



## Florida Office of Insurance Regulation

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### **APPLICATION FOR TRUSTEED REINSURER STATUS**

This packet is designed to assist individuals in preparing the application in accordance with Florida Statutes and Rules and to facilitate expeditious processing of the application by the Florida Office of Insurance Regulation ("Office").

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

If this packet requires submission of forms or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <https://www.floir.com/iportal> and select "Insurance Regulation Filing System (IRFS)" to begin the submission of forms and/or rates.

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

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

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

Any questions concerning this application packet or iApply for Life and Health applicants may be directed to [lhappcoord@floir.com](mailto:lhappcoord@floir.com). Property and Casualty applicants are directed to [pcappcoord@floir.com](mailto:pcappcoord@floir.com).

# APPLICATION FOR TRUSTEED REINSURER STATUS

## INSTRUCTIONS

### SECTION I – APPLICATION

#### **Section I-1 Checklist and Application Certification**

Applicants for Trusteed Reinsurer Status in Florida must submit the Checklist (pages 6-8) and Application Certification (page 12) included in this form, in addition to all other documentation and forms required herein. Applicant should list the lines of business (and respective code numbers) the company intends to reinsure in the state of Florida on the Application Certification.

#### **Section I-2 Applicant Groups**

Applicants that are groups including incorporated and individual unincorporated underwriters are subject to the requirements of Section 624.610(3)(c)3.b., Florida Statutes.

## APPLICATION FOR TRUSTEED REINSURER STATUS

### SECTION II - LEGAL

#### **Section II-1 Authorization Letter**

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

#### **Section II-2 Service of Process Consent & Agreement**

Provide an executed Form OIR-C1-1524, "Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process."

#### **Section II-3 Trust Agreement**

Provide a copy of the trust agreement and all amendments certified by the insurance regulator of the state of domicile of the trust or the insurance regulatory of another state who, pursuant to the terms of the trust agreement, has accepted principal regulatory oversight of the trust.

#### **Section II-4 Trust Agreement Checklist**

Complete the checklist in regard to the trust agreement (pages 9-11). Any NO answer on the checklist indicates that the trust agreement does not meet the requirements of the Florida Statutes or Florida Administrative Code.

## APPLICATION FOR TRUSTEED REINSURER STATUS

### SECTION III - FINANCIAL

#### **Section III-1 Financial Statements**

Submit a copy of the latest financial statements consisting of the most recent Annual Statement of the trust prepared using the form approved by the National Association of Insurance Commissioners (“NAIC”) for financial reporting which is signed and notarized as required by such form and including all supporting documents required to be included or filed in accordance with the NAIC Annual Statement Instructions.

#### **Section III-2 Trustee Statement**

Submit a statement from the trustee of the trust certifying the total amount of assets in the trust; a listing of all assets in the trust in sufficient detail to determine if these assets are of a quality substantially similar to that required in Part II of Chapter 625, Florida Statutes; and certification that the trust will not expire prior to the following December 31st.

Note that the amount in the trust must meet the requirements of Section 624.610(3)(c)3.a. Florida Statutes, which requires an amount not less than the assuming insurer's liabilities attributable to reinsurance ceded by U.S. domiciled insurers, and in addition, a trustee surplus of not less than \$20,000,000, USD. Such statement shall be the most recent available but in no event prior to December 31st of the preceding year.

#### **Section III-3 Letter from Insurance Regulator with Regulatory Oversight**

Provide a letter from the insurance regulator of the state of domicile or of the insurance regulator that has accepted principal regulatory oversight of the trust stating that the trust is authorized and showing the kinds of reinsurance or lines of business that the reinsurer is authorized to transact.

#### **Section III-4 Certificate of Assuming Insurer to Submit to Examination**

Submit form OIR-C1-1469, “Certificate of Assuming Insurer to Submit to Examination and Bear the Cost of Examination.” To aid the Office in determining if an examination of the trust or reinsurer is needed, please include a copy of the latest independent audit report, quarterly statement, and state examination report, or a statement that these do not exist.

## APPLICATION FOR TRUSTEED REINSURER STATUS

### SECTION IV - MANAGEMENT

#### **Section IV-1 Management Information**

Submit Form OIR-C1-2221, "Management Information Form," fully describing the management, ownership, and control, direct or indirect, of the insurer up to and including any 10 percent or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

#### **Section IV-2 Biographical Affidavits as to Officers, Directors, and Shareholders**

Provide a copy of Form OIR-C1-1423, the "Uniform Certificate of Authority (UCAA) Biographical Affidavit" (NAIC Form 11) for each individual listed in Section IV-1. Applicant may omit individuals listed for those entities in the organizational structure between the immediate parent and the ultimate parent. Please note that if an individual has a Biographical Affidavit with an associated background report on file with the Office, and the Biographical Affidavit was signed and notarized within 2 years of the date of the Application being filed, a Biographical Affidavit and associated background report need not be submitted for that individual.

All questions must be answered. All "Yes" answers must be explained.

Each Biographical Affidavit must be signed and notarized.

The affiant's social security number must be submitted to the Office. 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 to insure that the owners, management, officers, and directors of any entity regulated by the Office 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.

However, 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 and must be segregated on a separate page. Therefore, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to the NAIC Biographical Affidavit (NAIC Form 11) that is also included in this packet.

# APPLICATION FOR TRUSTEED REINSURER STATUS

## CHECKLIST

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

Home Office Address: \_\_\_\_\_  
(Street Address) \_\_\_\_\_ (City) \_\_\_\_\_

\_\_\_\_\_ (State/Province) \_\_\_\_\_ (Country) \_\_\_\_\_ (Zip Code or Equivalent)

Phone Number: \_\_\_\_\_

**Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.**

### SECTION I - APPLICATION

- 1. Checklist (pages 6-8)
- 2. Application Certification (page 12)

### SECTION II – LEGAL DOCUMENTS

- 1. Authorization letter, if applicable
- 2. Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process (Form OIR-C1-1524)
- 3. Trust agreement
  - a. Includes all amendments
  - b. Certified by the insurance regulator having oversight of the Trust
- 4. Trust Agreement Checklist (pages 9-11)

# APPLICATION FOR TRUSTEED REINSURER STATUS

## CHECKLIST

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

### SECTION III – FINANCIAL

- 1. Financial Statements
  - a. Most recent Annual Statement for the trust on NAIC forms
    - i. Signed
    - ii. Notarized
    - iii. Includes all supporting documents as per NAIC instructions
- 2. Trustee statement
  - a. Certifies the total amount of assets in the trust in compliance with Section 624.610(3)(c)3.a., Florida Statutes
  - b. Listing of all trust assets as per the instructions in Section III-2
  - c. Certifies that the trust will not expire before the following December 31st
  - d. Statement is the most recent, and not prior to December 31st of preceding year
- 3. Letter from insurance regulator with regulatory oversight
  - a. Indicates that the trust is authorized
  - b. Shows kind of reinsurance or lines of business trust is authorized to transact
- 4. Certificate of Assuming Insurer to Submit to Examination (OIR-C1-1469)
  - a. Latest independent audit report; and
  - b. Quarterly statement; and
  - c. State examination report; or
  - d. Statement that the documents in items a.-c. do not exist

# APPLICATION FOR TRUSTEED REINSURER STATUS

## CHECKLIST

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

### SECTION IV – MANAGEMENT

- 1. Management Information Forms (Form OIR-C1-2221) submitted for all required entities
- 2. Biographical Affidavits (Form OIR-C1-1423) submitted for all required individuals
  - a. All information completed (no blanks)
  - b. “Yes” answers explained
  - c. Signed
  - d. Notarized

## APPLICATION FOR TRUSTEED REINSURER STATUS

### TRUST AGREEMENT FOR TRUSTEED REINSURER

**Reinsurer Name:** \_\_\_\_\_

**Grantor of the Trust:** \_\_\_\_\_

**Trust Dated:** \_\_\_\_\_

1. Is the trustee, as evidenced in the trust agreement, a bank or trust company that is subject to supervision by any state of the U.S. or that is a member of the Federal Reserve System?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Does the trust agreement create a trust account into which the assets shall be deposited to provide security for ceding insurers in order that credit may be allowed for the reinsurance ceded?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Section where located \_\_\_\_\_

3. Does the trust agreement provide for the following:

- a) The trust agreement provides for the payment of valid claims for business written in the U.S.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Section where located \_\_\_\_\_

- b) Contested claims shall be valid and enforceable out of funds in trust to the extent remaining unsatisfied thirty (30) days after entry of the final order of any court of competent jurisdiction in the U.S.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Section where located \_\_\_\_\_

- c) Legal title to the assets of the trust shall be vested in the trustee (bank or trust company) for the benefit of the grantor's (reinsurer) U.S. ceding insurers, their assigns, and successors in interest.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Section where located \_\_\_\_\_

- d) The trust shall be subject to examination by the Office.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Section where located \_\_\_\_\_

- e) The trust shall remain in effect for as long as the assuming insurer, or any member or former member of a group of insurers, shall have outstanding obligations under reinsurance agreements subject to the trust.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Section where located \_\_\_\_\_

## APPLICATION FOR TRUSTEED REINSURER STATUS

f) No later than February 28 of each year, the trustee of the trust shall report to the Office of Insurance Regulation in writing setting forth the balance in the trust and listing the trust's investments at the preceding year-end, and shall certify the date of termination of the trust, if so planned, or certify that the trust shall not expire prior to the following December 31.

Yes:        No:        Section where located \_\_\_\_\_

g) Trustee shall notify in writing the domiciliary and non-domiciliary insurance regulators within 10 days of receipt of a claim that would reduce the trust to an amount below the minimum.

Yes:        No:        Section where located \_\_\_\_\_

h) If the trust is inadequate because it contains an amount less than the amount required by the Office of Insurance Regulation or, if the grantor (reinsurer) of the trust has been declared insolvent or placed into receivership, rehabilitation, liquidation, or similar proceedings under the laws of its state or country of domicile, the trustee (bank or trust company) shall comply with an order of the insurance regulator with regulatory oversight over the trust or with an order of a court of competent jurisdiction directing the trustee (bank or trust company) to transfer to the insurance regulator with regulatory oversight over the trust, or other designated receiver all of the assets of the trust.

Yes:        No:        Section where located \_\_\_\_\_

i) The assets shall be distributed by, and claims shall be filed with and valued by the insurance regulator with regulatory oversight over the trust in accordance with the laws of the state in which the trust is domiciled that are applicable to the liquidation of domestic insurance companies.

Yes:        No:        Section where located \_\_\_\_\_

j) If the insurance regulator with regulatory oversight over the trust determines that the assets of the trust account or any part thereof are not necessary to satisfy the claims of the U.S. beneficiaries of the trust, the insurance regulator with regulatory oversight over the trust shall return the assets, or any part thereof, to the trustee (bank or trust company) for distribution in accordance with the trust agreement.

Yes:        No:        Section where located \_\_\_\_\_

k) The grantor agrees to waive any rights otherwise available to it under United States law that is inconsistent with the provisions outlined in (h), (i), and (j) above.

Yes:        No:        Section where located \_\_\_\_\_

## APPLICATION FOR TRUSTEED REINSURER STATUS

I) Are the trust assets required to be comprised and maintained with cash or securities of a quality substantially similar to those which will qualify as admitted assets under Part II of Chapter 625 Florida Statutes?

Yes:        No:        Section where located \_\_\_\_\_

m) Trust agreement contains a condition that any amendments to the trust approved by the insurance regulator having jurisdiction shall be reported in a manner that the Florida Office of Insurance Regulation will receive notice of any amendment no later than 30-days after such approval. The Florida Office of Insurance Regulation does not have to be specifically named, but the trust provision must inclusive enough that such notice is assured.

Yes:        No:        Section where located \_\_\_\_\_

Name of Person preparing this form \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

## APPLICATION FOR TRUSTEED REINSURER STATUS

### APPLICATION CERTIFICATION

**The below certification must be executed by two officers of applicant, one of whom must be the President or Chief Financial Officer, and the other the Secretary.**

The undersigned state that they are officers having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of \_\_\_\_\_ ("Applicant") to

seek status as an Trusteed Reinsurer in Florida, that they have read said application, and that they know the contents thereof and verify that the items indicated in the application checklist are true and complete to the best of their knowledge and have been submitted with the application. The undersigned represent that they have the authority to bind the Applicant, and that by their signatures on the instrument, the Applicant on behalf of which they have acted executed the instrument.

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

By: _____	Lines of Business	Code Number
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Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\*Other officers will be accepted only if the applicant does not have these positions.

**OIR-C1-1466  
Rev.: 5/22  
69O-144.002**

## APPLICATION FOR TRUSTEED REINSURER STATUS

### FLORIDA OFFICE OF INSURANCE REGULATION LINES OF BUSINESS BY COMPANY CODES

R010 Reinsurance - Fire  
R020 Reinsurance - Allied Lines  
R030 Reinsurance - Farmowners Multi-Peril  
R040 Reinsurance - Homeowners Multi-Peril  
R050 Reinsurance - Commercial Multi-Peril  
R080 Reinsurance - Ocean Marine  
R090 Reinsurance - Inland Marine  
R100 Reinsurance - Financial Guaranty  
R106 Reinsurance - Auto Warranties  
R110 Reinsurance - Medical Malpractice  
R120 Reinsurance - Earthquake  
R160 Reinsurance - Workers' Compensation  
R170 Reinsurance - Other Liability  
R173 Reinsurance - Prepaid Legal  
R192 Reinsurance - Private Passenger Auto Liability  
R194 Reinsurance - Commercial Auto Liability  
R211 Reinsurance - Private Passenger Auto Physical Damage  
R212 Reinsurance - Commercial Auto Physical Damage  
R220 Reinsurance - Aircraft  
R230 Reinsurance - Fidelity  
R240 Reinsurance - Surety  
R245 Reinsurance - Bail Bonds  
R250 Reinsurance - Glass  
R260 Reinsurance - Burglary and Theft  
R270 Reinsurance - Boiler and Machinery  
R280 Reinsurance - Credit  
R285 Reinsurance - Title  
R290 Reinsurance - Livestock  
R300 Reinsurance - Industrial Fire  
R310 Reinsurance - Mortgage Guaranty  
R400 Reinsurance - Ordinary Life and Annuity  
R405 Reinsurance - Individual/Group Variable Annuities  
R410 Reinsurance - Group Life and Annuity  
R420 Reinsurance - Variable Life  
\*\*R425 Reinsurance - Fraternal Life  
\*\*R430 Reinsurance - Fraternal Health  
R440 Reinsurance - Credit Life  
R441 Reinsurance - Credit Disability  
R450 Reinsurance - Accident and Health  
R520 Reinsurance - Industrial Extended Coverage  
R540 Reinsurance - Mobile Home Multi Peril  
R550 Reinsurance - Mobile Home Physical Damage  
R570 Reinsurance - Crop Hail  
R607 Reinsurance - Home Warranties  
R608 Reinsurance - Service Warranties  
R610 Reinsurance - Other Warranty  
R620 Reinsurance - Miscellaneous Casualty

\*\*A Fraternal Benefit Society can cede business but can only reinsure another society as part of a merger or consolidation.  
[632.614, Florida Statutes]

**OIR-C1-1466**  
**Rev.: 5/22**  
**69O-144.002**



**Florida Office of Insurance Regulation**

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**CERTIFICATE OF ASSUMING REINSURER TO SUBMIT TO EXAMINATION  
AND BEAR THE COST OF EXAMINATION**

I, \_\_\_\_\_, \_\_\_\_\_,  
(name of officer) (title of officer)

hereby certify that \_\_\_\_\_  
(name of assuming reinsurer)

submits to the authority of the Florida Office of Insurance Regulation to examine its books, records, and trust accounts and agrees to bear the expense of any such examination. \_\_\_\_\_

(name of assuming reinsurer)

grants the Florida Office of Insurance Regulation permission to examine and copy on the premises of the trust custodian all books, records, and assets of the reinsurer in possession of the trust custodian and grants the trust custodian permission to make the custodian's records available to the Florida Office of Insurance Regulation for examination during the custodian's regular business hours.

By: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## 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**

<b>Name</b>	<b>Title (e.g.: President)</b>	<b>Ownership %</b>
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#### **Entities**

<b>Name</b>	<b>Ownership %</b>
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\*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

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### **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

©2023 National Association of Insurance Commissioners

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	

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](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](mailto: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](mailto:pcappcoord@floir.com) (Property and Casualty applicants) or to [lhappcoord@floir.com](mailto:lhappcoord@floir.com) (Life and Health applicants).

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

## CHECKLIST VERIFICATION

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by \_\_\_\_\_ that he/she  
(Entity Name)

(Entry Name)  
has read said application, that he/she knows the contents thereof and verifies that the items indicated in the application checklist have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person acted, executed the instrument.

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

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

---

Signature of President, Secretary, or Treasurer

---

Printed Name

---

## Printed Title