



Florida Office of Insurance Regulation

APPLICATION TO REDOMESTICATE A CAPTIVE INSURER

This package 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 searchable PDF format unless otherwise indicated or required.

If this package 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.flor.gov/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.

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

[flor.gov/iportal](https://www.flor.gov/iportal)

Any questions concerning this application package or iApply may be directed to pcappcoord@flor.gov.

APPLICATION TO REDOMESTICATE A CAPTIVE INSURER

Part V of chapter 628, Florida Statutes, provides for the licensing of five types of captive insurers:

- 1) **Pure Captive** – A company that insures the risks of its parent, affiliated companies, controlled unaffiliated businesses (defining terms found in section 628.901, Florida Statutes), or a combination thereof. It must be formed and licensed in Florida.
- 2) **Industrial Insured Captive** – A company that provides insurance only to the industrial insureds that are its stockholders or members, and affiliates thereof, or to the stockholders, and affiliates thereof, of its parent corporation. It can also provide reinsurance to insurers only on risks written by such insurers for the industrial insureds that are the stockholders, members, or affiliates of the captive itself or its parent corporation.
- 3) **Captive Reinsurance Company** – A reinsurance company that is formed and licensed in Florida and is wholly owned by a reinsurer that currently holds a certificate of authority or qualifies for credit for reinsurance under section 624.610(3), Florida Statutes, and possesses a consolidated GAAP Net Worth of at least \$500 million U.S. Dollars (USD) and a consolidated debt to total capital ratio of not greater than 0.50. The captive must be a stock corporation and may not directly insure risks; it may only reinsure risks.
- 4) **Protected Cell Captive Insurance Company** – A company that insures the risks of separate participants in the company through participant contracts, which funds its liability to each participant through one or more Protected Cells, and segregates the assets of each Protected Cell from the assets of other Protected Cells and from the assets of the Protected Cell Captive Insurance Company's general account.
- 5) **Special Purpose Captive** – A company that is formed and licensed in Florida as a Captive Insurance Company, but that does not meet the definition of any of the other types listed herein. It may only insure the risks of its parent.

**The instructions below are meant for use by all licensing types.
Caveats pertaining to certain types are noted.**

APPLICATION TO REDOMESTICATE A CAPTIVE INSURER

INSTRUCTIONS

SECTION I – APPLICATION & FEES

Section I-1 Application Fees

Applicant must pay the application fees of \$1,525 USD, pursuant to sections 624.501(17) and 628.905(4), Florida Statutes, and the annual assessment of \$1,000 USD, pursuant to section 624.501(3), Florida Statutes. These fees are due at the time the application is filed and are nonrefundable.

Section I-2 Fingerprint Fees

Applicant is required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-5. Please see Form OIR-C1-938, "Fingerprints and Social Security Number," for instructions.

Section I-3 Application Checklist and Certification

Applicant should complete pages 10 – 14 and return them with the application.

SECTION II - LEGAL

Section II-1 Draft Organizational Documents

The Office will not approve drafts of the documents listed below that are inconsistent or not in accordance with applicable law.

- 1) Submit a copy of Applicant's proposed Articles of Incorporation that are in compliance with sections 628.081 and 628.910, Florida Statutes.
- 2) Submit a copy of Applicant's proposed Bylaws that do not conflict with the draft Articles of Incorporation and are otherwise in compliance with applicable Florida Statutes.
- 3) For a Protected Cell Captive Insurance Company forming as a limited liability company, submit a copy of Applicant's proposed Articles of Organization and proposed Operating Agreement, or equivalent documents, that are in compliance with Florida Statutes.
 - a. In addition, each Incorporated Cell of a Protected Cell Captive Insurance Company must submit proposed organizational documents that correspond to its organizational type.

OIR-C1-1001

Effective: 08/26

Rule 69O-136.100, F.A.C.

APPLICATION TO REDOMESTICATE A CAPTIVE INSURER

Section II-2 Articles of Incorporation (Other Involved Corporations)

For any corporation involved in the financing or formation of Applicant, submit a copy of the Articles of Incorporation, or equivalent document, complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

Section II-3 Authorization Letter

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

SECTION III - FINANCIAL

Section III-1 Plan of Operation

It is important for the Office to have a clear understanding of the proposed operations of the redomesticating insurer and the goals it seeks to achieve. To meet this requirement, Applicant must furnish a three-year Plan of Operation. The Plan must include all major areas of the proposed operations, including, but not limited to, the following:

- 1) Provide a narrative statement discussing why Applicant has chosen Florida as its domiciliary jurisdiction. Include discussion of any history Applicant's parent and affiliates have writing insurance in Florida.
- 2) Provide an organizational chart showing the ownership structure of Applicant that includes its direct parent, affiliates, subsidiaries, all upstream ownership, and all individuals or entities who have or will have direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent of Applicant.
- 3) Discuss the source(s) of additional capital available to Applicant when needed. Include the type of stock(s) or membership units that are authorized, number of shares/units, and par value of each (must not be less than \$1 nor more than \$100). Please see sections 628.907 and 628.908, Florida Statutes, for required minimums of capital and surplus, as well as acceptable forms of capital. Captive Reinsurance Companies, see section 628.914, Florida Statutes. Protected Cell Captive Insurance Companies should include a detailed description of the sponsor(s).
- 4) Provide a brief description of the management experience of each individual (by name) who will be involved in running the captive insurer. Address experience with the following areas: Underwriting, Rating, Reserving, Reinsurance, Claims Handling, Accounting, Investments, and Financial Reporting.
- 5) Discuss the planned insurance product(s) to be written by Applicant, including policy type, limits, and insured(s).

OIR-C1-1001

Effective: 08/26

Rule 69O-136.100, F.A.C.

APPLICATION TO REDOMESTICATE A CAPTIVE INSURER

- 6) Submit Form OIR-C1-1416, Uniform Certificate of Authority Application (UCAA) Lines of Insurance, reflecting the lines of insurance Applicant intends to write in Florida. Only the Florida pages need to be submitted. (See section 628.905, Florida Statutes.)
- 7) Applicants who are not Pure or Special Purpose Captives and are authorized by Florida Statutes to accept or cede reinsurance should provide a description of the proposed use of reinsurance, including the purpose of the reinsurance and the degree to which it is to be used in relation to the amount of insurance in force. Include retentions and limits of liability for the proposed reinsurance as well as catastrophe coverage and the largest amount retained on one risk. Include copies of any draft agreements being considered. If a reinsurance broker will be utilized, submit a copy of the Broker of Record Letter.
- 8) Submit a copy of Applicant's investment policy. Protected Cell Captive Insurance Companies must also submit the specific investment guidelines of each Protected Cell, in addition to a copy or copies of any proposed participant contract(s).
- 9) Provide pro forma financial statements that include a Balance Sheet, a Profit & Loss Statement, and an Income Statement for 3 years. If more than one policy is to be written, include a schedule to the Profit & Loss Statement that breaks down premium by line of insurance.
- 10) Provide a narrative statement discussing any common facilities or functions that are shared with affiliates or delegated to third parties. Submit copies of any draft or executed agreements including any amendments to these arrangements.
- 11) Applicant should include a statement indicating if any of its stock, bonds, or any other physical or book entry securities are or will be in the physical possession of another entity. If so, provide a copy of the custodial agreement.
- 12) Provide copies of any agreements regarding any services Applicant does or will utilize in carrying out its Plan of Operation. Include red-lined copies reflecting any proposed changes as a result of the redomestication.
- 13) Furnish a list of all current and proposed consultant and expert services to be used during the first 3 years after the redomestication.
- 14) Provide a statement that Applicant will have a Disaster Coordination or Business Continuity Plan that is in compliance with Rules 69O-128.032 and 69O-128.033, Florida Administrative Code ("F.A.C."). Applicant must provide a copy of the Plan if requested.
- 15) Protected Cell Captive Insurance Companies must submit the following, in addition the above documentation. Applicant may wish to review sections 628.921(3) and (4), Florida Statutes:
 - a. A statement that all of its financial records will be made available to the Office or the Office's designated agent for inspection or examination.
 - b. Evidence satisfactory to the Office that Applicant's expenses will be allocated to each Protected Cell in a fair and equitable manner.

OIR-C1-1001

Effective: 08/26

Rule 69O-136.100, F.A.C.

APPLICATION TO REDOMESTICATE A CAPTIVE INSURER

- c. Materials demonstrating how loss and expense experience of each Protected Cell will be accounted for.
- d. Administrative and accounting procedures necessary to properly identify the one or more Protected Cells and the corresponding assets and liabilities.
- e. A description of Applicant's specific business objectives, including those for each Protected Cell, for the first 3 years.

Section III-2 Holding Company

- 1) If the Applicant is a member of a holding company system, the application must include either the most recent Holding Company Act (HCA) filings, including Form OIR-D0-516, "Form B - Insurance Company Holding System Annual Registration Statement" and related Form OIR-A1-2118, "Form F - Enterprise Risk Report," or a statement substantially similar, according to the NAIC Insurance Holding Company System Regulatory Act (#440). The filing should include all attachments, exhibits, and appendices referenced in the HCA filings. Include all attachments and any amendments up to the application filing date and include copies of all advisory, management, and service agreements referenced in responses to questions in the attached Questionnaire.
- 2) If Applicant is a member of a Holding Company System, it must submit a debt-to-equity ratio statement that includes the following information:
 - a. Consolidated outside debt to consolidated equity ratio on a GAAP basis for the Holding Company. Please provide the amount of debt and debt to consolidated equity ratio due within 5 years, 10 years, and 20 years.
 - b. The most recent consolidated holding company financial statement.
 - c. Provide projections with assumptions for a three-year period for the holding company on a consolidated basis.
 - d. Clearly substantiate the sources of repayment of any debt, including, but not limited to, if the sources of repayment are independent from the future income of Applicant. Provide a calculation of the debt service required of each insurer in the Holding Company System as a percentage of Applicant's capital and surplus.
 - e. List any assets of the Holding Company that are pledged to fund the debt service or debt repayment of an affiliate or parent. Include the assets or stock of any insurer or subsidiaries.
 - f. List any guarantees, personal or otherwise, that are from the shareholders for repayment of the debt.

OIR-C1-1001

Effective: 08/26

Rule 69O-136.100, F.A.C.

APPLICATION TO REDOMESTICATE A CAPTIVE INSURER

- 3) If an upstream member of Applicant's Holding Company System has made a filing with the Securities and Exchange Commission in connection with a public offering, or filed an 8K, 12K, or 10Q, within the last 12 months, indicate that such filing is available for review.

Section III-3 Statement of Ratio of Assets to Risks

Submit a statement of the quantifiable ratio of Applicant's assets to the risks it will assume.

Section III-4 Financial Statements

- 1) Submit a copy of the most recent Quarterly and 3 most recent Annual financial reports, as filed with the current state of domicile.
- 2) If Applicant has audited financial statements, submit a copy of the 2 most recent statements, with an accountant's letter.
- 3) Submit copies of the parent company's 2 most recent audited financial statements.

Section III-5 Examination Report

If Applicant has ever been the subject of a financial examination, submit a copy of the most recent Report on Examination.

Section III-6 Actuarial Opinion

Submit a copy of Applicant's most recent Statement of Actuarial Opinion.

SECTION IV - MANAGEMENT

Section IV-1 Management Information

Submit Management Information Form OIR-C1-2221 fully describing all proposed incorporators, directors, officers, organizers, owners, sponsors, managers, members, and like positions, including any series members of a series limited liability company associated with a proposed Protected Cell.

Captive Insurers, Captive Reinsurers, and Incorporated Protected Cells, forming as a corporation, must have a minimum of 3 incorporators, of which at least 2 must be Florida residents. Include the citizenship of any incorporator who is not a U.S. citizen. The corporation must also have a minimum of 5 directors, a majority of whom must be U.S. citizens and 1 of whom must be a Florida resident.

Forms should contain the first, middle, and last name of listed individuals. Please state if a middle name does not exist.

OIR-C1-1001

Effective: 08/26

Rule 69O-136.100, F.A.C.

APPLICATION TO REDOMESTICATE A CAPTIVE INSURER

Section IV-2 Previous Florida History

If any officer or director of Applicant was previously an officer or director of an insurer doing business in Florida, list the name of the individual, the name of the Florida insurer, the period of employment, and if the insurer had an insolvency after 2002.

Section IV-3 Biographical Information Package

Each person listed in Section IV-1 must submit a complete Biographical Information Package. The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete Forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual. Each form must be signed, and Form OIR-C1-1423 must be notarized. All questions must be answered. All "Yes" answers must be explained. Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-4 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor, who has been approved for use by the National Association of Insurance Commissioners, directly to the Office at bkgnd-inv@flor.gov. Submission 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. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

OIR-C1-1001

Effective: 08/26

Rule 69O-136.100, F.A.C.

APPLICATION TO REDOMESTICATE A CAPTIVE INSURER

A list of approved vendors can be found at <https://content.naic.org/industry-ucaa-third-party>. The Applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@flair.gov.

Section IV-5 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.flair.gov/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in Form OIR-C1-938.

In addition, pursuant to section 119.071(5), Florida Statutes, Social Security Numbers collected by an agency are confidential and exempt from disclosure under section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of Form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION TO REDOMESTICATE A CAPTIVE INSURER

CHECKLIST

Applicant Name: _____

(Street Address) (City) (State) (Zip Code)

(Phone Number) (Website)

Contact Person at Company: _____

(Email) (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 & FEES

- ☐ 1. Copy of check(s) for application fees included with submission
- ☐ 2. All fingerprint fees paid electronically
 - ☐ a. Copies of online payment confirmations
- ☐ 3. Completed Checklist and Certification

SECTION II – LEGAL

- ☐ 1. Draft Articles of Incorporation
- ☐ 2. Draft Articles of Organization (Protected Cell Captive Insurance Companies forming as limited liability company only)
- ☐ 3. Draft Bylaws
- ☐ 4. Draft Operating Agreement (Protected Cell Captive Insurance Companies forming as a limited liability company only)
- ☐ 5. Draft organizational documents for each Incorporated Protected Cell of a Protected Cell Captive Insurance Company
- ☐ 6. Certified Articles of Incorporation of Other Involved Corporations
- ☐ 7. Draft Service of Process

OIR-C1-1001

Effective: 08/26

Rule 69O-136.100, F.A.C.

APPLICATION TO REDOMESTICATE A CAPTIVE INSURER

CHECKLIST

Applicant Name: _____

- ☐ 8. Authorization Letter

SECTION III – FINANCIAL

- ☐ 1. Plan of Operation
- ☐ a. Narrative
 - ☐ b. Organizational Chart
 - ☐ c. Additional Capitalization Description
 - ☐ d. Management Experience
 - ☐ e. Insurance Products
 - ☐ f. Lines of Insurance Form (OIR-C1-1416)
 - ☐ g. Draft Reinsurance Agreement(s)
 - ☐ h. Investment Policy
 - ☐ i. Pro Forma Financial Statements
 - ☐ j. Common Facilities and/or Functions
 - ☐ k. Custodial Agreements
 - ☐ l. Operational Agreements
 - ☐ m. List of Consultants and Experts
 - ☐ n. Statement Regarding Disaster Coordination/Response Plan
 - ☐ o. Protected Cell Captive Insurance Companies Only:
 - ☐ i. Financial Records Availability Statement
 - ☐ ii. Expense Allocation Evidence
 - ☐ iii. Loss and Expense Accounting Materials
 - ☐ iv. Administrative and Accounting Procedures
 - ☐ v. Specific Business Objectives

OIR-C1-1001

Effective: 08/26

Rule 69O-136.100, F.A.C.

APPLICATION TO REDOMESTICATE A CAPTIVE INSURER

- ☐ 2. Holding Company
 - ☐ a. Form OIR-D0-516, "Form B - Insurance Company Holding System Annual Registration Statement" (or comparable)
 - ☐ b. Form OIR-A1-2118, "Form F - Enterprise Risk Report" (or comparable)
 - ☐ c. Any agreements, attachments, exhibits, or appendices related to the above forms or answers to the Questionnaire
 - ☐ d. Holding Company System debt-to-equity statements including:
 - ☐ i) Consolidated outside debt to equity on GAAP basis for 5, 10, and 20 years
 - ☐ ii) Most recent consolidated holding company financial statement
 - ☐ iii) Projections with assumption for 3-years for the holding company
 - ☐ iv) Substantiate sources of repayment of any debt
 - ☐ v) Assets of the Holding Company pledged to fund the debt service or debt repayment of an affiliate or parent
 - ☐ vi) Any guarantees from shareholders for repayment of the debt
 - ☐ e. Indication regarding SEC filing of upstream entities
- ☐ 3. Statement of Ratio of Assets to Risks
- ☐ 4. Financial Statements
 - ☐ a. Quarterly and Annual Reports
 - ☐ b. Audited Financial Statements
 - ☐ c. Parent's Audited Financial Statements
- ☐ 5. Actuarial Opinion

SECTION IV – MANAGEMENT

- ☐ 1. Management Information Form (Form OIR-C1-2221) submitted for all required entities
- ☐ 2. Biographical Information Package submitted for all required individuals
- ☐ 3. All information completed on the applicable forms (no blanks)
 - ☐ a. "Yes" answers explained
 - ☐ b. Signed

OIR-C1-1001

Effective: 08/26

Rule 69O-136.100, F.A.C.

APPLICATION TO REDOMESTICATE A CAPTIVE INSURER

- ☐ **c.** Form OIR-C1-1423, Uniform Certificate of Authority Application (UCAA) Biographical Affidavit, is notarized
- ☐ **4.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application. Proof of the order and confirmation of payment must also be submitted to the Office.
- ☐ **5.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual
 - ☐ **a.** All information completed (no blanks)
 - ☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

APPLICATION TO REDOMESTICATE A CAPTIVE INSURER

APPLICATION CERTIFICATION

*This page must be filled out by an officer, director, manager, or individual holding like position.

The undersigned states that they have personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ (“Applicant”) to be licensed as a captive insurer in Florida; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this application; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further represents that they have the authority to bind Applicant, and that by their signatures on this instrument, Applicant has executed this instrument.

The undersigned understands 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, punishable as provided in sections 775.082 and 775.083, Florida Statutes.

By: _____

Print Name: _____

Title: _____

Date: _____



Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Uniform Certificate of Authority Application (UCAA) Lines of Insurance

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

ALABAMA	Authorized to Transact	Currently Transacting	Applying for
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)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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]			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

	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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

	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)]			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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*			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

	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
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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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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)*			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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))			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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)			



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, Executive 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: _____

Names (Individuals)

Title (e.g.: President)

Ownership (Entities & Individuals)

Ownership %

*Additional pages in like format may be attached as necessary

OIR-C1-2221

Effective: 08/26

Rule: 69O-136.100, F.A.C.

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

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>
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<u>College/University (C/U)</u>	<u>C/U City/State</u>	<u>MM/YY-MM/YY</u>	<u>Degree Obtained</u>
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<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>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>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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<u>Other Training: Name (OT)</u>	<u>OT City/State</u>	<u>MM/YY-MM/YY</u>	<u>OT Degree/Certification Obtained</u>
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Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number 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 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

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

FEIN: FEIN

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

☐ Yes ☐ No

If any claims were made on the bond, give details: 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

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

FEIN: FEIN

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

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

FEIN: FEIN

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. 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</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If NONE, indicate such)</u>
<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

State/Province: State/Province

Place of Birth, City: Place of Birth, City

Country: Country

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

FEIN: FEIN

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

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

FEIN: FEIN

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Company Name. [company 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

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

FEIN: FEIN

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of Company Name, [company 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

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 _____

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 _____



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	

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	

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.

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

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

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

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

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

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

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

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

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

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 _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Affiant Signature: _____ Date: _____

Page ____ of ____

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 _____



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:

Company Name and Address	NAIC Cocode	Position with the Company	Effective Date of Position

Applicant Company Representative Contact Information:

Name: _____

Title: _____

Phone: _____

Email: _____

Signature: _____

Signature Date: _____

Addendum Page for additional insurers listed under group code:

[illegible]

Addendum Page for additional insurers listed under group code:

[illegible]