Insurance against any other casualty risk not otherwise specified under paragraph V. (RSA 401.1, VIII)			
Title (RSA 416-A)			
NEW HAMPSHIRE (continued)	Authorized to Transact	Currently Transacting	Applying for

Life and Annuities (RSA 401.1, III)			
Variable Annuities Require a Separate License (RSA 401.1, III)			
Fraternal (RSA 418:16)			
Accident and/or Health Coverages (401.1, IV)			
Health Maintenance Organization (RSA 402-B)			

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. 17:17-1b)			
(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)			
(13) Fidelity & Surety (N.J.S.A. 17:17-1g)			
(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)			
(35) Residential Mortgage Guaranty (N.J.S.A. 46A-3)			
(36) Commercial Mortgage Guaranty (N.J.S.A. 46A-3)			
(33) Title (N.J.S.A. 17:46B-7)			
(28) Life (N.J.S.A. 17B:17-3)			
(30) Annuities (N.J.S.A. 17B:17-5)			
(31) Variable Contracts (N.J.S.A. 17B:28-1 et seq.)			
(34) Fraternal Benefit Society (N.J.S.A. 17:44B)			
(29) Accident and Health (Life/Health Companies) (N.J.S.A. 17B:17-4)			

NEW MEXICO	Authorized to Transact	Currently Transacting	Applying for
Property (NMSA Section 59A-7-4)			
Casualty (NMSA Section 59A-7-6)^			
Life and Annuities (NMSA Section 59A-7-2)			
Variable Life and Annuity (NMSA Section 59A-7-7)			
Accident and Health (NMSA Section 59A-7-3)*			

*If applying as an HMO, contact the NM OSI for application requirements.

^If applying for a services only contract under Warranty, contact the NM OSI for application requirements.

NEW YORK	Authorized to Transact	Currently Transacting	Applying for
(4) Fire (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(5) Miscellaneous Property (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(6) Water Damage (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(7) Burglary & Theft (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(8) Glass (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(9) Boiler and Machinery (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(10) Elevator (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(11) Animal (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(12) Collision (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(13) Personal Injury Liability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(14) Property Damage Liability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(15) Workers' Compensation and Employers' Liability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(16) Fidelity and Surety (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(17) Credit (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(19) Motor Vehicle and Aircraft Physical Damage (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(20) Marine and Inland Marine (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(21) Marine Protection and Indemnity (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(22) Residual Value (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(24) Credit Unemployment (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(26) Gap (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(27) Prize Indemnification (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(28) Service Contract Reimbursement (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			

NEW YORK (continued)	Authorized to Transact	Currently Transacting	Applying for
(29) Legal Services (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(30) Involuntary Unemployment (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(31) Salary Protection (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(32) Donor Medical Expense Insurance (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(33) Excess Business Disability Insurance (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(34) Substantially Similar Kind of Insurance (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
Mortgage Guaranty Section 1113(a)(23) & Article 65 of the N.Y. Ins. Law (Monoline Only)			
Financial Guaranty Section 1113(a)(25) & Article 69 of the N.Y. Ins. Law (Monoline Only)			
Title Section 1113(a)(18) & Article 64 of the N.Y. Ins. Law (Monoline Only)			
(1) Life (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(2) Annuities (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(3)(i) – A&H – Other than Non-Cancellable Disability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(3)(ii) – A&H – Non-Cancellable Disability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			

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
(04) Fire (NCGS 58-7-15)*			
(05a) Miscellaneous Property - Extended Coverage (NCGS 58-7-15)*			
(05b) Miscellaneous Property - Growing Crops (NCGS 58-7-15)*			
(06a) Water Damage – Commercial (NCGS 58-7-15)*			
(06b) Water Damage – Residence (NCGS 58-7-15)*			
(07) Burglary and Theft (NCGS 58-7-15)*			
(08) Glass (NCGS 58-7-15)*			
(09) Boiler and Machinery (NCGS 58-7-15)*			
(10) Elevator (NCGS 58-7-15)*			
(11) Animal (Livestock) (NCGS 58-7-15)*			
(12a) Collision – Automobile (NCGS 58-7-15)*			
(12b) Collision – Other (NCGS 58-7-15)*			
(13a) Personal Injury Liability – Automobile (NCGS 58-7-15)*			
(13b) Personal Injury Liability – Other (NCGS 58-7-15)*			
(14a) Property Damage Liability – Automobile (NCGS 58-7-15)*			
(14b) Property Damage Liability – Other (NCGS 58-7-15)*			

NORTH CAROLINA (continued)	Authorized to Transact	Currently Transacting	Applying for
(15) Workers' Compensation and Employer's Liability (NCGS 58-7-15)*			
(16) Fidelity and Surety (NCGS 58-7-15)*			
(17) Credit** (NCGS 58-7-15)*			
(19a) Motor Vehicle and Aircraft - Property Damage (NCGS 58-7-15)*			
(19b) Motor Vehicle and Aircraft – Fire (NCGS 58-7-15)*			
(19c) Motor Vehicle and Aircraft – Theft (NCGS 58-7-15)*			
(19d) Motor Vehicle and Aircraft – Comprehensive (NCGS 58-7-15)*			
(19e) Motor Vehicle and Aircraft – Collision (NCGS 58-7-15)*			
(20a) Marine – Inland*** (NCGS 58-7-15)*			
(20b) Marine – Ocean (NCGS 58-7-15)*			
(21) Marine Protection and Indemnity (NCGS 58-7-15)*			
(22a) Aircraft Voluntary Settlement (NCGS 58-7-15)*			
(22b) Hole-in-One (NCGS 58-7-15)*			
(22c) Other **** (NCGS 58-7-15)*			
(23) Mortgage Guaranty (Monoline) (NCGS 58-7-15)*			
(18) Title (Monoline) (NCGS 58-7-15)*			
(01) Life, Including Industrial and Credit Life (NCGS 58-7-15)			
(02a) Annuities (NCGS 58-7-15)			
(02b) Variable Annuities (NCGS 58-7-15)			
(02c) Variable Life (NCGS 58-7-15)			
(03a) Accident and Health – Cancelable (NCGS 58-7-15)			
(03b) Accident and Health - Non-Cancelable (NCGS 58-7-15)			
(03c) Accident and Health – Credit (Small Loans) (NCGS 58-7-15)			
(03d) Accident and Health – Credit (Other than Small Loans) (NCGS 58-7-15)			

* The statutory reference for each line is listed as it appears on the Certificate of Authority.

**Credit includes GAP Insurance.

*** Inland Marine includes Pet Insurance and Travel Insurance.

**** Other includes Prepaid Legal and Contractual Liability.

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

OHIO	Authorized to Transact	Currently Transacting	Applying for
(1) Fire (O.R.C. 3929.01(A))			
(2) Allied Lines (O.R.C. 3929.01(A))			
(3) Farmowners Multiple Peril (O.R.C. 3929.01(A))			
(4) Homeowners Multiple Peril (O.R.C. 3929.01(A))			
(5) Commercial Multiple Peril (O.R.C. 3929.01(A))			
(6) Ocean Marine (O.R.C. 3929.01(A))			
(7) Inland Marine (O.R.C. 3929.01(A))			
(8) Financial Guarantee (O.R.C. 3929.01(A))			

OHIO (continued)	Authorized to Transact	Currently Transacting	Applying for
(9) Medical Malpractice (O.R.C. 3929.01(A))			
(10) Earthquake (O.R.C. 3929.01(A))			
(11) Group A&H (O.R.C. 3929.01(A))			
(12) Credit A&H (Group and Individual) (O.R.C. 3929.01(A))			
(13a) Collectively Renewable A&H (O.R.C. 3929.01(A))			
(13b) Noncancellable A&H (O.R.C. 3929.01(A))			
(13c) Guaranteed Renewable A&H (O.R.C. 3929.01(A))			
(13d) Nonrenewable for Stated Reasons Only (O.R.C. 3929.01(A))			
(13e) Other Accident Only (O.R.C. 3929.01(A))			
(13f) All Other A&H (O.R.C. 3929.01(A))			
(14) Workers' Compensation (to the extent permitted by law) (O.R.C. 3929.01(A))			
(15) Other Liability (O.R.C. 3929.01(A))			
(16a) Private Passenger Auto No-Fault (personal injury protection to the extent permitted by law) (O.R.C. 3929.01(A))			
(16b) Other Private Passenger Auto Liability (O.R.C. 3929.01(A))			
(16c) Commercial Auto No-Fault (personal injury protection to the extent permitted by law) (O.R.C. 3929.01(A))			
(16d) Other Commercial Auto Liability (O.R.C. 3929.01(A))			
(17a) Private Passenger Auto Physical Damage (O.R.C. 3929.01(A))			
(17b) Commercial Auto Physical Damage (O.R.C. 3929.01(A))			
(18) Aircraft (all perils) (O.R.C. 3929.01(A))			
(19) Fidelity (O.R.C. 3929.01(A))			
(20) Surety (O.R.C. 3929.01(A))			
(22) Burglary and Theft (O.R.C. 3929.01(A))			
(23) Boiler and Machinery (O.R.C. 3929.01(A))			
(24) Credit (O.R.C. 3929.01(A))			
(25) Reinsurance Only (O.R.C. 3929.01(A))			
(26) Other (list)* (O.R.C. 3929.01(A))			
Title Insurance (O.R.C. 3953)			
Life (O.R.C. 3911.01)			
Annuities (O.R.C. 3911.01)			
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)			
Accident and Health (Including Disability) (O.R.C. 3911.01)			

*If mortgage guaranty may not be licensed for any other products (monoline only) see Ohio Admin Code 3901-1-13

OKLAHOMA	Authorized to Transact	Currently Transacting	Applying for
Surety (including bail) (OAC 365:25-5-41)			
Surety (excluding bail) (O.S 36 §708)			
Marine (O.S. 36 §705)			
Property (O.S. 36 §704)			
Vehicle (O.S. 36 §706)			
Casualty (O.S. 36 §707)			
Workers' Compensation (O.S. 36 §608, §612.2)			
Title (O.S. 36 §709)			
	Authorized to	Currently	Applying

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

OKLAHOMA (continued)	Transact	Transacting	for
Life (O.S. 36 §702)			
Variable Annuity (O.S. 36 §6061, §6062, OAC 365:10.9.10)			
Variable Life (O.S. 36 §6061, §6062)			
Accident & Health (O.S. 36 §703)			
Health Maintenance Organizations (O.S.36 §6901)			

OREGON	Authorized to Transact	Currently Transacting	Applying for
Property (ORS 731.182)			
Casualty, Excluding Workers' Comp (ORS 731.158)			
Casualty, Including Workers' Comp (ORS 731.158)			
Marine & Transportation (ORS 731.174)			
Wet Marine and Transportation (ORS 731.194)			
Surety (ORS 731.186)			
Home Protection (only) (ORS 731.164)			
Mortgage (only) (ORS 731.178)			
Title (only) (ORS 731.190)			
Life (ORS 731.170)			
Annuity (ORS 731.154)			
Variable Life Insurance, Variable Annuity (ORS 731.156)			
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)			

PENNSYLVANIA	Authorized to Transact	Currently Transacting	Applying for
Fire and Allied Lines (40 P.S. § 382(b)(1)) – Property (Notes 1 and 2)			
Inland Marine & Auto Physical (40 P.S. § 382(b)(2)) – Property (Notes 1 and 2)			
Ocean Marine (40 P.S. § 382(b)(3)) – Property (Notes 1 and 2)			
Fidelity and Surety (40 P.S. § 382(c)(1)) – Casualty (Notes 1 and 2)			
Accident and Health (40 P.S. § 382(c)(2)) – Casualty (Notes 1 and 2)			
Glass (40 P.S. § 382 (c)(3)) – Casualty (Notes 1 and 2)			
Other Liability (40 P.S. § 382 (c)(4)) – Casualty (Notes 1 and 2)			
Steam Boiler & Machinery (40 P.S. § 382 (c)(5)) – Casualty (Notes 1 and 2)			
Burglary-Theft (40 P.S. § 382 (c)(6)) – Casualty (Notes 1 and 2)			
Credit (40 P.S. § 382 (c)(7)) – Casualty (Notes 1 and 2)			
Water (40 P.S. § 382 (c)(8)) – Casualty (Notes 1 and 2)			
Elevator (40 P.S. § 382 (c)(9)) – Casualty (Notes 1 and 2)			
Livestock (40 P.S. § 382 (c)(10)) – Casualty (Notes 1 and 2)			
Auto Liability (40 P.S. § 382 (c)(11)) – Casualty (Notes 1 and 2)			
Mine & Machinery (40 P.S. § 382 (c)(12)) – Casualty (Notes 1 and 2)			

PENNSYLVANIA (continued)	Authorized to Transact	Currently Transacting	Applying for
Personal Property Floater (40 P.S. § 382 (c)(13)) – Casualty (Notes 1 and 2)			
Workers' Compensation (40 P.S. § 382 (c)(14)) (Note 3) – Casualty (Notes 1 and 2)			
Title (40 P.S. § 910-1) – Casualty (Notes 1 and 2)			
Life and Annuities (40 P.S. § 382(a)(1)) (Notes 1 and 2)			
Separate Account – Variable Life (40 P.S. § 382 (a)(1)) (Notes 1 and 2)			
Separate Account – Variable Annuities (40 P.S. § 382 (a)(1)) (Notes 1 and 2)			
Accident and Health (40 P.S. § 382(a)(2)) (Notes 1 and 2)			

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 an 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.insurance.pa.gov/Companies/DoingBusiness/Documents/LIBC_211I.pdf.

Note 4: Reinsurance is authorized under standard lines; e.g., if a company is authorized to insure fire, it is also authorized to reinsure fire.

PUERTO RICO	Authorized to Transact	Currently Transacting	Applying for
Agricultural (Section 4.060)			
Casualty (Section 4.080)			
Marine & Transportation (Section 4.050)			
Mortgage Loans (Chapter 23)			
Surety (Section 4.090)			
Property (Section 4.040)			
Vehicle (Section 4.070)			
Reinsurance (Chapter 46)			
Title (Section 4.100)			
Fraternal Life (Chapter 36)			
Life (Section 4.020)			
Variable Life (Section 4.020)			
Variable Annuities (Section 4.020)			
Disability (Section 4.030)			

RHODE ISLAND	Authorized to Transact	Currently Transacting	Applying for
Fire (Note 3)			
Allied Lines (Note 3)			
Multi-Peril Crop (Note 3)			
Federal Flood (Note 3)			
Farmowners Multi-Peril (Note 3)			
Homeowners Multi-Peril (Note 3)			
Commercial Multi-Peril (Note 3)			
Ocean Marine (Note 3)			
Inland Marine (Note 3)			
Medical Malpractice/Medical Liability (Note 3)			
Earthquake (Note 3)			

RHODE ISLAND (continued)	Authorized to Transact	Currently Transacting	Applying for
Accident & Health (Property & Casualty – Note 3)			
Workers' Compensation (Note 3)			
Other Liability (Note 3)			
Products Liability (Note 3)			
Automobile (Full Coverage) (Note 3)			
Aircraft (All Perils) (Note 3)			
Fidelity (Note 3)			
Surety (Note 3)			
Glass (Note 3)			
Burglary and Theft (Note 3)			
Boiler and Machinery (Note 3)			
Credit (Note 3)			
Warranty (Note 3)			
Financial Guaranty or Mortgage Guaranty			
Title			
Life (Note 1)			
Annuities (Note 1)			
Variable Life (Note 1)			
Variable Annuity (Note 1)			
Variable Contracts (Notes 1 and 2)			
Accident and Health (Note 1)			

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
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)			
Life and Annuities (SC 38-5-30)			
Variable Contracts (SC 38-67-10, et seq.)			
Accident and Health (SC 38-5-30)			

SOUTH DAKOTA	Authorized to Transact	Currently Transacting	Applying for
(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)			
(10) Physical Damage (Auto)			
(11) Fidelity & Surety Bonds			
(12) Glass			
(13) Burglary & Theft			
(14) Boiler & Machinery			
(15) Aircraft			

SOUTH DAKOTA (continued)	Authorized to Transact	Currently Transacting	Applying for
(16) Credit (includes Credit Life; Credit Health; Credit Mortgage Guaranty and GAP (Guaranteed Auto Protection))			
(17) Crop - Hail			
(18) Livestock			
(22) Reinsurance			
(23A) Travel			
(23C) Bail Bonds			
(24) SD Farm Mutual (County)			
(25) SD Farm Mutual (State)			
(27) Personal			
(19) Title			
(1) Life			
(20) Variable Annuity			
(21) Variable Life			
(2) Health			

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

a) Includes Disability, General Liability, Workers' Compensation, Burglary and Theft, Personal Property Floater, Glass, Boiler, Water Damage, Credit [lender], Elevator, Livestock, Collision, Malpractice, Miscellaneous, Vehicle [physical damage and liability].

(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, Vehicle [physical damage and liability].

(c) Includes Credit [lender], 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			
Aircraft Physical Damage			
Workers' Comp & Emp. Liability			
Employer's Liability			
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)			

TEXAS (continued)	Authorized to Transact	Currently Transacting	Applying for
Livestock (g)			
Mortgage Guaranty			
Title (h)			
Life (includes Annuity)			
Variable Life			
Variable Annuity			
Accident			
Health			

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.
- (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.
- (f) Includes Credit Involuntary Unemployment; excludes Mortgage Guaranty.
- (g) Mortality.
- (h) 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, Chapter 2551.

UTAH	Authorized to Transact	Currently Transacting	Applying for
Bail Bond Surety (Utah Code Ann. § 31A-1-301(12))			
Credit Guarantee (Utah Code Ann. § 31A-1-301(37)(a))			
Legal Expense (Utah Code Ann. § 31A-1-301(107)(a))			
Liability Insurance (Utah Code Ann. § 31A-1-301(108)(a))			
Marine & Transportation (Utah Code Ann. § 31A-1-301(90) & 31A-1-301 (130))			
Motor Club (Utah Code Ann. § 31A-1-301(125))			
Professional Liability, excluding medical malpractice (Utah Code Ann. § 31A-1-301(108))			
Professional Liability, including medical malpractice (Utah Code Ann. § 31A-1-301(119) & 31A-1-301(151))			
Property Insurance (Utah Code Ann. § 31A-1-301(152)(a)(b))			
Surety Insurance (Utah Code Ann. § 31A-1-301(176))			
Vehicle Liability Insurance (Utah Code Ann. §31A-1-301(188))			
Workers' Compensation Insurance (Utah Code Ann. § 31A-1-301(187))			
Title Insurance (Utah Code Ann. § 31A-1-301(179))			
Life Insurance (Utah Code Ann. §31A-1-301(110))			
Annuity (Utah Code Ann. §31A-1-301(9))			
Variable Contract (Utah Code Ann. §31A-20-106)			
Health Maintenance Organization (Utah Code Ann. §31A-8-101(5))			
Limited Health Plan – Dental (Utah Code Ann. §31A-8-101(3)(a))			
Limited Health Plan – Vision (Utah Code Ann. §31A-8-101(3)(a))			
Nonprofit Health Plan (Utah Code Ann. §31A-7-102)			
	Authorized to	Currently	Applying

UTAH (continued)	Transact	Transacting	for
Accident & Health (Utah Code Ann. §31A-1-301(1)(a))			

VERMONT	Authorized to Transact	Currently Transacting	Applying for
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))			
Multiple Line (Section 3301(a)(10))			
Title (Section 3301(a)(9))			
Life (Section 3301(a)(1))			
Variable Annuity (Section 3301(a)(1)) and (Section 3857)			
Variable Life (Section 3301(a)(1)) and (Section 3857)			
Health (Section 3301(a)(2))			

VIRGINIA	Authorized to Transact	Currently Transacting	Applying for
09 Fire			
10 Miscellaneous Property and Casualty			
11 Farmowners MultiPeril			
12 Homeowners MultiPeril			
13 Commercial MultiPeril			
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 Insurance			
55 Home Protection			
56 Mortgage Guaranty			
74 Credit Involuntary Unemployment			
75 Credit Property			
33 Title			
01 Life (§ 38.2 101 through 134)			
71 Modified Guaranteed Life Insurance (§ 38.2 101 through 134)			
02 Industrial Life (§ 38.2 101 through 134)			
03 Credit Life (§ 38.2 101 through 134)			
04 Variable Life (§ 38.2 101 through 134)			
05 Annuities (§ 38.2 101 through 134)			
72 Modified Guaranteed Annuities (§ 38.2 101 through 134)			

VIRGINIA (continued)	Authorized to Transact	Currently Transacting	Applying for
06 Variable Annuities (§ 38.2 101 through 134)			
07 Accident and Sickness (§ 38.2 101 through 134)			
08 Credit Accident and Sickness (§ 38.2 101 through 134)			
76 Family Leave (§ 38.2 101 through 134)			
99 Managed Care Health Insurance Plan* (§ 38.2 101 through 134)			

*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
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)			
Ocean Marine (RCW 48.11.105)			
Title (RCW 48.11.100)			
Life (RCW 48.11.020)			
Disability (RCW 48.11.030)			
Health Maintenance Organization (RCW 48.46)			
Health Care Service Contractor (RCW 48.44)			
Limited Health Care Service Contractor (RCW 48.44)			

WEST VIRGINIA	Authorized to Transact	Currently Transacting	Applying for
Fire (WV Code §33-1-10(c))			
Marine (WV Code §33-1-10(d))			
Casualty without Workers' Compensation (WV Code §33-1-10(e))			
Casualty (WV Code §33-1-10(e)(14)) Workers' Compensation			
Surety (WV Code §33-1-10(f)(1)) Fidelity			
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)			
Reinsurance (WV Code §33-1-11)*			
Surety (WV Code §33-1-10(f)(4)) Title			
Life (WV Code §33-1-10(a))			
Variable Annuity (WV Code §33-13A)			
Variable Life (WV Code §33-13A)			
Fraternal (WV Code §33-23)			
Accident & Sickness (WV Code §33-1-10(b))			
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)			
Reciprocal (WV Code §33-21) **			
Farmers Mutual Fire (WV Code §33-22)			

* 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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

WYOMING	Authorized to Transact	Currently Transacting	Applying for
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)			
Title (WS 26-5-109)			
Life, including annuities (WS 26-5-102)			
Variable Contracts (WS 26-5-102)			
Disability (WS 26-5-103)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
Uniform Consent to Service of Process**

_____ Original Designation

_____ Amended Designation
(must be submitted directly to states)

Applicant Company Name: _____

Previous Name (if applicable): _____

Statutory Home Office Address: _____

City, State, Zip: _____ NAIC CoCode: _____

The Applicant Company named above, organized under the laws of _____, and regulated 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 Certificate of Authority (UCAA)
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	Resident Agent*
<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	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), (MT requires an agent to reside or maintain a business in MT).

^ 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.

~ Minnesota does not forward Service of Process. To effectively serve the Commissioner of Commerce, use the process under Minn. Stat. § 45.028. Applicant Company may complete Exhibit B to provide a Service of Process address that Commerce may keep on file.

Exhibit A

Uniform Certificate of Authority (UCAA)
Uniform Consent to Service of Process
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 ____.

Date _____

Secretary



Florida Office of Insurance Regulation

Management Information Form

Provide a complete listing of the individuals or entities managing, owning, or exercising control over the entity named below, i.e., Officers, Directors, 10% (5% if an HMO) or Greater Shareholders, Managers, Members, Partners, Proprietors, Management Company Principals, Association Members, Trustees, Incorporators, Key Individuals, and other like positions. Please type or print clearly.

Name of Entity: _____

Individuals

Name	Title (e.g.: President)	Ownership %
-------------	--------------------------------	--------------------

Entities

Name	Ownership %
-------------	--------------------

*Additional pages in like format may be attached as necessary

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Form A UCAA Type: UCAA Type Other: Other

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).

Applicant Company Name: Applicant Company Name

Address: Applicant Company Address

City: Applicant Company City

State/Province: State/Province

Postal Code: Postal Code

Phone: Phone

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. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: First Name Middle: Middle Name Last: Last Name

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? If yes, what country?

3. Affiant's occupation or profession: Affiant's occupation or profession

4. Affiant's business address: Affiant's business address

Business telephone: Business telephone

Business email: 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>College/University (C/U)</u>	<u>C/U City/State</u>	<u>MM/YY-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>Graduate Studies (GS)</u>	<u>GS College/University</u>	<u>GS City/State</u>	<u>MM/YY-MM/YY</u>	<u>GS Degree Obtained</u>
<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>	
<u>Other Training: Name (OT)</u>	<u>OT City/State</u>	<u>MM/YY-MM/YY</u>	<u>OT 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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: 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>
<u>Name of Soc./Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc./Assoc.</u>	<u>Telephone No. of Soc./Assoc.</u>
<u>Name of Soc./Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc./Assoc.</u>	<u>Telephone No. of Soc./Assoc.</u>
<u>Name of Soc./Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc./Assoc.</u>	<u>Telephone No. of Soc./Assoc.</u>

7. Present or proposed position with the Applicant Company: 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. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY- MM/YY) MM/YY- MM/YY Employer's Name: Employer's Name.

Address: Address City: City State/Province: State/Province

Country: Country Postal Code: Postal Code Phone: Phone Offices/Positions Held: Office/Position

Type of Business: Type of Business

Supervisor/Contact: Supervisor/Contact

Beginning/Ending

Dates (MM/YY): MM/YY- MM/YY Employer's Name: Employer's Name.

Address: Address City: City State/Province: State/Province

Country: Country Postal Code: Postal Code Phone: Phone Offices/Positions Held: Office/Position

Type of Business: Type of Business

Supervisor/Contact: Supervisor/Contact

Beginning/Ending

Dates (MM/YY): MM/YY- MM/YY Employer's Name: Employer's Name.

Address: Address City: City State/Province: State/Province

Country: Country Postal Code: Postal Code Phone: Phone Offices/Positions Held: Office/Position

Type of Business: Type of Business

Supervisor/Contact: Supervisor/Contact

Beginning/Ending

Dates (MM/YY): MM/YY- MM/YY Employer's Name: Employer's Name.

Address: Address City: City State/Province: State/Province

Country: Country Postal Code: Postal Code Phone: Phone Offices/Positions Held: Office/Position

Type of Business: Type of Business

Supervisor/Contact: Supervisor/Contact

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: [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: [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.

Question 10, Give Details

Organization/Issuer of License: Org/Issuer License

Address: Address

City: City

State/Province: State/Province

Country: Country

Postal Code: Postal Code

License Type: License Type

License #: License #

Date Issued (MM/YY): MM/YY

Date Expired (MM/YY): MM/YY

Reason for Termination: Reason for Termination

Non-Insurance Regulatory Phone Number (if known): Phone Number

Organization/Issuer of License: Org/Issuer License

Address: Address

City: City

State/Province: State/Province

Country: Country

Postal Code: Postal Code

License Type: License Type

License #: License #

Date Issued (MM/YY): MM/YY

Date Expired (MM/YY): MM/YY

Reason for Termination: Reason for Termination

Non-Insurance Regulatory Phone Number (if known): Phone Number

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?

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.

If yes, provide details including dates, locations, dispositions, etc.

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

List any entity subject to regulation by an insurance regulatory authority that control directly or indirectly.

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

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.

Provide Details.

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

If shares are pledged or hypothecated, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: If yes, provide details.

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. Group Code(s).

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

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.

If the answer to any of the above is yes, please indicate and give details.

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.

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

Dated and signed this Day day of Month 20Year at Click or tap here to enter text. 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.

 I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

State of: State of County of: County of

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this Day day of Month, 20Year by By, and: who is personally known to me, or who produced the following identification:
Produced the following identification.

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

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. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Form A **UCAA Type:** UCAA Type **Other:** Other

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).

Applicant Company Name: Applicant Company Name

Address: Applicant Company Address

City: Applicant Company City

State/Province: State/Province

Postal Code: Postal Code

Phone: Phone

1. Affiant's Full Name (Initials Not Acceptable): First: First Name Middle: Middle Name Last: Last Name

IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

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 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>
<u>MM/YY – MM/YY.</u>	<u>Name(s) and Specify</u>	<u>Reason.</u>
<u>MM/YY – MM/YY.</u>	<u>Name(s) and Specify</u>	<u>Reason.</u>
<u>MM/YY – MM/YY.</u>	<u>Name(s) and Specify</u>	<u>Reason.</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. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

3. Affiant's Social Security Number: XXX-XX-XXXX.

4. Government Identification Number if not a U.S. Citizen:

Government ID Number:

Govt. ID Number

Govt. ID Number

Govt. ID Number

Country of Issuance:

Country of Issuance

Country of Issuance

Country of Issuance

5. Foreign Student ID# (if applicable): Foreign Student ID Number

6. Date of Birth: (MM/DD/YY): MM/DD/YY

Place of Birth, City: Place of Birth, City

State/Province: State/Province

Country: Country

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

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>
<u>MM/YY – MM/YY</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>MM/YY – MM/YY</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>MM/YY – MM/YY</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>MM/YY – MM/YY</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>MM/YY – 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 day of Month, 20Year at Click or tap here to enter text. 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.

 I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

State of: State of. County of: County of.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this Day day of Month, 20Year by By, and: who is personally known to me, or who produced the following identification:
Produced the following identification..

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: 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 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. **[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) six (6) 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,
(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: State of. County of: County of.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this Day day of Month, 20Year by By, and: who is personally known to me, or who produced the following identification:
Produced the following identification..

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

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 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. **[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) six (6) 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.
(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: State of. County of: County of.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this Day day of Month, 20Year by By, and: who is personally known to me, or who produced the following identification:
Produced the following identification..

[SEAL]

Notary Public

Printed Notary Name

Applicant Company Name: Applicant Company Name
NAIC No.:NAIC No.

FEIN: FEIN

My Commission Expires

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 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 and Address. **[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. **[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 six (6) 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
(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: State of. County of: County of.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this Day day of Month, 20Year by By, and: who is personally known to me, or who produced the following identification: Produced the following identification..

[SEAL]

Notary Public

Printed Notary Name

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

My Commission Expires

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.



Florida Office of Insurance Regulation

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT COVER LETTER
HOLDING COMPANY STRUCTURE**

Affiant Name: _____

Group Name: _____

Group Code: _____

Purpose of Affidavit: _____

Applicant Company: _____

Insurers listed under group code:

Applicant Company Representative Contact Information:

Name: _____

Title: _____

Phone: _____

Email: _____

Signature: _____

Addendum Page for additional insurers listed under group code:

Addendum Page for additional insurers listed under group code:



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Blank

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Revised 06/13/2022
FORM 11b - Blank

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Education

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Education Addendum pages are used for additional responses carried over from the biographical affidavit question 5. Responses must be completed in the format provided below (unused sections may be left blank). The Education Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Affiant Signature: _____

Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Education Addendum pages are used for additional responses carried over from the biographical affidavit question 5. Responses must be completed in the format provided below (unused sections may be left blank). The Education Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Education Addendum pages are used for additional responses carried over from the biographical affidavit question 5. Responses must be completed in the format provided below (unused sections may be left blank). The Education Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Employment

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Employment Addendum pages are used for additional responses carried over from the biographical affidavit question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Employment Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Employment Addendum pages are used for additional responses carried over from the biographical affidavit question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Employment Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Employment Addendum pages are used for additional responses carried over from the biographical affidavit question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Employment Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Employment Addendum pages are used for additional responses carried over from the biographical affidavit question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Employment Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Page _____ of _____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum General

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Question #: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions. The question number and response should be provided in the format below and signed by the affiant (unused sections may be left blank. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Question #:	_____
Response:	

Question #:	_____
Response:	

Question #:	_____
Response:	

Question #:	_____
Response:	

Affiant Signature: _____ Date: _____

Page _____ of _____

Revised 06/13/2022

FORM 11b - General

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OIR-C1-0503 Rev.: 07/23 Rule: 69O-136.100

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Affiant Signature: _____ Date: _____

Page _____ of _____

Revised 06/13/2022
FORM 11b - General

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OIR-C1-0503 Rev.: 07/23 Rule: 690-136.100

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Affiant Signature: _____ Date: _____

Page _____ of _____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Licenses

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Licenses Addendum pages are used for additional responses carried over from the biographical affidavit question 10. Responses must be completed in the format provided below (unused sections may be left blank). The Licenses Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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 & Postal Code	_____
Country	_____
License Type	_____
License #	_____
Date Issued (MM/YY) & Date Expired	_____
Reason for Termination	_____
Non-Insurance Regulatory Phone Number	_____

Organization/Issuer of License	_____
Address	_____
City, State/Province & Postal Code	_____
Country	_____
License Type	_____
License #	_____
Date Issued (MM/YY) & Date Expired	_____
Reason for Termination	_____
Non-Insurance Regulatory Phone Number	_____

Organization/Issuer of License	_____
Address	_____
City, State/Province & Postal Code	_____
Country	_____
License Type	_____
License #	_____
Date Issued (MM/YY) & Date Expired	_____
Reason for Termination	_____
Non-Insurance Regulatory Phone Number	_____

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Affiant Signature: _____ Date: _____
Page _____ of _____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Professional

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Professional Societies and Associations Addendum pages are used for additional responses carried over from the biographical affidavit question 6. Responses must be completed in the format provided below (unused sections may be left blank). The Professional Societies and Associations Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

List of memberships in professional societies and associations:

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Affiant Signature: _____ Date: _____
Page ____ of ____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Residence

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Residence Addendum pages are used for additional responses carried over from the biographical affidavit supplemental personal information question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Residence Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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

Affiant Signature: _____ Date: _____

Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Residence Addendum pages are used for additional responses carried over from the biographical affidavit supplemental personal information question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Residence Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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

Affiant Signature: _____ Date: _____
Page _____ of _____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Societies

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Professional Societies and Associations Addendum pages are used for additional responses carried over from the biographical affidavit question 6. Responses must be completed in the format provided below (unused sections may be left blank). The Professional Societies and Associations Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

List of memberships in professional societies and associations:

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Affiant Signature: _____ Date: _____
Page _____ of _____



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. The background investigative report must be conducted using the same affidavit submitted to the Florida Office of Insurance Regulation ("Office") for each individual as part of the application.
2. For specific information regarding background investigation vendors, please refer to the NAIC website, "Third Party Vendors for Background Reports" at: http://www.naic.org/industry_ucaa.htm
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 submit investigative reports electronically to the Office to this e-mail address:

bkgrnd-inv@floir.com

Submissions should be 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. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants) or to lhappcoord@floir.com (Life and Health applicants).

FINGERPRINTS AND SOCIAL SECURITY NUMBER

The purpose of this form is to provide required disclosures regarding the use of your fingerprints and the confidentiality of your social security number. **Submit the third page marked confidential to the Office with your application.** For information on how to submit your fingerprints go to www.floir.com/home/company-admissions/fingerprint-instructions.

FDLE NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS FOR A CRIMINAL HISTORY RECORD CHECK

NOTICE OF:

- RETENTION OF FINGERPRINTS,
- PRIVACY POLICY, AND
- RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD

This notice is to inform you when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of the search are returned to the authorized agency ORI indicated in the transaction. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the agency from which you are seeking approval to be employed, licensed, or have access to their facility. The fingerprints submitted are retained by FDLE and the Federal Bureau of Investigation (FBI), and FDLE will notify the agency of any subsequent arrests.

Your Social Security Account Number (SSAN) is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. § 552a), FDLE is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. FDLE does not require a SSAN but it could cause a delay in processing your criminal history record check.

Authorized agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request a copy of your record from the screening agency. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. by calling FDLE at (850) 410-7898. If you believe the national information is in error, you may contact the FBI at (304) 625- 2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor within a reasonable time.

The FBI's Privacy Statement follows on a separate page and contains additional information.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal rules providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based record checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch that has published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



CONFIDENTIAL

Pursuant to section 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. 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 ensure 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 the 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

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION



EXPANSION APPLICATION FLORIDA SPECIFIC INFORMATION

Florida requires fingerprinting of all individuals for which biographical affidavits or business character reports are being submitted. For more information regarding fingerprinting see Form OIR-C1-938 (incorporated in Rule 69O-136.100) ([click here](#)). To request blank fingerprint cards email FPRequest@fลอ.ค.ом.