

FINANCIAL SERVICES COMMISSION
Office of Insurance Regulation
Materials Available on the Web at:
<http://www.floir.com/Sections/GovAffairs/FSC.aspx>

May 4, 2021

MEMBERS
Governor Ron DeSantis
Attorney General Ashley Moody
Chief Financial Officer Jimmy Patronis
Commissioner Nicole “Nikki” Fried

Contact: Allison Sitte
(850-413-5005)

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

ITEM	SUBJECT	RECOMMENDATION
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1. Request for Approval of Minutes of the Financial Services Commission for February 2, 2021.

<http://www.myflorida.com/myflorida/cabinet/agenda21/0202/Transcript.pdf>

(ATTACHMENT 1)

FOR APPROVAL

2. Request for Approval for Publication and Final Adoption of Rules 69O-136.080; .090; .100; Mergers and Acquisition of Controlling Stock of a Florida Domestic Insurer; Merger, Consolidation, or Acquisition of Controlling Stock, Ownership Interests, Assets, or Control of a Specialty Insurer; Forms Incorporated by Reference

Some forms incorporated by reference in 69O-136.080 are revised and the process and forms for a person to attempt to rebut a presumption of control is added to the rule. 69O-136.090 is created concerning the acquisition of controlling stock of a specialty insurer. 69O-136.100 is created for the eventual incorporation of all forms in 69O-136.

(ATTACHMENT 2) APPROVAL FOR PUBLICATION OF PROPOSED RULE AND FOR FINAL ADOPTION IF NO MEMBER OF THE PUBLIC TIMELY REQUESTS A RULE HEARING OR IF A HEARING IS REQUESTED AND NO NOTICE OF CHANGE IS NEEDED.

3. Request for Approval for Adoption of Rules 69O-196.005; .009; .015; .020; .035; Filing Surety Bond in Lieu of Net Worth; Other Reports and Corrective Action Plans; Forms Incorporated by Reference; Premium Financing of Products Not Regulated by the Insurance Code and Related Unfair Trade Practices Prohibited; Required Books and Records

69O-196.005 is amended to update the Office’s website information and delete subsection (3) in response to a comment received from JAPC. 69O-196.009 is amended to change “certificate of authority” to “license” and add rulemaking authority. 69O-196.015 is amended to include all applications for premium finance companies in one rule. Some forms were amended in response to comments received from JAPC. 69O-196.020 is amended to make

references to the Florida Insurance Code consistent and change “a motor club” to “an automobile club” in response to comments received from JAPC. 69O-196.035 is amended to create a new subsection and the phrase “but limited to” is being deleted in response to a comment received from JAPC.

(ATTACHMENT 3)

APPROVAL FOR FINAL ADOPTION

4. Request for Approval for Adoption of Rules 69O-198.005; .011; Financial Requirements; Application for and Issuance of License

69O-198.005 is amended to update the financial requirements. Subsection (3) is deleted and the definition of “Gross Written Premiums” is amended in response to comments received from JAPC. 69O-198.011 is being amended to combine all application requirements in a single rule and some forms were amended in response to comments received from JAPC.

(ATTACHMENT 4)

APPROVAL FOR FINAL ADOPTION

5. Request for Approval for Adoption of 69O-199.005; .008; .012; Financial Requirements Regarding the Funded, Unearned Premium Reserve Account; General Eligibility Requirements; Annual Statement;

69O-199.005 is amended to update the financial requirements. Subsection (3) is deleted and the definition of “Gross Written Premiums” is amended in response to comments received from JAPC. 69O-199.008 is being amended to combine all application requirements in a single rule and some forms were amended in response to comments received from JAPC. 69O-199.012 is amended to update the annual statement requirements and paragraph (3)(e) is deleted in response to a comment received from JAPC.

(ATTACHMENT 5)

APPROVAL FOR FINAL ADOPTION

6. Request for Approval for Adoption of Rules 69O-201.005; .008; .012; Financial Requirements Regarding the Unearned Premium Reserve Liability Account and the Deposit or Bond; General Eligibility Requirements; Annual Statement and Quarterly Reports

69O-201.005, is amended to update the financial requirements and the definition of “Gross Written Premiums” is amended in response to comments received from JAPC. 69O-201.008 is being amended to combine all application requirements in a single rule and some forms were amended in response to comments received from JAPC. 69O-201.012 is amended to update the annual statement requirements and paragraph (5)(e) is deleted in response to a comment received from JAPC.

(ATTACHMENT 6)

APPROVAL FOR FINAL ADOPTION

M E M O R A N D U M

DATE: April 11, 2021

TO: David Altmaier, Commissioner, Office of Insurance Regulation

THROUGH: Anoush Brangaccio, General Counsel

FROM: Michael Lawrence, Jr., Chief Legal Counsel

SUBJECT: Cabinet Agenda for May 4, 2021
Request for Approval to Publish and the Final Approval to Adopt Amendments to
Rules 690-136.080, .090, .100
Assignment # 245606-19

The Office of Insurance Regulation (“Office”) requests that these proposed rule amendments be presented to the Cabinet aides on or before April 28, 2021, and to the Financial Services Commission on May 4, 2021, with a request for Final Approval to Adopt the proposed rule and for final adoption if no member of the public timely requests a rule hearing or if a hearing is requested and no notice of change is needed.

The notice of development of rulemaking was published on February 5, 2021, in Volume 47, No. 24, of the *Register*. The Office did not receive a request to hold a workshop.

Rule 690-136.080, F.A.C., concerns acquisition of controlling stock of a Florida Domestic Insurer. The rule is being updated to update forms that will be incorporated in Rule 690-136.100, F.A.C.

Rule 690-136.090, F.A.C., is a new rule being created for the acquisition of controlling stock of a specialty insurer. Chapter 2018-131, Laws of Florida, requires the Financial Service Commission to adopt forms to allow persons to file a disclaimer of control concerning an application to acquire a specialty insurer. These forms are incorporated in this rule.

Rule 690-136.100, F.A.C., is a new rule being created to incorporate all forms relating to applications contained in Chapter 690-136, F.A.C.

Sections 624.307(1), 624.34, 624.404, 624.413, 624.424(6), 624.501, 624.5091, 626.9928, 628.451, 628.461, 628.4615, 628.471, 628.801, 634.252, 634.3073, 634.4085, 636.065, 641.255, 641.416, 642.032, 651.024, and 651.0245, F.S., are the rulemaking authority and laws implemented for this rule.

Attached are the proposed rules.

Approved for signature:

Anoush Brangaccio, General Counsel

Approved for submission to Financial Services
Commission:

David Altmaier, Commissioner
Office of Insurance Regulation

69O-136.080 Mergers and Acquisition of Controlling Stock of a Florida Domestic Insurer.

Substantial rewording of Rule 69O-136.080, F.A.C. follows. See Florida Administrative Code for present text.

(1) Any person acquiring a Florida domestic insurer pursuant to section 628.461, F.S., shall comply with the instructions contained on Form OIR-C1-918, incorporated by reference in Rule 69O-136.100, F.A.C., and shall also comply with directions, or otherwise submit, the following applicable forms:

(a) Form OIR-C1-918, incorporated by reference in Rule 69O-136.100, F.A.C.;

(b) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;

(c) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;

(d) Form OIR-C1-1416, incorporated by reference in Rule 69O-136.100, F.A.C.;

(e) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;

(f) Form OIR-C1-1524, incorporated by reference in Rule 69O-136.100, F.A.C., if required as per the instructions in Form OIR-C1-918;

(g) Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100, F.A.C.;

(h) Form OIR-D0-516, incorporated by reference in Rule 69O-136.100, F.A.C.;

(i) Form OIR-D0-896, incorporated by reference in Rule 69O-136.100, F.A.C.;

(j) Form OIR-D0-904, incorporated by reference in Rule 69O-136.100, F.A.C.;

(k) Form OIR-D0-2119, incorporated by reference in Rule 69O-136.100, F.A.C.;

(l) Form OIR-D0-2165, incorporated by reference in Rule 69O-136.100, F.A.C.; and

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

(2) All the forms listed in subsection (1) may be obtained from the Office's website at <http://www.flor.com>, and shall be submitted electronically via the Office's iApply system at <https://www.flor.com/iportal>. Forms relating to specific kinds of insurance in subsection (1) are to be submitted only by companies issuing policies relating to the kind of insurance specified on the form.

(3) Any merger effected between or among one or more domestic or foreign stock insurers authorized to transact insurance in this state and one or more other entities authorized to transact insurance and self-insurance in this state, including a self-insurance trust fund existing pursuant to section 627.357, F.S., shall comply with the provisions of sections 628.461 and 628.451, F.S., and this rule.

(4) Any merger effected involving a not-for-profit health maintenance organization that is in a holding company system shall comply with the provisions of sections 628.461, 628.471, 641.255 F.S., and this rule.

(5) Any merger effected involving a for-profit health maintenance organization that is in a holding company system shall comply with sections 628.461, 628.451, 641.255 F.S., and this rule.

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

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

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

(7) Disclaimer of Control

(a) A person may attempt to rebut a presumption of control pursuant to section 628.461, F.S., by electronically filing via the Office's iApply system at <https://www.flor.com/iportal> one of the following forms with the Office:

1. Form OIR-C1-1467, incorporated by reference in Rule 69O-136.100, F.A.C.;

2. Form OIR-C1-1468, incorporated by reference in Rule 69O-136.100, F.A.C.;

3. Form OIR-C1-2211, incorporated by reference in Rule 69O-136.100, F.A.C.

(b) A person may attempt to rebut a presumption of control pursuant to section 628.461, F.S., by filing a copy of a Schedule 13G filed with the Securities and Exchange Commission pursuant to Rule 13d-1(b) or (c), 17 C.F.R. s. 240.13d-1, under the Securities Exchange Act of 1934, as amended, to the Office electronically via the Office's iApply system at <https://www.flor.com/iportal>.

(c) Pursuant to section 628.461(12)(a), F.S., the Office is authorized to disallow a disclaimer of control filed pursuant to paragraphs (a) and (b).

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

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

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

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

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

(4) The acquiring person shall comply with the instructions contained on Form OIR-C1-918, "Acquisition of Controlling Stock of a Florida Domestic Insurer," rev. 5/16; <http://www.flrules.org/Gateway/reference.asp?No=Ref-06554>, and submit the following applicable forms. Forms relating to specific kinds of insurance are to be submitted only by companies issuing policies relating to the kind of insurance specified on the form:

(a) Form OIR-C1-922, "Waiver of Hearing From Seller," rev. 9/91; <http://www.flrules.org/Gateway/reference.asp?No=Ref-06556>;

(b) Form OIR-C1-1524, "Uniform Consent to Service of Process," rev. 8/14; <http://www.flrules.org/Gateway/reference.asp?No=Ref-06561>;

(c) Form OIR-D0-516, "Insurance Company System Registration Statement," rev. 5/16; <http://www.flrules.org/Gateway/reference.asp?No=Ref-06549>;

(d) Form OIR-D0-904, "UCAA Proforma Financial Statements, Life & Health Insurer," rev. 8/14; <http://www.flrules.org/Gateway/reference.asp?No=Ref-06563>; http://www.naic.org/documents/industry_ucaa_form13L.xls;

(e) Form OIR-D0-896, "UCAA Proforma Financial Statements, Property and Casualty Insurance Company," rev. 8/14; <http://www.flrules.org/Gateway/reference.asp?No=Ref-06562>; http://www.naic.org/documents/industry_ucaa_form13P.xlsm;

(f) Form OIR-D0-2119, "UCAA Proforma Financial Statements, Title Insurance Company," rev. 8/14; <http://www.flrules.org/Gateway/reference.asp?No=Ref-06564>; http://www.naic.org/documents/industry_ucaa_form13T.xls;

(g) Form OIR-D0-2165, "UCAA Proforma Financial Statements, Health," rev. 1/15; <http://www.flrules.org/Gateway/reference.asp?No=Ref-06565>; http://www.naic.org/documents/industry_ucaa_form13H.xls;

(h) Form OIR-C1-1416, "Uniform Certificate of Authority Application (UCAA) — Lines of Insurance," rev. 9/15; <http://www.flrules.org/Gateway/reference.asp?No=Ref-06559>;

(i) Form OIR-C1-1298, "Uniform Certificate of Authority Application (UCAA) — Management Information Form," rev. 3/15; <http://www.flrules.org/Gateway/reference.asp?No=Ref-06557>;

(j) Form OIR-C1-938, "Fingerprint Payment and Submission Procedure," rev. 5/13; <http://www.flrules.org/Gateway/reference.asp?No=Ref-06555>;

(k) Form OIR-C1-1423, "Biographical Affidavit," rev. 8/14; <http://www.flrules.org/Gateway/reference.asp?No=Ref-06560>;

(l) The material required by Form OIR-C1-905, "Instructions for Furnishing Background Investigative Reports," rev. 2/15; <http://www.flrules.org/Gateway/reference.asp?No=Ref-06553>; and,

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

(5) All the forms listed in subsection (4), above, are hereby adopted and incorporated by reference. All the forms (also referred to as the “Acquisition of Controlling Interest of a Domestic Insurer Application Package”) may be obtained from the Office’s website at <http://www.flor.com>, and shall be submitted electronically via the Office’s iApply system.

Rulemaking Authority 624.308(1), 624.413(1), 628.461(13), 628.535 FS. Law Implemented 624.307(1), ~~624.307(3)~~, 624.317, 624.321, 624.34, 624.404, 624.413, 624.424(6), 624.501, 624.5091, ~~628.051, 628.061~~, 628.451, 628.461, 628.471, 628.801, 641.255 FS. History—New 6-7-90, Formerly 4-109.002, Amended 5-12-94, 11-7-00, Formerly 4-143.056, Amended 5-31-16, Formerly 69O-143.056, Amended, _____.

69O-136.090 Merger, Consolidation, or Acquisition of Controlling Stock, Ownership Interests, Assets, or Control of a Specialty Insurer.

(1) Any person acquiring a specialty insurer pursuant to section 628.4615, F.S., shall comply with the instructions contained on Form OIR-C1-448, incorporated by reference in Rule 69O-136.100, F.A.C., and shall also comply with directions, or otherwise submit, the following applicable forms:

- (a) Form OIR-C1-144, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (b) Form OIR-C1-448, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (c) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (d) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (e) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (f) Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100, F.A.C.; and,

(g) In addition, prior to a final decision on whether to approve the proposed acquisition, the Office shall request such other information as is necessary, depending on the facts and circumstances of the specific persons and entities involved, pursuant to section 628.4615(4), F.S., to determine the character, experience, ability, and other qualifications required by statute, of the person or affiliated person of such person for the protection of the policyholders and shareholders of the insurer and the public. The Office shall make no final decision on any proposed acquisition without complete information, as required by section 628.4615, F.S.

(2) All the forms listed in subsection (1) may be obtained from the Office's website at <http://www.flor.com>, and shall be submitted electronically via the Office's iApply system at <https://www.flor.com/iportal>.

(3) Any merger effected involving a not-for-profit health maintenance organization that is not in a holding company system shall comply with sections 628.4615, 628.471, 641.255 F.S., and this rule.

(4) Any merger effected involving a for-profit health maintenance organization that is not in a holding company system shall comply with sections 628.4615, 628.451, 641.255 F.S., and this rule.

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

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

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

(6) Disclaimer of Control

(a) A person may attempt to rebut a presumption of control pursuant to section 628.4615(11), F.S., by electronically filing via the Office's iApply system at <https://www.flor.com/iportal> one of the following forms with the Office:

- 1. Form OIR-C1-1467, incorporated by reference in Rule 69O-136.100, F.A.C.;
- 2. Form OIR-C1-1468, incorporated by reference in Rule 69O-136.100, F.A.C.;
- 3. Form OIR-C1-2211, incorporated by reference in Rule 69O-136.100, F.A.C.

(b) A person may attempt to rebut a presumption of control pursuant to section 628.4615(11), F.S., by filing a copy of a Schedule 13G filed with the Securities and Exchange Commission pursuant to Rule 13d-1(b) or (c), 17 C.F.R. s. 240.13d-1, under the Securities Exchange Act of 1934, as amended, to the Office electronically via the Office's iApply system at <https://www.flor.com/iportal>.

(c) Pursuant to section 628.4615(11), F.S., the Office is authorized to disallow a disclaimer of control filed pursuant to paragraphs (a) and (b).

Rulemaking Authority 624.308(1), 628.4615(15), 628.535 FS. Law Implemented 624.307(1), 624.34, 624.424(6), 624.501, 624.5091, 626.9928, 628.451, 628.4615, 628.471 634.252, 634.3073, 634.4085, 636.065, 641.255, 641.416, 642.032, 651.024, 651.0245 FS. History—New _____.

690-136.100 Forms Incorporated by Reference.

(1) The forms in subsection (2) of this rule are available and may be printed from the Office of Insurance Regulation's website: <https://www.flair.com/iportal>, and are hereby incorporated by reference.

(2)(a) Forms OIR-C1

1. Form OIR-C1-144, "Service of Process Consent & Agreement," effective 6/04, available at www.flrules.org/XXXXX;

2. Form OIR-C1-448, "Application for Acquisition of Controlling Stock, Ownership Interest, Assets, or Control of a Florida Specialty Insurer," effective 3/21, available at www.flrules.org/XXXXX;

3. Form OIR-C1-905, "Instructions for Furnishing Background Investigative Reports," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;

4. Form OIR-C1-918, "Application for Acquisition of Controlling Stock of a Florida Domestic Insurer," effective 3/21, available at www.flrules.org/XXXXX;

5. Form OIR-C1-938, "Fingerprint Payment and Submission Procedures," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;

6. Form OIR-C1-1416, "Uniform Certificate of Authority Application (UCAA) Lines of Insurance," effective 1/20, available at www.flrules.org/XXXXX;

7. Form OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit," effective 12/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;

8. Form OIR-C1-1467, "Disclaimer of Control Affidavit - Individual," effective 6/20, available at www.flrules.org/XXXXX;

9. Form OIR-C1-1468, "Disclaimer of Control Affidavit - Entity," effective 6/20, available at www.flrules.org/XXXXX;

10. Form OIR-C1-1524, "Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process," effective 12/19, available at www.flrules.org/XXXXX;

11. Form OIR-C1-2211, "Disclaimer of Control Affidavit – Investment Companies," effective 6/20, available at www.flrules.org/XXXXX; and

12. Form OIR-C1-2221, "Management Information Form," effective 6/20, available at www.flrules.org/XXXXX.

(b) Forms OIR-D0

1. Form OIR-D0-516, "Form B Insurance Company System Annual Registration Statement," effective 6/20, available at www.flrules.org/XXXXX;

2. Form OIR-D0-896, "UCAA Proforma Financial Statements, Property and Casualty Insurance Company," effective 1/19, available at www.flrules.org/XXXXX;

3. Form OIR-D0-904, "UCAA Proforma Financial Statements, Life & Health Insurer," effective 1/19, available at www.flrules.org/XXXXX;

4. Form OIR-D0-2119, "UCAA Proforma Financial Statements, Title Insurance Company," effective 1/19, available at www.flrules.org/XXXXX; and

5. Form OIR-D0-2165, "UCAA Proforma Financial Statements, Health," effective 1/19, available at www.flrules.org/XXXXX.

Rulemaking Authority 624.308(1), 624.413(1), 628.461(13), 628.4615(15), 628.535 FS. Law Implemented 624.307(1), 624.34, 624.404, 624.413, 624.424(6), 624.501, 624.5091, 626.9928, 628.451, 628.461, 628.4615, 628.471, 628.801, 634.252, 634.3073, 634.4085, 636.065, 641.255, 641.416, 642.032, 651.024, 651.0245 FS. History–New _____.

SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

☐ Original Designation ☐ Insurer Name Change ☐ Merger / Acquisition ☐ Update Delivery Information

Insurer or Company Name: _____

Previous Name (If applicable): _____

Home Office Address: _____

City, State, Zip _____

FEI # _____

FL Company Code _____

Telephone # _____

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

**Designated Person
to receive process:** _____

E-Mail Address: _____

Phone#: _____ **Fax#:** _____

Mailing Address: _____

Street Address: _____

Signature: _____

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the _____ day of _____, A.D. _____.

President or CEO's Signature

President or CEO's Name (Typed or Printed)

SEAL

Secretary's Signature

Secretary's Name (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.

OIR-C1-144
Rev: 6/2004
Rule 690-136.100



Florida Office of Insurance Regulation

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK,
OWNERSHIP INTEREST, ASSETS, OR CONTROL OF A FLORIDA
SPECIALTY INSURER; MERGER OR CONSOLIDATION**

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

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

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

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

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

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

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

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST,
ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR
CONSOLIDATION**

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fees

Applicant must pay the acquisition application fee of \$1,500 U.S. Dollars if the entity being acquired holds a Certificate of Authority from the Office, pursuant to Section 624.501, Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Secure your check to the Invoice on page 15 of this application and mail to:

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

Include copies of the completed Invoice and check with your application filing submitted via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee payment.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee for the processing of the fingerprint cards required in Section IV-4. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions.

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST,
ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR
CONSOLIDATION**

SECTION II - LEGAL

Section II-1 Description of Transaction

Submit a narrative statement describing the transaction resulting in the acquisition of the controlling stock, ownership interest, assets, or control of a Florida specialty insurer, or a description of the merger or consolidation.

Section II-2 Notification Statement

Provide return receipt cards demonstrating proof of compliance with Section 628.4615(2)(a), Florida Statutes, which requires that the acquiring entity send the letter of notification by registered mail to the principal office of the specialty insurer and any controlling company. Section 628.4615(13)(c), Florida Statutes, defines a controlling company, generally, as an entity holding 25% or more of the voting securities or ownership interests of the specialty insurer.

Section II-3 Furnished the Application

Provide proof that Applicant has furnished the specialty insurer and any controlling company with a copy of the application, pursuant to Section 628.4615(4), Florida Statutes.

Section II-4 Certificate of Status

Submit a certificate of status dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, and shows that the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-5 Organizational Documents

Submit a copy of Applicant's organizational or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, etc., 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. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant.

Section II-6 Bylaws

Submit a copy of Applicant's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless the Applicant does not have this position.

**OIR-C1-448
Rev.: 3/21
Rule: 690-136.100**

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST,
ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR
CONSOLIDATION**

Section II-7 Service of Process Form

Included in this packet is the Service of Process Form. This document must be executed and submitted after an acquisition is completed if the information on record with the Office has changed as a result of the transaction.

Section II-8 Statutory Statements

Submit a detailed response to items (b)-(f) of Section 628.4615(4), Florida Statutes, listed below. Each of these sections should be clearly labelled and responded to individually.

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

(c) Any plans or proposals which such persons may have made to liquidate the specialty insurer, to sell any of its assets or merge or consolidate it with any person, or to make any other major change in its business or corporate structure or management; and any plans or proposals which such persons may have made to liquidate any controlling company of the specialty insurer, to sell any of its assets or merge or consolidate it with any person, or to make any other major change in its business or corporate structure or management.

(d) The nature and the extent of the controlling interest which the person or affiliated person of such person proposes to acquire, the terms of the proposed acquisition, and the manner in which the controlling interest is to be acquired of a specialty insurer or controlling company which is not a stock corporation.

(e) The number of shares or other securities which the person or affiliated person of such person proposes to acquire, the terms of the proposed acquisition, and the manner in which the securities are to be acquired.

(f) Information as to any contract, arrangement, or understanding with any party with respect to any of the securities of the specialty insurer or controlling company, including, but not limited to, information relating to the transfer of any of the securities, option arrangements, puts or calls, or the giving or withholding of proxies, which information names the party with whom the contract, arrangement, or understanding has been entered into and gives the details thereof.

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST,
ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR
CONSOLIDATION**

Section II-9 Authorization Letter

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

Mergers

If the acquisition is, or includes, the merger of an HMO, Applicant must provide the following in addition to all other items in this application:

Section II-11 Statement of Compliance

If the merger involves a for-profit HMO, submit a statement that Applicant is in compliance with Section 628.451(1), Florida Statutes. If the merger involves a not-for-profit HMO, the statement should instead reference Section 628.471, Florida Statutes.

Section II-12 Confirmation of Voting Results

Submit confirmation of voting results, board resolution, or equivalent documents.

Section II-13 Plan of Merger

Submit a copy of the Plan of Merger.

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST,
ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR
CONSOLIDATION**

SECTION III – FINANCIAL

Section III-1 Applicant's Quarterly Financial Statement

Furnish a copy of Applicant's most recent quarterly financial statement.

Section III-2 Applicant's Annual Financial Statement

Furnish a copy of Applicant's most recent annual financial statement.

Section III-3 Plan of Operation

A specialty insurer licensed in the state of Florida must keep the Office apprised of its business plan. If the proposed acquisition will result in any substantive changes to the operations of the licensee, submit an updated plan of operation as outlined below.

If the subject of the acquisition is not in compliance with Florida Statutes, then a plan to bring the insurer into compliance should be submitted to the Office in this section.

If applicable, Applicant should furnish a three-year Plan of Operations. The plan must include all major areas of the proposed operations and include the following:

- (A) A brief history of the entity since its incorporation.
- (B) A brief description of the management experience of each individual (by name) involved in the operation of the entity.
- (C) A description of products to be offered, broken down by contract type.
- (D) A three-year plan of marketing, including commission rates and the use of sales persons.
- (E) A statement regarding any planned changes in operations during the next three years. If no changes are planned, a statement to that effect.
- (F) In Excel format, a pro forma statutory balance sheet and statutory income and expense statements showing expected premium projections by contract type.
- (G) A list of all assumptions used in projections and pro formas and an explanation of how these assumptions were derived.
- (H) A list of all consultant and expert services in use or proposed during the three-year period.

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST,
ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR
CONSOLIDATION**

Section III-4 Previous Florida Business History of Acquiring Company

In this section the acquiring company should detail its history in the state of Florida.

Section III-5 Purchase Agreements, Tender or Exchange Offers, or Similar Documents

Furnish a copy of all purchase agreements, tender or exchange offers and offering documents, or similar documents associated with the acquisition.

Section III-6 Other Agreements

Furnish copies of any agreements whereby the acquiring entity accepts obligations, debts, and encumbrances which would affect the licensee or are relevant to this transaction. Additionally, furnish copies of any other agreements referenced in this filing.

Section III-7 Organizational Charts

Furnish complete organizational charts for the Applicant and for the specialty insurer. Each set of organizational charts should fully disclose the complete corporate structure and the relationship between all entities, including all parent, holding, subsidiary, and any and all affiliated companies, and must clearly state all ownership percentages if applicable. One set of charts should be submitted for the Applicant and one for the specialty insurer showing each respective organization prior to the proposed acquisition, and another set of charts that shows the Applicant's entire structure after the proposed acquisition.

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST,
ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR
CONSOLIDATION**

SECTION IV - MANAGEMENT

Section IV-1 Management Information Forms

Please submit Management Information Form OIR-C1-2221 fully describing the post-acquisition management, ownership, and control, direct or indirect, of the specialty insurer up to and including any 10% or greater interest holders of the ultimate parent (5% if the transaction involves an HMO). A Management Information Form should be submitted for each entity in the ownership chain.

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

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

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

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

Each Biographical Affidavit must be signed and notarized.

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

However, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page. Therefore, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to the NAIC Biographical Affidavit (NAIC Form 11) that is also included in this packet.

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST,
ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR
CONSOLIDATION**

Section IV-3 Background Investigative Report

A Background Investigative Report must be provided for each person for whom a Biographical Affidavit is required, as described above. Background reports must be submitted by an approved background investigation vendor directly to the Office. Attach proof of payment confirming that all background reports have been ordered when submitting the application. Please refer to Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports, included in this packet.

The NAIC approved background investigation vendor list can be found at:

https://www.naic.org/documents/industry_ucaa_third_party.pdf

Section IV-4 Fingerprint Cards

Fingerprint cards must be provided to the Office for each person for whom a Biographical Affidavit is required. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions. If an individual has submitted a fingerprint card dated within 5 years of the date of the Application filing, a fingerprint card need not be submitted for that individual.

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST,
ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR
CONSOLIDATION**

CHECKLIST

SECTION I - APPLICATION FORM & FEES

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

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.

- ☐ 1. Application fee paid (if the entity being acquired holds a COA issued by the Office)
 - ☐ a. Copy of invoice included
 - ☐ b. Copy of check
- ☐ 2. All fingerprint fees paid electronically
 - ☐ a. Copies of online payment confirmation

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST,
ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR
CONSOLIDATION**

CHECKLIST

SECTION II – LEGAL

- ☐ 1. Description of Transaction
- ☐ 2. Notification Statement
- ☐ 3. Furnishment of Application
- ☐ 4. Certificate of Status
- ☐ 5. Organizational Documents (Articles of Incorporation or equivalent documents)
 - ☐ a. Certified by domiciliary jurisdiction
- ☐ 6. Bylaws (or equivalent documents)
 - ☐ a. Certified by Secretary
- ☐ 7. Service of Process Form (see instructions in II-5)
- ☐ 8. Statutory Statements, Section 628.4615(4)(b)-(f), Florida Statutes
- ☐ 9. Authorization Letter

For Transactions that are, or Involve, HMO Mergers

- ☐ 10. Statement of Compliance
- ☐ 11. Confirmation of Voting Results
- ☐ 12. Plan of Merger

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST,
ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR
CONSOLIDATION**

CHECKLIST

SECTION III – FINANCIAL

1. Applicant's quarterly financial statement

- ☐ **a.** A copy of Applicant's most recent quarterly financial statement

2. Applicant's annual financial statement

- ☐ **a.** A copy of Applicant's most recent annual financial statement

☐ **3. Plan of Operation**

☐ **4. Applicant's statement of previous Florida business history**

☐ **5. Copies of any purchase agreements, tender or exchange offers, or similar documents**

☐ **6. Copies of other agreements related to the acquisition or referenced in the filing**

7. Organizational Charts

☐ **a.** Chart showing Applicant's organization prior to merger

- ☐ **i.** With ownership percentages

☐ **b.** Chart showing specialty insurer's organization prior to the merger

- ☐ **i.** With ownership percentages

☐ **c.** Chart showing all entities after the merger

- ☐ **i.** With ownership percentages

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST,
ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR
CONSOLIDATION**

CHECKLIST

SECTION IV – MANAGEMENT

- ☐ 1. Management Information Forms (Form OIR-C1-2221) submitted for all required entities
- ☐ 2. Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
 - ☐ a. All information completed (no blanks)
 - ☐ b. "Yes" answers explained
 - ☐ c. Signed
 - ☐ d. Notarized
- ☐ 3. Background investigative reports for all required individuals. The reports must be based on the Biographical Affidavits submitted to the Office with this Application.
 - ☐ a. Proof of order and confirmation of payment submitted to the Office
- ☐ 4. Fingerprint cards for all required individuals
 - ☐ a. All information completed (no blanks)
 - ☐ b. Signed

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST,
ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR
CONSOLIDATION**

APPLICATION CERTIFICATION

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

The undersigned states that they are officers having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to acquire a Florida insurer, either directly, indirectly, or via merger; 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 represent that they have the authority to bind the Applicant, and that by their signatures on the instrument, the Applicant has executed the instrument.

The undersigned understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: _____

Print Name: _____

Title: _____

Date: _____

By: _____

Print Name: _____

Title: _____

Date: _____

*Other officers will be accepted only if Applicant does not have these positions.

**APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST,
ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR
CONSOLIDATION**

INVOICE

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS ABOVE):

(city)

(state)

(zip code)

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

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



Florida Office of Insurance Regulation

INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package. The background investigative report must be conducted using the same affidavit submitted to the Florida Office of Insurance Regulation ("Office") for each individual as part of the application.
2. For specific information regarding background investigation vendors, please refer to the NAIC website, "Third Party Vendors for Background Reports" at: http://www.naic.org/industry_ucaa.htm
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will submit investigative reports electronically to the Office to this e-mail address:

bkgrnd-inv@flor.com

- Submissions should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to, or contemporaneously with, the submission of each application filing, with the exception of acquisition filings.
6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
 7. Questions regarding this process may be directed to pcappcoord@flor.com (Property and Casualty applicants) or to lhappcoord@flor.com (Life and Health applicants).



Florida Office of Insurance Regulation

APPLICATION FOR ACQUISITION OF CONTROLLING STOCK OF A FLORIDA DOMESTIC INSURER

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

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

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

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

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

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

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

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fees

Acquiring entities must pay the acquisition application fee of \$1,500 U.S. Dollars. This fee is due at the time the application packet is filed and is not refundable.

Secure your check to the Invoice on page 17 of this application and mail to:

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

Include copies of the completed Invoice and check with your application filing submitted via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee payment.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee for the processing of the fingerprint cards required in Section IV-4. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions.

SECTION II – LEGAL

Section II-1 **Description of Transaction**

Submit a narrative statement describing the transaction resulting in the acquisition of 10% or more of the outstanding voting securities of a domestic stock insurer, or of the controlling company of a domestic stock insurer.

Section II-2 **Notification Statement**

Submit proof that the acquiring entity has sent to the insurer and any controlling company the notification statement and information required by, and in compliance with, Sections 628.461(1)(a) and 628.461(3), Florida Statutes. Control is presumed to exist if a person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing 10% or more of the voting securities of another person.

Section II-3 **Certificate of Status**

Submit a certificate of status dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-4 **Organizational Documents**

Submit a copy of Applicant's organizational or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, etc., 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. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant.

Section II-5 **Bylaws**

Submit a copy of Applicant's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless the Applicant does not have this position.

Section II-6 **Statutory Statements**

Submit a detailed response to items (b)-(g) of Section 628.461(3), Florida Statutes, listed below. Each of these sections should be clearly labelled and responded to individually on a point by point basis.

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

(c) Any plans or proposals that such persons may have made to liquidate such insurer, to sell any of its assets or merge or consolidate it with any person, or to make any other major change in its business or corporate structure or management; and any plans or proposals that such persons may have made to liquidate any controlling company of such insurer, to sell any of its assets or merge or consolidate it with any person, or to make any other major change in its business or corporate structure or management.

(d) The number of shares or other securities that the person or affiliated person of such person proposes to acquire, the terms of the proposed acquisition, and the manner in which the securities are to be acquired.

(e) Information as to any contract, arrangement, or understanding with any party with respect to any of the securities of the insurer or controlling company, including, but not limited to, information relating to the transfer of any of the securities, option arrangements, puts or calls, or the giving or withholding of proxies, which information names the party with whom the contract, arrangement, or understanding has been entered into and gives the details thereof.

(f) Effective January 1, 2015, an agreement by the person required to file the statement that the person will provide the annual report specified in s. 628.801(2) if control exists.

(g) Effective January 1, 2015, an acknowledgment by the person required to file the statement that the person and all subsidiaries within the person's control in the insurance holding company system will provide, as necessary, information to the office upon request to evaluate enterprise risk to the insurer.

Section II-7 **Service of Process Form**

Included in this packet is the Service of Process Form. This document must be executed and submitted after an acquisition is completed if the information on record with the Office has changed as a result of the transaction.

Section II-8 **Authorization Letter**

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

Mergers

If the acquisition is, or includes, a merger, Applicant must provide the following in addition to all other items in this application:

Section II-9 **Statement of Compliance**

Submit a statement that Applicant is in compliance with Section 628.451(1), Florida Statutes. If the merger involves a not-for-profit HMO, the statement should instead reference Section 628.471, Florida Statutes.

Section II-10 **Confirmation of Voting Results**

Submit confirmation of voting results, board resolution, or equivalent documents.

Section II-11 **Plan of Merger**

Submit a copy of the Plan of Merger.

SECTION III - FINANCIAL

Section III-1 Holding Company Registration Statement

If the Applicant is part of a foreign insurance holding company system, provide a copy of the most recent insurance Holding Company Registration Statement filed with its domiciliary state. Applicant should also provide a draft copy of the prospective post-acquisition Holding Company Registration Statement, as well as a copy of the U.S. Securities and Exchange Commission ("SEC") 10k report if Applicant's Ultimate Controlling Person is required to file with the SEC (most current year, if available).

Section III-2 Applicant's Audited Annual Statements

Furnish copies of the 5 most recent audited financial statements of the Applicant. If Applicant is a natural person, substantially similar information may be required.

Section III-3 Applicant's Quarterly Statement

Furnish a copy of Applicant's most recent quarterly statement.

Section III-4 Applicant's Financial Statement

Furnish a copy of Applicant's unaudited financial statement not older than 90 days of the date of receipt of the Application by the Office.

Section III-5 Ultimate Controlling Person Audited Financial Statements

Furnish copies of the 5 most recent audited financial statements of Applicant's Ultimate Controlling Person. If a natural person, substantially similar information may be required.

Section III-6 Ultimate Controlling Person Financial Statement

Furnish a copy of an unaudited financial statement of Applicant's Ultimate Controlling Person not older than 90 days of the date of receipt of the Application by the Office.

Section III-7 Plan of Operation

An insurer licensed in the state of Florida must keep the Office apprised of its business plan. If the proposed acquisition will result in any substantive changes to the operations of the insurer, submit an updated plan of operation as outlined below. If the proposed acquisition will not result in any substantive changes, then a statement to that effect should be submitted in this section.

If the subject of the acquisition is not in compliance with Florida Statutes, then a plan to bring the insurer into compliance should be submitted to the Office in this section.

If applicable, Applicant should furnish a three-year Plan of Operations for the lines that the insurer is licensed for on the Certificate of Authority. The plan must include all major areas of the proposed operations and include the following:

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

Section III-8 **Previous Florida Business History of Acquiring Company**

In this section the acquiring company should detail its history in the state of Florida. Please note if the company has withdrawn from Florida as a whole or discontinued a particular line of business in this state.

Section III-9 **Confirmation of Funds**

Applicant must furnish third-party (bank, approved escrow agent, etc.) written confirmation of the funds necessary to complete the transaction prior to the Office's approval of the acquisition. Provide the confirmation letter in this section for confirmation of funds.

Section III-10 **Purchase Agreements, Tender or Exchange Offers, or Similar Documents**

Furnish a copy of all purchase agreements, tender or exchange offers, and offering documents, or similar documents associated with the transaction.

Section III-11 **Other Agreements**

Furnish copies of any agreements whereby the acquiring company accepts obligations, debts, and encumbrances which would affect the domestic insurer or are relevant to this transaction. Additionally, furnish copies of any other agreements referenced in this filing.

Section III-12 **Organizational Charts**

Furnish complete organizational charts for the Applicant and for the domestic insurer. Each set of organizational charts should fully disclose the complete corporate structure and the relationship between all entities, including all parent, holding, subsidiary, and any and all affiliated companies, and must clearly state all ownership percentages if applicable. One set of charts should be submitted for the Applicant and one for the domestic insurer showing each respective organization prior to the proposed acquisition, and another set of charts that shows the Applicant's entire structure after the proposed acquisition.

SECTION IV - MANAGEMENT

Section IV-1 **Management Information Forms**

Submit Management Information Form OIR-C1-2221 fully describing the post-acquisition management, ownership, and control, direct or indirect, of the domestic insurer up to and including any 10% or greater interest holders of the ultimate parent (5% if the transaction involves an HMO). A Management Information Form should be submitted for each entity in the ownership chain. Provide the same for the surviving company if the transaction is a merger.

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

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

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

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

Each Biographical Affidavit must be signed and notarized.

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

However, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to the NAIC Biographical Affidavit (NAIC Form 11) that is also included in this packet.

Section IV-3 **Background Investigative Report**

A Background Investigative Report must be provided for each person for whom a Biographical Affidavit is required, as described above. Background reports must be submitted by an approved background investigation vendor directly to the Office. Attach proof of payment confirming that all background reports have been ordered when submitting the application. Please refer to Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports, included in this packet.

The NAIC approved background investigation vendor list can be found at:

https://www.naic.org/documents/industry_ucaa_third_party.pdf

Section IV-4 **Fingerprint Cards**

Fingerprint cards must be provided to the Office for each person for whom a Biographical Affidavit is required. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions. If an individual has submitted a fingerprint card dated within 5 years of the date of the Application filing, a fingerprint card need not be submitted for that individual.

CHECKLIST

SECTION I - APPLICATION FORM & FEES

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

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.

- ☐ 1. Application fee paid
 - ☐ a. Copy of invoice included
 - ☐ b. Copy of check
- ☐ 2. All fingerprint fees paid electronically
 - ☐ a. Copies of online payment confirmation

CHECKLIST

SECTION II – LEGAL

- ☐ 1. Description of Transaction
- ☐ 2. Notification Statement
- ☐ 3. Certificate of Status
- ☐ 4. Organizational Documents (Articles of Incorporation or equivalent documents)
 - ☐ a. Certified by domiciliary jurisdiction
- ☐ 5. Bylaws (or equivalent documents)
 - ☐ a. Certified by Secretary
- ☐ 6. Statutory Statements, Section 628.461(3)(b)-(g), Florida Statutes
- ☐ 7. Service of Process Form (see instructions in II-7)
- ☐ 8. Authorization Letter

For Transactions that are, or Involve, Mergers

- ☐ 9. Statement of Compliance
- ☐ 10. Confirmation of Voting Results
- ☐ 11. Plan of Merger

CHECKLIST

SECTION III – FINANCIAL

1. Holding Company Registration Statement, as applicable

- ☐ **a.** Holding Company Registration Statement – acquiring entity
- ☐ **b.** Holding Company Registration Statement – draft prospective for post-acquisition
- ☐ **c.** U.S. Securities and Exchange Commission (“SEC”) 10K report if ultimate parent is required to file with the SEC (most current year, if available)

2. Applicant’s audited annual statements

- ☐ **a.** The most recent 5 statements submitted

3. Applicant’s quarterly statement

- ☐ **a.** A copy of Applicant’s most recent quarterly statement.

4. Applicant’s financial statement

- ☐ **a.** Not older than 90 days of the date of receipt of the Application by the Office

5. Ultimate Controlling Person audited financial statements

- ☐ **a.** The most recent 5 statements submitted

6. Ultimate Controlling Person financial statement

- ☐ **a.** Not older than 90 days of the date of receipt of the Application by the Office

☐ **7. Plan of Operations or statement of no changes to the existing Plan of Operation**

☐ **8. Applicant’s statement of previous Florida business history**

9. Confirmation of funds

- ☐ **a.** Written confirmation by third-party

☐ **10. Copies of any purchase agreements, tender or exchange offers, or similar documents**

☐ **11. Copies of other agreements related to the acquisition**

APPLICATION FOR ACQUISITION OF CONTROLLING STOCK OF A FLORIDA DOMESTIC INSURER

12. Organizational Charts

- ☐ **a.** Chart showing Applicant's organization prior to merger
 - ☐ i. With ownership percentages
- ☐ **b.** Chart showing domestic insurer's organization prior to the merger
 - ☐ i. With ownership percentages
- ☐ **c.** Chart showing all entities after the merger
 - ☐ i. With ownership percentages

CHECKLIST

SECTION IV – MANAGEMENT

- ☐ 1. Management Information Forms (Form OIR-C1-2221) submitted for all required entities
- ☐ 2. Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
 - ☐ a. All information completed (no blanks)
 - ☐ b. "Yes" answers explained
 - ☐ c. Signed
 - ☐ d. Notarized
- ☐ 3. Background investigative reports for all required individuals. The reports must be based on the Biographical Affidavits submitted to the Office with this Application.
 - ☐ a. Proof of order and confirmation of payment submitted to the Office
- ☐ 4. Fingerprint cards for all required individuals
 - ☐ a. All information completed (no blanks)
 - ☐ b. Signed

APPLICATION CERTIFICATION

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

The undersigned state that they are officers having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to acquire a Florida insurer, either directly or indirectly; 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 represent that they have the authority to bind the Applicant, and that by their signatures on the instrument, the Applicant has executed the instrument.

The undersigned understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: _____

Print Name: _____

Title: _____

Date: _____

By: _____

Print Name: _____

Title: _____

Date: _____

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

APPLICATION FOR ACQUISITION OF CONTROLLING STOCK OF A FLORIDA DOMESTIC INSURER

INVOICE

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS ABOVE):

(city)

(state)

(zip code)

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

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



Florida Office of Insurance Regulation

FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE

Each individual subject to the fingerprinting process must be registered through IdentoGO by Idemia, at <https://fl.ibtfingerprint.com/>. For payment, processing, or appointment issues please contact the IdentoGo Customer Service Center at 1-800-528-1358.

DIGITAL PRINTS - Florida Residents only:

Access <https://fl.ibtfingerprint.com/>, select "Schedule a New Appointment" and follow the prompts. Please retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

FINGERPRINT CARD – Non-Florida Residents (and Florida residents who are physically unable to be digitally fingerprinted):

Access <https://fl.ibtfingerprint.com/>, select "Register for Fingerprint Card Processing Service" and follow the prompts. Select "No Cards" on the Shipping Details screen. Retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

Everyone must complete **two** fingerprint cards provided by the Florida Office of Insurance Regulation. Blank fingerprint cards may be requested by emailing FPRequest@floir.com. Fingerprinting must be performed by a technician within a law enforcement agency or other authorized entity. Most law enforcement agencies and many security companies provide civil applicant fingerprinting services.

NOTE: Please print your Payment Confirmation Number from the IdentoGo website on the "REF" line of the fingerprint card. Not including your Payment Confirmation Number will result in a delay of processing your submission.

Mail **ONLY** completed cards with a cover letter to:

Florida Office of Insurance Regulation
Market Research & Technology Unit
Fingerprint Card Processing
Room B-50 Larson Building
200 East Gaines Street
Tallahassee, Florida 32399-0326

Do NOT mail application paperwork with your fingerprint cards. All application materials must be sent directly to the appropriate unit (Property & Casualty Company Admissions or Life & Health Company Admissions) within the Office of Insurance Regulation. Failure to do so will result in a delay to your application.



Florida Office of Insurance Regulation

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: _____

NAIC No. _____

FEIN: _____

Uniform Certificate of Authority Application (UCAA) Lines of Insurance

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

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

ARIZONA (continued)	Authorized to Transact	Currently Transacting	Applying for
Disability A.R.S. § 20-253			
Life (Includes Annuities) A.R.S. § 20-254			
Variable Annuity A.R.S. § 20-2631(2)			
Variable Life A.R.S. § 20-2601(15)			
Marine and Transportation A.R.S. § 20-255			
Mortgage Guaranty A.R.S. § 20-1541			
Prepaid Legal A.R.S. 20-1097			
Property A.R.S. § 20-256			
Surety A.R.S. § 20-257			
Title A.R.S. § 20-1562			
Vehicle A.R.S. § 20-259			
Life & Disability Reinsurer A.R.S. § 20-1082			
Health Care Services Organization A.R.S. § 20-1051			
Health, Medical, Dental, Optometric Service Corporations A.R.S. § 20-824			
Prepaid Dental Plan Organization A.R.S. § 20-1001			
Recognized Surplus Lines A.R.S. §§ 20-407.01 & 20-409			

ARKANSAS	Authorized to Transact	Currently Transacting	Applying for
Life (ACA 23-62-102)			
Accident & Health (ACA 23-62-103)			
Property (ACA 23-62-104)			
Casualty (ACA 23-62-105)			
Surety (ACA 23-62-106)			
Workers' Compensation (ACA 23-62-105)			
Marine (ACA 23-62-107)			
Title (ACA 23-62-108)			
Mortgage Guaranty (ACA 23-62-110)			
Health Maintenance Organization (23-76-102)			

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISTRICT OF COLUMBIA	Authorized to Transact	Currently Transacting	Applying for
Health Maintenance Organizations (Sec. 31 – Chapter 34)			
Life and Health			
Individual Life			
Group Life			
Variable Life (26 DCMR Chapter 27)			
Individual Accident and Health			
Group Accident and Health			
Individual Annuities (Fixed and Variable) (Sec. 31-4442)			
Group Annuities (Fixed and Variable) (Sec. 31-4442)			
Fire and Casualty			
(1) Fire (Sec. 31-2502.11)			
(2.1) Allied Lines (Sec. 31-2502.11)			
(2.2) Multiple Peril Crop			
(2.3) Federal Flood			
(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) Medical Malpractice (Sec. 31-2502.11)			
(12) Earthquake (Sec. 31-2502.11)			
(13) Group Accident & Health (Sec. 31-2502.11)			
(14) Credit A&H (Group & Individual) (Sec. 31-2502.11)			
(15.1) Collectively Renewable A&H (Sec. 31-2502.11)			
(15.2) Non-cancelable A&H (Sec. 31-2502.11)			
(15.3) Guaranteed Renewable A&H (Sec. 31-2502.11)			
(15.4) Non-Renewable for Stated Reasons Only (Sec. 31-2502.11)			
(15.5) Other Accident Only (Sec. 31-2502.11)			
(15.7) All Other A&H (Sec. 31-2502.11)			
(15.8) Federal Employees Health Benefits Program			
(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)			
(18) Products Liability (Sec. 31-2502.11)			
(19.1) Private Passenger Auto No-Fault (personal injury protection) (Sec. 31-2502.11)			
(19.2) Other Private Passenger Auto Liability (Sec. 31-2502.11)			
(19.3) Commercial Auto No-Fault (personal injury protection) (Sec. 31-2502.11)			
(19.4) Other Commercial Auto Liability (Sec. 31-2502.11)			
(20) Glass (Sec. 31-2502.11)			
(21.1) Private Passenger Auto Physical Damage (Sec. 31-2502.11)			
(21.2) Commercial Auto Physical Damage (Sec. 31-2502.11)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISTRICT OF COLUMBIA (continued)	Authorized to Transact	Currently Transacting	Applying for
(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. 31-2602.03, 31-2502.11)			
Title [Sec. 31-2602.03 (a)(7)]			

FLORIDA	Authorized to Transact	Currently Transacting	Applying for
Property & Casualty Insurers			
0010 Fire			
0020 Allied Lines			
0030 Farmowners Multi Peril			
0040 Homeowners Multi Peril			
0050 Commercial Multi Peril			
0080 Ocean Marine			
0090 Inland Marine			
0100 Financial Guaranty			
* 0106 Auto Warranties			
0110 Medical Malpractice			
0120 Earthquake			
0160 Workers' Compensation			
0170 Other Liability			
* 0173 Prepaid Legal			
0192 Private Passenger Auto Liability			
0194 Commercial Auto Liability			
0211 Private Passenger Auto Physical Damage			
0212 Commercial Auto Physical Damage			
0220 Aircraft			
0230 Fidelity			
0240 Surety			
* 0245 Bail Bonds			
0250 Glass			
0260 Burglary and Theft			
0270 Boiler and Machinery			
0280 Credit			
* 0285 Title (Title Companies Only)			
* 0290 Livestock			
0300 Industrial Fire			
* 0310 Mortgage Guaranty			
0441 Credit Disability			
* 0450 Accident and Health			
* 0520 Industrial Extended Coverage			
* 0540 Mobile Home Multi Peril			
* 0550 Mobile Home Physical Damage			
* 0570 Crop Hail			
* 0607 Home Warranties			
* 0608 Service Warranties			
* 0610 Other Warranty			
* 0620 Miscellaneous Casualty			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

FLORIDA (continued)	Authorized to Transact	Currently Transacting	Applying for
Property & Casualty Insurers (Reinsurance Only)			
R010 Fire			
R020 Allied Lines			
R030 Farmowners Multi Peril			
R040 Homeowners Multi Peril			
R050 Commercial Multi Peril			
R080 Ocean Marine			
R090 Inland Marine			
R100 Financial Guaranty			
* R106 Auto Warranties			
R110 Medical Malpractice			
R120 Earthquake			
R160 Workers' Compensation			
R170 Other Liability			
* R173 Prepaid Legal			
R192 Private Passenger Auto Liability			
R194 Commercial Auto Liability			
R211 Private Passenger Auto Physical Damage			
R212 Commercial Auto Physical Damage			
R220 Aircraft			
R230 Fidelity			
R240 Surety			
* R245 Bail Bonds			
R250 Glass			
R260 Burglary and Theft			
R270 Boiler and Machinery			
R280 Credit			
* R285 Title (Title Companies Only)			
* R290 Livestock			
R300 Industrial Fire			
* R310 Mortgage Guaranty			
R441 Credit Disability			
* R450 Accident and Health			
* R520 Industrial Extended Coverage			
* R540 Mobile Home Multi Peril			
* R550 Mobile Home Physical Damage			
* R570 Crop Hail			
* R607 Home Warranties			
* R608 Service Warranties			
* R610 Other Warranty			
* R620 Miscellaneous Casualty			
Life, Accident and Health Insurers			
0400 Ordinary Life			
Endowment			
Term Life			
Industrial Life			
Individual Annuities			
Universal Life			
0405 Individual Variable Annuities			
Group Variable Annuities			
0410 Group Life and Annuities			
0420 Variable Life			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

FLORIDA (continued)	Authorized to Transact	Currently Transacting	Applying for
0425 Fraternal Life			
0430 Fraternal Health			
0440 Credit Life			
0441 Credit Disability			
0450 Accident and Health			
R400 Reinsurance - Ordinary Life and Annuity			
R405 Reinsurance - Individual/Group Variable Annuities			
R410 Reinsurance - Group Life and Annuity			
R420 Reinsurance - Variable Life			
R440 Reinsurance - Credit Life			
R441 Reinsurance - Credit Disability			
R450 Reinsurance - Accident and Health			

* For purposes of applicant's plan of operations, these lines should be listed as "all other lines." If any are combined with other lines on the proforma (i.e. mobile home combined with homeowners), the plan of operations should specify that this was done.

GEORGIA	Authorized to Transact	Currently Transacting	Applying for
Life, accident, and sickness [O.C.G.A. § 33-3-5(1)]			
Including Variable Annuities [O.C.G.A. § 33-11-66]			
Including Variable Life [O.C.G.A. § 33-11-65]			
Property, marine, and transportation [O.C.G.A. § 33-3-5(2)]			
Casualty [O.C.G.A. § 33-3-5(3)]			
Including Workers' Compensation [O.C.G.A. § 33-7-3]			
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)]			
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
Life Insurance (HRS 431:1-204)			
Including Variable Life and Variable Annuity			
Excluding Variable Life and Variable Annuity			
Accident and Health Insurance (HRS 431:1-205)			
Property Insurance (HRS 431:1-206)*			
Including Residential Hurricane (HRS 431:3-306.5)			
Excluding Residential Hurricane			
Marine and Transportation Insurance (HRS 431:1-207)			
Including Ocean Marine (HRS 431:1-211)			
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)			

* (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.

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

* See 215/IL5/4 for additional description

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Iowa (continued)	Authorized to Transact	Currently Transacting	Applying for
Mortgage Guaranty (515C)			
Fraternal (512B)			

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

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

KENTUCKY	Authorized to Transact	Currently Transacting	Applying for
Life And Health Companies			
Life (includes variable & credit) KRS 304.5-020			
Annuity (includes variable) KRS 304.5-030			
Health (includes credit) KRS 304.5-040			
Property And Casualty Companies			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

KENTUCKY (continued)	Authorized to Transact	Currently Transacting	Applying for
Health (includes credit) KRS 304.5-040			
Property KRS 304.5-050			
Surety KRS 304.5-060			
Casualty All Lines KRS 304.5-070 (1)(a) thru (1)(q)			
Or, Casualty Limited to:			
Vehicle Insurance KRS 304.5-070(1)(a)			
Liability Insurance KRS 304.5-070(1)(b)			
Workers' Compensation and Employers Liability KRS 304.5-070(1)(c)			
Burglary and Theft KRS 304.5-070(1)(d)			
Personal Property Floater KRS 304.5-070(1)(e)			
Glass KRS 304.5-070(1)(f)			
Boiler and Machinery KRS 304.5-070(1)(g)			
Leakage and Fire Extinguishing Equipment KRS 304.5-070(1)(h)			
Credit KRS 304.5-070(1)(i)			
Malpractice KRS 304.5-070(1)(j)			
Elevator KRS 304.5-070(1)(k)			
Congenital Defects KRS 304.5-070(1)(l)			
Livestock KRS 304.5-070(1)(m)			
Entertainments KRS 304.5-070(1)(n)			
Failure of Certain Institutions to Record Documents KRS 304.5-070(o)			
Automobile Guaranty KRS 304.5-070(1)(p)			
Miscellaneous KRS 304.5-070(1)(q)			
Marine and Transportation KRS 304.5-080			
Mortgage Guaranty KRS 304.5-100			
Title KRS 304.5-090			
All Others Companies:			
Fraternal Benefit Society KRS 304.29-011			
Life			
Health			
Lloyd's KRS 304.28-010			
Non-Profit Health Service Corporation KRS 304.32-030			
Reciprocal KRS 304.27-010			

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

LOUISIANA (continued)	Authorized to Transact	Currently Transacting	Applying for
Title			
Burglary and Forgery			
Crop			
Homeowners			

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

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

MARYLAND	Authorized to Transact	Currently Transacting	Applying for
<i>Insurance Article of the Annotated Code of Maryland:</i>			
Variable Annuities – Section 1-101(d)(e), 16-601, 16-602			
Casualty (not including Vehicle Liability, Mortgage Guaranty & Workers' Compensation) – Section 1-101(i)			
Dental Plan Organization – Section 14-401			
Fraternal – 8-424			
Mortgage Guaranty – Sections 1-101(oo)			
Health – Sections 1-101(p)			
Life, including Annuities and Health (except Variable Life & Variable Annuities) Sections 1-101(d), 1-101(p), 1-101(x)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

MARYLAND (continued)	Authorized to Transact	Currently Transacting	Applying for
Marine, Wet Marine & Transportation – Sections 1-101(z), 1-101(ss)			
Non-Profit Health Service Plan – Section 14-110			
Property and Marine (excluding Wet Marine and Transportation) – Section 1-101(gg), 1-101(z)			
Variable Life – Sections 16-601, 16-602			
Surety – Section 1-101(oo)			
Title – Section 1-101(qq)			
Vehicle Liability – Section 1-101(i)			
Workers' Compensation – Section 1-101(i)			
<i>Health-General Article of the Annotated Code of Maryland:</i>			
Health Maintenance Organizations – Sections 19-708, 19-709, 19-710			
Provider-Sponsored Organizations – Section 19-7A			

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

MASSACHUSETTS (continued)	Authorized to Transact	Currently Transacting	Applying for
(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			
(54G) Reinsurance - Life Companies Only - M.G.L. 175 § 54G			

MICHIGAN	Authorized to Transact	Currently Transacting	Applying for
Life and Annuity - Other than Variable Contracts (MCL 500.602)			
Separate Account - Variable Annuities (MCL 500.925)			
Separate Account - Variable Life (MCL 500.925)			
Separate Accounts - Modified Guaranteed Annuities (MCL 500.4101)			
Disability (MCL 500.606)			
Property (MCL 500.610)			
Ocean Marine (MCL 500.614)			
Inland Marine (MCL 500.616)			
Automobile Insurance - Limited (MCL 500.620)			
Legal Expense (MCL 500.618)			
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)			
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)			
Fraternal (MCL 500 Chapter 81a)			

MINNESOTA	Authorized to Transact	Currently Transacting	Applying for
(MS 60A.06, Subd.1)			
Fire (1)			
Inland Marine (2a)			
Ocean Marine (2a)			
Personal Property Floater (2b)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

MISSISSIPPI (continued)	Authorized to Transact	Currently Transacting	Applying for
Class 4. Burial			
(MCA 83-41-303) Health Maintenance Organization			

MISSOURI	Authorized to Transact	Currently Transacting	Applying for
A – Life and Health (RSMo 376)			
A1 – Life, Annuities and Endowments (376.010)			
A2 – Accident and Health (376.010)			
A3 – Variable contracts (376.309, RSMo)			
H – Title (RSMo 381)			
B – Property and Casualty (RSMo 379)			
B1 – Property (379.010.1(1))			
B2 – Liability (379.010.1(2)) (Includes Workers' Compensation)			
B3 – Fidelity and Surety (379.010.1(3))			
B4 – Accident and Health (379.010.1(4))			
B5 – Miscellaneous (379.010.1(5))			
Health Maintenance Organization (354.400)			
Prepaid Dental Plan (354.700)			
Fraternal Benefit (378) RSMo			
Other			

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

NEBRASKA (continued)	Authorized to Transact	Currently Transacting	Applying for
Credit (16)			
Mortgage Guaranty (17)			
Marine (18)			
Financial Guaranty (19)			
Miscellaneous (20)			

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

NEW HAMPSHIRE	Authorized to Transact	Currently Transacting	Applying for
Fire and Allied Lines (RSA 401.1, I)			
Marine Coverages (RSA 401.1, II)			
Life and Annuities (RSA 401.1, III)			
Variable Annuities Require a Separate License (RSA 401.1, III)			
Accident and/or Health Coverages (401.1, IV)			
Liability/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)			
Fraternal (RSA 418:16)			

NEW JERSEY	Authorized to Transact	Currently Transacting	Applying for
(1) Fire (N.J.S.A. 17:17-1a)			
(2) Earthquake (N.J.S.A. 17:17-1a)			
(3) Growing Crops (N.J.S.A. 17:17-1a)			
(4) Ocean Marine (N.J.S.A. 17:17-1b)			
(5) Inland Marine (N.J.S.A. 17:17-1b)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

NEW JERSEY (continued)	Authorized to Transact	Currently Transacting	Applying for
(6) Workers' Compensation and Employers Liability (N.J.S.A. 17:17-1e)			
(7) Automobile Liability (BI) (N.J.S.A. 17:17-1e)			
(8) Automobile Liability (PD) (N.J.S.A. 17:17-1e)			
(9) Automobile Physical Damage (N.J.S.A. 17:17-1e)			
(10) Aircraft Physical Damage (N.J.S.A. 17:17-1b)			
(11) Other Liability (N.J.S.A. 17:17-1e)			
(12) Boiler & Machinery (N.J.S.A. 17:17-1f)			
(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)			
(28) Life (N.J.S.A. 17B:17-3)			
(29) Accident and Health (Life/Health Companies) (N.J.S.A. 17B:17-4)			
(30) Annuities (N.J.S.A. 17B:17-5)			
(31) Variable Contracts (N.J.S.A. 17B:28-1 et seq.)			
(33) Title (N.J.S.A. 17:46B-7)			
(34) Fraternal Benefit Society (N.J.S.A. 17:44B)			
(35) Residential Mortgage Guaranty (N.J.S.A. 46A-3)			
(36) Commercial Mortgage Guaranty (N.J.S.A. 46A-3)			

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

NEW YORK	Authorized to Transact	Currently Transacting	Applying for
(Notes 1 and 2)			
(Section 1113(a) of the N.Y. Ins. Law)			
(1) Life			
(2) Annuities			
(3) (i) – A&H – Other than Non-Cancellable Disability			
(3) (ii) – A&H – Non-Cancellable Disability			
(4) Fire			
(5) Miscellaneous Property			
(6) Water Damage			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

Note 3: The Department of Labor and Industry requires all insurers that are applying to write workers' compensation to complete and file an Initial Report of Accident and Illness Prevention Services. The Insurance Department will not issue a Certificate of Authority to 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.

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

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

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

TEXAS (continued)	Authorized to Transact	Currently Transacting	Applying for
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)			
Livestock (g)			
Title (h)			
Mortgage Guaranty Type I (i)			
Mortgage Guaranty Type II (i)			
Life (includes Annuity)			
Variable Life			
Variable Annuity			

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

- (a) Includes, but not limited to, Extended Coverage, Windstorm, Lightning, Hurricane, Hail (except growing crops), Explosion, Riot, Civil Commotion, Smoke, Aircraft, Land Vehicles, Physical Loss Form, Additional Extended Coverage, Vandalism, Malicious Misc
- (b) Includes Personal Property Floater.
- (c) Includes Bodily Injury, Medical Payments, Property Damage, and other Automobile Liability.
- (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.
- (i) May be written only by Mortgage Guaranty insurance companies as authorized by Texas Insurance Code, Chapter 3502.

UTAH	Authorized to Transact	Currently Transacting	Applying for
Health			
Health Maintenance Organization (Utah Code Ann. §31A-8-101(5))			
Limited Health Plan (Utah Code Ann. §31A-8-101(3)(a))			
Limited Health Plan – Dental			
Limited Health Plan – Vision			
Nonprofit Health Plan (Utah Code Ann. §31A-7-102)			
Life			
Life Insurance, including annuity and variable products (Utah Code Ann. §31A-1-301(110), 31A-1-301(9) & 31A-20-106)			
Property and Casualty			
Accident & Health (Utah Code Ann. §31A-1-301(1)(a))			
Bail Bond Surety (Utah Code Ann. § 31A-1-301(12))			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

UTAH (continued)	Authorized to Transact	Currently Transacting	Applying for
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(177))			
Title Insurance (Utah Code Ann. § 31A-1-301(180))			
Vehicle Liability Insurance (Utah Code Ann. § 31A-1-301(185))			
Workers' Compensation Insurance (Utah Code Ann. § 31A-1-301(188))			

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

FEIN: FEIN

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

DISCLAIMER OF CONTROL AFFIDAVIT - INDIVIDUAL

I, _____, the undersigned, do not and will not exercise or attempt to exercise any influence or control, either directly or indirectly, over the business operations, affairs, or activities of _____ ("company"), or any entity owned or controlled by the company and licensed by the Florida Office of Insurance Regulation ("Office"), without the advance written consent of the Office.

I understand that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: _____

Witnessed By: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____



Florida Office of Insurance Regulation

DISCLAIMER OF CONTROL AFFIDAVIT - ENTITY

I, _____, the undersigned, representing _____, certify that other than the individuals listed on the attached register, no person in this entity does or will exercise or attempt to exercise any influence or control, either directly or indirectly, over the business operations, affairs, or activities of _____ ("company"), or any entity owned or controlled by the company and licensed by the Florida Office of Insurance Regulation ("Office"), without the advance written consent of the Office.

I understand that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: _____

Witnessed By: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____



Florida Office of Insurance Regulation

DISCLAIMER OF CONTROL AFFIDAVIT – ENTITY

REGISTER

Below is a complete list of individuals associated with _____ who do or will exercise or attempt to exercise influence or control, either directly or indirectly, over the business operations, affairs, or activities of the company, or any entity owned or controlled by the company and licensed by the Office. Date: _____

Name (Typed or Printed)

Position

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

*Additional pages in the same format may be attached as needed.

OIR-C1-1468

Rev: 6/20

Rule 69O-136.100

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

_____ Original Designation

_____ Amended Designation

(must be submitted directly to states)

Applicant Company Name: _____

Previous Name (if applicable): _____

Statutory Home Office Address: _____

City, State, Zip: _____ NAIC CoCode: _____

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

Applicant Company Officers' Certification and Attestation

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

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

Date

Signature of President

Full Legal Name of President

Date

Signature of Secretary

Full Legal Name of Secretary

Uniform Certificate of Authority (UCAA)
Uniform Consent to Service of Process
Exhibit A

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

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

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

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

^ Initial pleadings only.

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

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

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

Exhibit A

Uniform Certificate of Authority (UCAA)
Uniform Consent to Service of Process
Exhibit B

Complete for each state indicated in Exhibit A:

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

Exhibit B

Resolution Authorizing Appointment of Attorney

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

(Applicant Company Name)

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

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

CERTIFICATION:

I, _____, Secretary of

(Applicant Company Name)

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

Date _____

Secretary



Florida Office of Insurance Regulation

DISCLAIMER OF CONTROL AFFIDAVIT - INVESTMENT COMPANIES

I, _____, the undersigned, on behalf of _____ (entity disclaiming control) represent that said entity holds the shares of _____ ("company"), solely for investment purposes, and does not and will not exercise or attempt to exercise any influence or control, either directly or indirectly, over the business operations, affairs, or activities of the company, or any other entity owned or controlled by the company and licensed by the Florida Office of Insurance Regulation ("Office"), without the advance written consent of the Office. I further represent that _____ (entity disclaiming control) does not have, and will not seek, influence or representation on the Board of Directors of the company, or equivalent organizational body.

I understand that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: _____

Witnessed By: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____



Florida Office of Insurance Regulation

Management Information Form

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

Name of Entity: _____

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

*Additional pages in like format may be attached as necessary

OIR-C1-2221

Rev: 6/20

Rule 690-136.100

FORM B

INSURANCE HOLDING COMPANY SYSTEM ANNUAL REGISTRATION STATEMENT

Filed with the Insurance Department of the State of _____

By

Name of Registrant

On Behalf of Following Insurance Companies

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

Date: _____, 20____

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

ITEM 1. IDENTITY AND CONTROL OF REGISTRANT

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

ITEM 2. ORGANIZATIONAL CHART

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

ITEM 3. THE ULTIMATE CONTROLLING PERSON

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

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

ITEM 4. BIOGRAPHICAL INFORMATION

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

ITEM 5. TRANSACTIONS AND AGREEMENTS

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

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

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

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

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

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

ITEM 6. EMPLOYMENT CONTRACTS

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

ITEM 7. LITIGATION OR ADMINISTRATIVE PROCEEDINGS

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

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

ITEM 8. STATEMENT REGARDING PLAN OR SERIES OF TRANSACTIONS

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

ITEM 9. FINANCIAL STATEMENTS AND EXHIBITS

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

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

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

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

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

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

ITEM 10. FORM C REQUIRED

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

ITEM 11. SIGNATURE AND CERTIFICATION

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

Date Name Position or Title

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence

or ☐ online notarization, this ____ day of _____ 20__, by _____
(name of person)
as _____ for _____
(type of authority; e.g., officer, trustee, attorney in fact) (company name)

(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires: _____

UCAA Proforma Financial Statements
Property and Casualty Insurance Company

Instructions

1. Enter the Applicant Company Name below
2. Enter the first full year of the proformas (the first full year of operation).
3. Select the states to be completed for proformas by clicking the check boxes on the right and then click on the "Create Selected State Worksheets" button below.
4. Complete all sections of the proforma statements contained on each tab below.
5. Note that several tabs contain worksheets for 3 years of data. Be sure to complete all years of data.
6. Do not "Cut" and "Paste" cells in the worksheets. Use "Copy" and "Paste" instead.
7. For additional guidance, refer to the FAQ's on the UCAA webpage.

Enter the Applicant Company Name:

Applicant Company Name

Year 1:

Year 2:

1

Year 3:

2

If states were added to this spreadsheet in error:

1. Select the states to be deleted by clicking the check boxes on the right.
2. Click on the "Delete Selected State Worksheets" button



- | | | | | | |
|--------------------------|----|----------------------|--------------------------|----|---------------------|
| <input type="checkbox"/> | AK | Alaska | <input type="checkbox"/> | MT | Montana |
| <input type="checkbox"/> | AL | Alabama | <input type="checkbox"/> | NC | North Carolina |
| <input type="checkbox"/> | AR | Arkansas | <input type="checkbox"/> | ND | North Dakota |
| <input type="checkbox"/> | AS | American Samoa | <input type="checkbox"/> | NE | Nebraska |
| <input type="checkbox"/> | AZ | Arizona | <input type="checkbox"/> | NH | New Hampshire |
| <input type="checkbox"/> | CA | California | <input type="checkbox"/> | NJ | New Jersey |
| <input type="checkbox"/> | CO | Colorado | <input type="checkbox"/> | NM | New Mexico |
| <input type="checkbox"/> | CT | Connecticut | <input type="checkbox"/> | NV | Nevada |
| <input type="checkbox"/> | DC | District Of Columbia | <input type="checkbox"/> | NY | New York |
| <input type="checkbox"/> | DE | Delaware | <input type="checkbox"/> | OH | Ohio |
| <input type="checkbox"/> | FL | Florida | <input type="checkbox"/> | OK | Oklahoma |
| <input type="checkbox"/> | GA | Georgia | <input type="checkbox"/> | OR | Oregon |
| <input type="checkbox"/> | GU | Guam | <input type="checkbox"/> | PA | Pennsylvania |
| <input type="checkbox"/> | HI | Hawaii | <input type="checkbox"/> | PR | Puerto Rico |
| <input type="checkbox"/> | IA | Iowa | <input type="checkbox"/> | RI | Rhode Island |
| <input type="checkbox"/> | ID | Idaho | <input type="checkbox"/> | SC | South Carolina |
| <input type="checkbox"/> | IL | Illinois | <input type="checkbox"/> | SD | South Dakota |
| <input type="checkbox"/> | IN | Indiana | <input type="checkbox"/> | TN | Tennessee |
| <input type="checkbox"/> | KS | Kansas | <input type="checkbox"/> | TX | Texas |
| <input type="checkbox"/> | KY | Kentucky | <input type="checkbox"/> | UT | Utah |
| <input type="checkbox"/> | LA | Louisiana | <input type="checkbox"/> | VA | Virginia |
| <input type="checkbox"/> | MA | Massachusetts | <input type="checkbox"/> | VI | U.S. Virgin Islands |
| <input type="checkbox"/> | MD | Maryland | <input type="checkbox"/> | VT | Vermont |
| <input type="checkbox"/> | ME | Maine | <input type="checkbox"/> | WA | Washington |
| <input type="checkbox"/> | MI | Michigan | <input type="checkbox"/> | WI | Wisconsin |
| <input type="checkbox"/> | MN | Minnesota | <input type="checkbox"/> | WV | West Virginia |
| <input type="checkbox"/> | MO | Missouri | <input type="checkbox"/> | WY | Wyoming |
| <input type="checkbox"/> | MS | Mississippi | | | |

Company Name:
(Property & Casualty Insurance Company)
Pro Forma Statutory Balance Sheet
(In Whole Numbers)

Applicant Company Name

	0	1	2
Admitted Assets			
1. Bonds			
2. Stocks (Preferred and Common)			
3. Real Estate/Mortgage Loans on Real Estate			
4. Cash/Cash Equivalents/Short-Term Investments			
5. Other Invested Assets			
6. Aggregate Write-Ins for Invested Assets			
7. All Other Assets			
8. Total Admitted Assets	-	-	-
Liabilities			
9. Losses			
10. Loss Adjustment Expenses			
11. Unearned Premiums			
12. Ceded Reinsurance Payable			
13. Payable to Parent, Subsidiaries & Affiliates			
14. All Other Liabilities			
15. Total Liabilities (9+10+11+12+13+14)	-	-	-
Capital and Surplus			
16. Capital Stock			
17. Gross Paid in and Contributed Surplus			
18. Surplus Notes			
19. Unassigned Funds (Surplus)			
20. Aggregate Write-Ins for Other-Than-Special Surplus Funds			
21. Aggregate Write-Ins for Special Surplus Funds			
22. Less Treasury Stock (Common and Preferred)			
23. Surplus as Regards Policyholders (16+17+18+19+20+21-22)	-	-	-
24. Liabilities and Surplus (15+23)	-	-	-
Risk-Based Capital Analysis			
24. Authorized Control Level Risk-Based Capital			
25. Calculated Risk-Based Capital (23/24)	0%	0%	0%

Company Name:
(Property & Casualty Insurance Company)
Pro Forma Statutory Profit & Loss Statement
(In Whole Dollars)

Applicant Company Name

	0	1	2
1. Net Premiums Earned			
2. Net Losses Incurred (Case & IBNR)			
3. Net Loss Adjustment Expenses Incurred			
4. Direct and Assumed Commissions & Brokerage			
5. Reinsurance Ceding Commissions			
6. Net Commissions Incurred (4-5)	-	-	-
7. Other Contractual Agreements*			
8. Other Underwriting Expenses Incurred**			
9. Underwriting Gain (Loss) (1-(2+3+6+7+8))	-	-	-
10. Net Investment Income			
11. Other Income			
12. Income Taxes Incurred			
13. Net Operating Income (Loss) after taxes	-	-	-
14. Prior YE Surplus as Regards Policyholders, December 31 Prior Year			
15. Net Income	-	-	-
16. Capital Increases Changes			
17. Other Increases (Decreases)			
18. Dividends to Stockholders			
19. YE Surplus as Regards Policyholders, December 31 Current Year	-	-	-
Operating Percentages:			
Net Premiums Earned	100.00%	100.00%	100.00%
20. Net Losses Incurred to Net Premiums Earned(2/1)	0.00%	0.00%	0.00%
21. Net Loss Adjustment Expenses Incurred to Net Premiums Earned(3/1)	0.00%	0.00%	0.00%
22. Other Underwriting Expenses to Net Premiums Earned ((6+7+8)/1)	0.00%	0.00%	0.00%
23. Net Underwriting Gain Or (Loss) (9/1)	0.00%	0.00%	0.00%
Other Percentages:			
24. Other Underwriting Expenses to Net Premiums Written ((6+7+8)/Total Net Premiums Written))	0.00%	0.00%	0.00%
25. Net Loss and Loss Adjustment Expenses Incurred to Net Premiums Earned ((2+3)/1)	0.00%	0.00%	0.00%
*ie... MGA(excluding amounts included above as agents commissions), service contracts, claims payment contracts			
** Itemize in assumptions			

Company Name:
(Property & Casualty Insurance Company)
Pro Forma Statutory Cash Flow Statement
(In Whole Numbers)

Applicant Company Name

	0	1	2
Cash From Operations			
1. Premiums Collected Net of Reinsurance			
2. Net Investment Income			
3. Miscellaneous Income			
4. Benefit and Loss Related Payments			
5. Net Transfers to Separate Accounts, Segrated Accounts and Protected Cell Accounts			
6. Commissions, Expenses Paid and Aggregate Write-Ins for Deductions			
7. Dividends Paid to Policyholders			
8. Federal and Foreign Income Taxes Paid (Recovered)			
9. Net Cash From Operations (1+2+3-4-5-6-7-8)	-	-	-
Cash From Investments			
10. Net Cash from Investments			
Cash From Financing and Miscellaneous Sources			
11. Surplus Notes, Capital Notes			
12. Capital and Paid in Surplus, Less Treasury Stock			
13. Borrowed Funds			
14. Net Deposits on Deposit-Type Contracts and Other Insurance Liabilities			
15. Dividends to Stockholders			
16. Other Cash Provided (Applied)			
17. Net Cash from Financing and Miscellaneous Sources (11+12+13+14-15+16)	-	-	-
18. Net Change in Cash, Cash Equivalents and Short -Term Investments (9+10+17)	-	-	-

Company Name:
(Property & Casualty Insurance Company)
Premiums Written to Surplus Ratios
Amounts in Whole Dollars

Applicant Company Name

Nationwide

Year	Direct Premiums Written	Assumed Premiums Written	Gross Premiums Written	Ceded Premiums Written	Net Premiums Written	Gross Written Premiums to Surplus	NetWritten Premiums to Surplus
0	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-

No data entry is required on this page.

Applicant Company Name:
(Property & Casualty Insurance Company)
Nationwide Premium by LOB - Planned Premium Volume By Line of Business
Amounts in Whole Dollars

Applicant Company Name

The Nationwide Premium by LOB page is automatically calculated. It is calculated based on projected premiums by line of business for each state in which the company is already licensed and authorized to write business and projected premiums by line of business for those states in which the company is applying to be licensed and authorized. The projected premiums will pull from the Authorized Premium By LOB tab and individual state tabs.

Nationwide											
Year 1		0									
Annual		Direct Premiums	Assumed Premiums	Ceded Premiums		Direct Premiums	Assumed Premiums	Ceded Premiums			
Statement Line	Description	Written	Written	Written	Net Premiums Written	Earned	Earned	Earned	Earned	Net Premiums Earned	
1.0	Fire	-	-	-	-	-	-	-	-	-	-
2.1	Allied Lines	-	-	-	-	-	-	-	-	-	-
2.2	Multiple Peril Crop	-	-	-	-	-	-	-	-	-	-
2.3	Federal Flood	-	-	-	-	-	-	-	-	-	-
2.4	Private Crop	-	-	-	-	-	-	-	-	-	-
2.5	Private Flood	-	-	-	-	-	-	-	-	-	-
3.0	Farmowners Multiple Peril	-	-	-	-	-	-	-	-	-	-
4.0	Homeowners Multiple Peril	-	-	-	-	-	-	-	-	-	-
5.1	Commercial Multiple Peril (Non-Liability Portion)	-	-	-	-	-	-	-	-	-	-
5.2	Commercial Multiple Peril (Liability Portion)	-	-	-	-	-	-	-	-	-	-
6.0	Mortgage Guaranty	-	-	-	-	-	-	-	-	-	-
8.0	Ocean Marine	-	-	-	-	-	-	-	-	-	-
9.0	Inland Marine	-	-	-	-	-	-	-	-	-	-
10.0	Financial Guaranty	-	-	-	-	-	-	-	-	-	-
11.0	Medical Professional Liability	-	-	-	-	-	-	-	-	-	-
12.0	Earthquake	-	-	-	-	-	-	-	-	-	-
13.0	Group Accident & Health	-	-	-	-	-	-	-	-	-	-
14.0	Credit A&H (Group & Individual)	-	-	-	-	-	-	-	-	-	-
15.1	Collectively Renewable A&H	-	-	-	-	-	-	-	-	-	-
15.2	Non-Cancellable A&H	-	-	-	-	-	-	-	-	-	-
15.3	Guaranteed Renewable A&H	-	-	-	-	-	-	-	-	-	-
15.4	Non-Renewable for Stated Reasons Only	-	-	-	-	-	-	-	-	-	-
15.5	Other Accident Only	-	-	-	-	-	-	-	-	-	-
15.6	Medicare Title XVIII Exempt From State Taxes or Fees	-	-	-	-	-	-	-	-	-	-
15.7	All Other A&H	-	-	-	-	-	-	-	-	-	-
15.8	Federal Employees Health Benefits Plan Premium	-	-	-	-	-	-	-	-	-	-
16.0	Workers' Compensation	-	-	-	-	-	-	-	-	-	-
17.1	Other Liability—Occurrence	-	-	-	-	-	-	-	-	-	-
17.2	Other Liability—Claims Made	-	-	-	-	-	-	-	-	-	-
17.3	Excess Workers' Compensation	-	-	-	-	-	-	-	-	-	-
18.0	Products Liability	-	-	-	-	-	-	-	-	-	-
19.1	Private Passenger Auto No-Fault (PIP)	-	-	-	-	-	-	-	-	-	-
19.2	Other Private Passenger Auto Liability	-	-	-	-	-	-	-	-	-	-
19.3	Commercial Auto No-Fault (PIP)	-	-	-	-	-	-	-	-	-	-
19.4	Other Commercial Auto Liability	-	-	-	-	-	-	-	-	-	-
21.1	Private Passenger Auto Physical Damage	-	-	-	-	-	-	-	-	-	-
21.2	Commercial Auto Physical Damage	-	-	-	-	-	-	-	-	-	-
22.0	Aircraft (All Perils)	-	-	-	-	-	-	-	-	-	-
23.0	Fidelity	-	-	-	-	-	-	-	-	-	-
24.0	Surety	-	-	-	-	-	-	-	-	-	-
26.0	Burglary and Theft	-	-	-	-	-	-	-	-	-	-
27.0	Boiler and Machinery	-	-	-	-	-	-	-	-	-	-
28.0	Credit	-	-	-	-	-	-	-	-	-	-
30.0	Warranty	-	-	-	-	-	-	-	-	-	-
34.0	Prepaid Legal	-	-	-	-	-	-	-	-	-	-
34.0	Bail Bonds	-	-	-	-	-	-	-	-	-	-
34.0	Glass	-	-	-	-	-	-	-	-	-	-
34.0	Title	-	-	-	-	-	-	-	-	-	-
34.0	Livestock	-	-	-	-	-	-	-	-	-	-
34.0	Industrial Extended Coverage	-	-	-	-	-	-	-	-	-	-
34.0	Mobile Home Multiple Peril	-	-	-	-	-	-	-	-	-	-
34.0	Mobile Home Physical Damage	-	-	-	-	-	-	-	-	-	-
34.0	Reinsurance	-	-	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-	-	-
Total		-	-	-	-	-	-	-	-	-	-

Nationwide

Year 2 1

Annual Statement Line	Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
1.0	Fire	-	-	-	-	-	-	-	-
2.1	Allied Lines	-	-	-	-	-	-	-	-
2.2	Multiple Peril Crop	-	-	-	-	-	-	-	-
2.3	Federal Flood	-	-	-	-	-	-	-	-
2.4	Private Crop	-	-	-	-	-	-	-	-
2.5	Private Flood	-	-	-	-	-	-	-	-
3.0	Farmowners Multiple Peril	-	-	-	-	-	-	-	-
4.0	Homeowners Multiple Peril	-	-	-	-	-	-	-	-
5.1	Commercial Multiple Peril (Non-Liability Portion)	-	-	-	-	-	-	-	-
5.2	Commercial Multiple Peril (Liability Portion)	-	-	-	-	-	-	-	-
6.0	Mortgage Guaranty	-	-	-	-	-	-	-	-
8.0	Ocean Marine	-	-	-	-	-	-	-	-
9.0	Inland Marine	-	-	-	-	-	-	-	-
10.0	Financial Guaranty	-	-	-	-	-	-	-	-
11.0	Medical Professional Liability	-	-	-	-	-	-	-	-
12.0	Earthquake	-	-	-	-	-	-	-	-
13.0	Group Accident & Health	-	-	-	-	-	-	-	-
14.0	Credit A&H (Group & Individual)	-	-	-	-	-	-	-	-
15.1	Collectively Renewable A&H	-	-	-	-	-	-	-	-
15.2	Non-Cancellable A&H	-	-	-	-	-	-	-	-
15.3	Guaranteed Renewable A&H	-	-	-	-	-	-	-	-
15.4	Non-Renewable for Stated Reasons Only	-	-	-	-	-	-	-	-
15.5	Other Accident Only	-	-	-	-	-	-	-	-
15.6	Medicare Title XVIII Exempt From State Taxes or Fees	-	-	-	-	-	-	-	-
15.7	All Other A&H	-	-	-	-	-	-	-	-
15.8	Federal Employees Health Benefits Plan Premium	-	-	-	-	-	-	-	-
16.0	Workers' Compensation	-	-	-	-	-	-	-	-
17.1	Other Liability—Occurrence	-	-	-	-	-	-	-	-
17.2	Other Liability—Claims Made	-	-	-	-	-	-	-	-
17.3	Excess Workers' Compensation	-	-	-	-	-	-	-	-
18.0	Products Liability	-	-	-	-	-	-	-	-
19.1	Private Passenger Auto No-Fault (PIP)	-	-	-	-	-	-	-	-
19.2	Other Private Passenger Auto Liability	-	-	-	-	-	-	-	-
19.3	Commercial Auto No-Fault (PIP)	-	-	-	-	-	-	-	-
19.4	Other Commercial Auto Liability	-	-	-	-	-	-	-	-
21.1	Private Passenger Auto Physical Damage	-	-	-	-	-	-	-	-
21.2	Commercial Auto Physical Damage	-	-	-	-	-	-	-	-
22.0	Aircraft (All Perils)	-	-	-	-	-	-	-	-
23.0	Fidelity	-	-	-	-	-	-	-	-
24.0	Surety	-	-	-	-	-	-	-	-
26.0	Burglary and Theft	-	-	-	-	-	-	-	-
27.0	Boiler and Machinery	-	-	-	-	-	-	-	-
28.0	Credit	-	-	-	-	-	-	-	-
30.0	Warranty	-	-	-	-	-	-	-	-
34.0	Prepaid Legal	-	-	-	-	-	-	-	-
34.0	Bail Bonds	-	-	-	-	-	-	-	-
34.0	Glass	-	-	-	-	-	-	-	-
34.0	Title	-	-	-	-	-	-	-	-
34.0	Livestock	-	-	-	-	-	-	-	-
34.0	Industrial Extended Coverage	-	-	-	-	-	-	-	-
34.0	Mobile Home Multiple Peril	-	-	-	-	-	-	-	-
34.0	Mobile Home Physical Damage	-	-	-	-	-	-	-	-
34.0	Reinsurance	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-
Total		-	-	-	-	-	-	-	-

Nationwide
Year 3

2

Annual Statement Line	Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
1.0	Fire	-	-	-	-	-	-	-	-
2.1	Allied Lines	-	-	-	-	-	-	-	-
2.2	Multiple Peril Crop	-	-	-	-	-	-	-	-
2.3	Federal Flood	-	-	-	-	-	-	-	-
2.4	Private Crop	-	-	-	-	-	-	-	-
2.5	Private Flood	-	-	-	-	-	-	-	-
3.0	Farmowners Multiple Peril	-	-	-	-	-	-	-	-
4.0	Homeowners Multiple Peril	-	-	-	-	-	-	-	-
5.1	Commercial Multiple Peril (Non-Liability Portion)	-	-	-	-	-	-	-	-
5.2	Commercial Multiple Peril (Liability Portion)	-	-	-	-	-	-	-	-
6.0	Mortgage Guaranty	-	-	-	-	-	-	-	-
8.0	Ocean Marine	-	-	-	-	-	-	-	-
9.0	Inland Marine	-	-	-	-	-	-	-	-
10.0	Financial Guaranty	-	-	-	-	-	-	-	-
11.0	Medical Professional Liability	-	-	-	-	-	-	-	-
12.0	Earthquake	-	-	-	-	-	-	-	-
13.0	Group Accident & Health	-	-	-	-	-	-	-	-
14.0	Credit A&H (Group & Individual)	-	-	-	-	-	-	-	-
15.1	Collectively Renewable A&H	-	-	-	-	-	-	-	-
15.2	Non-Cancellable A&H	-	-	-	-	-	-	-	-
15.3	Guaranteed Renewable A&H	-	-	-	-	-	-	-	-
15.4	Non-Renewable for Stated Reasons Only	-	-	-	-	-	-	-	-
15.5	Other Accident Only	-	-	-	-	-	-	-	-
15.6	Medicare Title XVIII Exempt From State Taxes or Fees	-	-	-	-	-	-	-	-
15.7	All Other A&H	-	-	-	-	-	-	-	-
15.8	Federal Employees Health Benefits Plan Premium	-	-	-	-	-	-	-	-
16.0	Workers' Compensation	-	-	-	-	-	-	-	-
17.1	Other Liability—Occurrence	-	-	-	-	-	-	-	-
17.2	Other Liability—Claims Made	-	-	-	-	-	-	-	-
17.3	Excess Workers' Compensation	-	-	-	-	-	-	-	-
18.0	Products Liability	-	-	-	-	-	-	-	-
19.1	Private Passenger Auto No-Fault (PIP)	-	-	-	-	-	-	-	-
19.2	Other Private Passenger Auto Liability	-	-	-	-	-	-	-	-
19.3	Commercial Auto No-Fault (PIP)	-	-	-	-	-	-	-	-
19.4	Other Commercial Auto Liability	-	-	-	-	-	-	-	-
21.1	Private Passenger Auto Physical Damage	-	-	-	-	-	-	-	-
21.2	Commercial Auto Physical Damage	-	-	-	-	-	-	-	-
22.0	Aircraft (All Perils)	-	-	-	-	-	-	-	-
23.0	Fidelity	-	-	-	-	-	-	-	-
24.0	Surety	-	-	-	-	-	-	-	-
26.0	Burglary and Theft	-	-	-	-	-	-	-	-
27.0	Boiler and Machinery	-	-	-	-	-	-	-	-
28.0	Credit	-	-	-	-	-	-	-	-
30.0	Warranty	-	-	-	-	-	-	-	-
34.0	Prepaid Legal	-	-	-	-	-	-	-	-
34.0	Bail Bonds	-	-	-	-	-	-	-	-
34.0	Glass	-	-	-	-	-	-	-	-
34.0	Title	-	-	-	-	-	-	-	-
34.0	Livestock	-	-	-	-	-	-	-	-
34.0	Industrial Extended Coverage	-	-	-	-	-	-	-	-
34.0	Mobile Home Multiple Peril	-	-	-	-	-	-	-	-
34.0	Mobile Home Physical Damage	-	-	-	-	-	-	-	-
34.0	Reinsurance	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-
Total		-	-	-	-	-	-	-	-

Applicant Company Name:
(Property & Casualty Insurance Company)
Authorized Premium by LOB (Aggregate) - Planned Premium Volume By Line of Business
Amounts in Whole Dollars

Applicant Company Name

Authorized Year 1		0							
Annual Statement Line	Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
1.0	Fire				-				-
2.1	Allied Lines				-				-
2.2	Multiple Peril Crop				-				-
2.3	Federal Flood				-				-
2.4	Private Crop				-				-
2.5	Private Flood				-				-
3.0	Farmowners Multiple Peril				-				-
4.0	Homeowners Multiple Peril				-				-
5.1	Commercial Multiple Peril (Non-Liability Portion)				-				-
5.2	Commercial Multiple Peril (Liability Portion)				-				-
6.0	Mortgage Guaranty				-				-
8.0	Ocean Marine				-				-
9.0	Inland Marine				-				-
10.0	Financial Guaranty				-				-
11.0	Medical Professional Liability				-				-
12.0	Earthquake				-				-
13.0	Group Accident & Health				-				-
14.0	Credit A&H (Group & Individual)				-				-
15.1	Collectively Renewable A&H				-				-
15.2	Non-Cancellable A&H				-				-
15.3	Guaranteed Renewable A&H				-				-
15.4	Non-Renewable for Stated Reasons Only				-				-
15.5	Other Accident Only				-				-
15.6	Medicare Title XVIII Exempt From State Taxes or Fees				-				-
15.7	All Other A&H				-				-
15.8	Federal Employees Health Benefits Plan Premium				-				-
16.0	Workers' Compensation				-				-
17.1	Other Liability—Occurrence				-				-
17.2	Other Liability—Claims Made				-				-
17.3	Excess Workers' Compensation				-				-
18.0	Products Liability				-				-
19.1	Private Passenger Auto No-Fault (PIP)				-				-
19.2	Other Private Passenger Auto Liability				-				-
19.3	Commercial Auto No-Fault (PIP)				-				-
19.4	Other Commercial Auto Liability				-				-
21.1	Private Passenger Auto Physical Damage				-				-
21.2	Commercial Auto Physical Damage				-				-
22.0	Aircraft (All Perils)				-				-
23.0	Fidelity				-				-
24.0	Surety				-				-
26.0	Burglary and Theft				-				-
27.0	Boiler and Machinery				-				-
28.0	Credit				-				-
30.0	Warranty				-				-
34.0	Prepaid Legal				-				-
34.0	Bail Bonds				-				-
34.0	Glass				-				-
34.0	Title				-				-
34.0	Livestock				-				-
34.0	Industrial Extended Coverage				-				-
34.0	Mobile Home Multiple Peril				-				-
34.0	Mobile Home Physical Damage				-				-
34.0	Reinsurance				-				-
34.0	Other				-				-
34.0	Other				-				-
34.0	Other				-				-
Total		-	-	-	-	-	-	-	-

Authorized									
Year 2		1							
Annual Statement									
Line	Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
1.0	Fire				-				-
2.1	Allied Lines				-				-
2.2	Multiple Peril Crop				-				-
2.3	Federal Flood				-				-
2.4	Private Crop				-				-
2.5	Private Flood				-				-
3.0	Farmowners Multiple Peril				-				-
4.0	Homeowners Multiple Peril				-				-
5.1	Commercial Multiple Peril (Non-Liability Portion)				-				-
5.2	Commercial Multiple Peril (Liability Portion)				-				-
6.0	Mortgage Guaranty				-				-
8.0	Ocean Marine				-				-
9.0	Inland Marine				-				-
10.0	Financial Guaranty				-				-
11.0	Medical Professional Liability				-				-
12.0	Earthquake				-				-
13.0	Group Accident & Health				-				-
14.0	Credit A&H (Group & Individual)				-				-
15.1	Collectively Renewable A&H				-				-
15.2	Non-Cancellable A&H				-				-
15.3	Guaranteed Renewable A&H				-				-
15.4	Non-Renewable for Stated Reasons Only				-				-
15.5	Other Accident Only				-				-
15.6	Medicare Title XVIII Exempt From State Taxes or Fees				-				-
15.7	All Other A&H				-				-
15.8	Federal Employees Health Benefits Plan Premium				-				-
16.0	Workers' Compensation				-				-
17.1	Other Liability—Occurrence				-				-
17.2	Other Liability—Claims Made				-				-
17.3	Excess Workers' Compensation				-				-
18.0	Products Liability				-				-
19.1	Private Passenger Auto No-Fault (PIP)				-				-
19.2	Other Private Passenger Auto Liability				-				-
19.3	Commercial Auto No-Fault (PIP)				-				-
19.4	Other Commercial Auto Liability				-				-
21.1	Private Passenger Auto Physical Damage				-				-
21.2	Commercial Auto Physical Damage				-				-
22.0	Aircraft (All Perils)				-				-
23.0	Fidelity				-				-
24.0	Surety				-				-
26.0	Burglary and Theft				-				-
27.0	Boiler and Machinery				-				-
28.0	Credit				-				-
30.0	Warranty				-				-
34.0	Prepaid Legal				-				-
34.0	Bail Bonds				-				-
34.0	Glass				-				-
34.0	Title				-				-
34.0	Livestock				-				-
34.0	Industrial Extended Coverage				-				-
34.0	Mobile Home Multiple Peril				-				-
34.0	Mobile Home Physical Damage				-				-
34.0	Reinsurance				-				-
34.0	Other				-				-
34.0	Other				-				-
34.0	Other				-				-
Total		-	-	-	-	-	-	-	-

Authorized Year 3		2							
Annual Statement		Direct Premiums	Assumed Premiums	Ceded Premiums		Direct Premiums	Assumed Premiums	Ceded Premiums	Net Premiums
Line	Description	Written	Written	Written	Net Premiums Written	Earned	Earned	Earned	Earned
1.0	Fire				-				-
2.1	Allied Lines				-				-
2.2	Multiple Peril Crop				-				-
2.3	Federal Flood				-				-
2.4	Private Crop				-				-
2.5	Private Flood				-				-
3.0	Farmowners Multiple Peril				-				-
4.0	Homeowners Multiple Peril				-				-
5.1	Commercial Multiple Peril (Non-Liability Portion)				-				-
5.2	Commercial Multiple Peril (Liability Portion)				-				-
6.0	Mortgage Guaranty				-				-
8.0	Ocean Marine				-				-
9.0	Inland Marine				-				-
10.0	Financial Guaranty				-				-
11.0	Medical Professional Liability				-				-
12.0	Earthquake				-				-
13.0	Group Accident & Health				-				-
14.0	Credit A&H (Group & Individual)				-				-
15.1	Collectively Renewable A&H				-				-
15.2	Non-Cancellable A&H				-				-
15.3	Guaranteed Renewable A&H				-				-
15.4	Non-Renewable for Stated Reasons Only				-				-
15.5	Other Accident Only				-				-
15.6	Medicare Title XVIII Exempt From State Taxes or Fees				-				-
15.7	All Other A&H				-				-
15.8	Federal Employees Health Benefits Plan Premium				-				-
16.0	Workers' Compensation				-				-
17.1	Other Liability—Occurrence				-				-
17.2	Other Liability—Claims Made				-				-
17.3	Excess Workers' Compensation				-				-
18.0	Products Liability				-				-
19.1	Private Passenger Auto No-Fault (PIP)				-				-
19.2	Other Private Passenger Auto Liability				-				-
19.3	Commercial Auto No-Fault (PIP)				-				-
19.4	Other Commercial Auto Liability				-				-
21.1	Private Passenger Auto Physical Damage				-				-
21.2	Commercial Auto Physical Damage				-				-
22.0	Aircraft (All Perils)				-				-
23.0	Fidelity				-				-
24.0	Surety				-				-
26.0	Burglary and Theft				-				-
27.0	Boiler and Machinery				-				-
28.0	Credit				-				-
30.0	Warranty				-				-
34.0	Prepaid Legal				-				-
34.0	Bail Bonds				-				-
34.0	Glass				-				-
34.0	Title				-				-
34.0	Livestock				-				-
34.0	Industrial Extended Coverage				-				-
34.0	Mobile Home Multiple Peril				-				-
34.0	Mobile Home Physical Damage				-				-
34.0	Reinsurance				-				-
34.0	Other				-				-
34.0	Other				-				-
34.0	Other				-				-
Total		-	-	-	-	-	-	-	-

The Nationwide Incurred Loss Summary by LOB page is automatically calculated. It is calculated based on projected incurred losses by line of business for each state in which the company is already licensed and authorized to write business and projected incurred losses by line of business for those states in which the company is applying to be licensed and authorized. The projected incurred losses will pull from the Authorized Premium By LOB tab and individual state tabs.

Nationwide							
Year 1	0						
Annual		Direct Losses		Ceded Losses Incurred	Net Losses Incurred		
Statement Line	Description	Incurred *	Assumed Losses Incurred *	*	*	*	*
1.0	Fire	-	-	-	-	-	-
2.1	Allied Lines	-	-	-	-	-	-
2.2	Multiple Peril Crop	-	-	-	-	-	-
2.3	Federal Flood	-	-	-	-	-	-
2.4	Private Crop	-	-	-	-	-	-
2.5	Private Flood	-	-	-	-	-	-
3.0	Farmowners Multiple Peril	-	-	-	-	-	-
4.0	Homeowners Multiple Peril	-	-	-	-	-	-
5.1	Commercial Multiple Peril (Non-Liability Portion)	-	-	-	-	-	-
5.2	Commercial Multiple Peril (Liability Portion)	-	-	-	-	-	-
6.0	Mortgage Guaranty	-	-	-	-	-	-
8.0	Ocean Marine	-	-	-	-	-	-
9.0	Inland Marine	-	-	-	-	-	-
10.0	Financial Guaranty	-	-	-	-	-	-
11.0	Medical Professional Liability	-	-	-	-	-	-
12.0	Earthquake	-	-	-	-	-	-
13.0	Group Accident & Health	-	-	-	-	-	-
14.0	Credit A&H (Group & Individual)	-	-	-	-	-	-
15.1	Collectively Renewable A&H	-	-	-	-	-	-
15.2	Non-Cancellable A&H	-	-	-	-	-	-
15.3	Guaranteed Renewable A&H	-	-	-	-	-	-
15.4	Non-Renewable for Stated Reasons Only	-	-	-	-	-	-
15.5	Other Accident Only	-	-	-	-	-	-
15.6	Medicare Title XVIII exempt from state taxes or fees	-	-	-	-	-	-
15.7	All Other A&H	-	-	-	-	-	-
15.8	Federal Employees Health Benefits-Plan Premium	-	-	-	-	-	-
16.0	Workers' Compensation	-	-	-	-	-	-
17.1	Other Liability—Occurrence	-	-	-	-	-	-
17.2	Other Liability—Claims Made	-	-	-	-	-	-
17.3	Excess Workers' Compensation	-	-	-	-	-	-
18.0	Products Liability	-	-	-	-	-	-
19.1	Private Passenger Auto No-Fault (PIP)	-	-	-	-	-	-
19.2	Other Private Passenger Auto Liability	-	-	-	-	-	-
19.3	Commercial Auto No-Fault (PIP)	-	-	-	-	-	-
19.4	Other Commercial Auto Liability	-	-	-	-	-	-
21.1	Private Passenger Auto Physical Damage	-	-	-	-	-	-
21.2	Commercial Auto Physical Damage	-	-	-	-	-	-
22.0	Aircraft (All Perils)	-	-	-	-	-	-
23.0	Fidelity	-	-	-	-	-	-
24.0	Surety	-	-	-	-	-	-
26.0	Burglary and Theft	-	-	-	-	-	-
27.0	Boiler and Machinery	-	-	-	-	-	-
28.0	Credit	-	-	-	-	-	-
30.0	Warranty	-	-	-	-	-	-
34.0	Prepaid Legal	-	-	-	-	-	-
34.0	Bail Bonds	-	-	-	-	-	-
34.0	Glass	-	-	-	-	-	-
34.0	Title	-	-	-	-	-	-
34.0	Livestock	-	-	-	-	-	-
34.0	Industrial Extended Coverage	-	-	-	-	-	-
34.0	Mobile Home Multiple Peril	-	-	-	-	-	-
34.0	Mobile Home Physical Damage	-	-	-	-	-	-
34.0	Reinsurance	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-
Total		-	-	-	-	-	-

Verification from P & L

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* Include loss adjustment expenses.

Nationwide
Year 2

1

Annual Statement Line	Description	Direct Losses		Ceded Losses Incurred		Net Losses Incurred	
		Incurred *	Assumed Losses Incurred *	*		*	
1.0	Fire	-	-	-		-	
2.0	Allied Lines	-	-	-		-	
2.2	Multiple Peril Crop	-	-	-		-	
2.3	Federal Flood	-	-	-		-	
2.4	Private Crop	-	-	-		-	
2.5	Private Flood	-	-	-		-	
3.0	Farmowners Multiple Peril	-	-	-		-	
4.0	Homeowners Multiple Peril	-	-	-		-	
5.1	Commercial Multiple Peril (Non-Liability Portion)	-	-	-		-	
5.2	Commercial Multiple Peril (Liability Portion)	-	-	-		-	
6.0	Mortgage Guaranty	-	-	-		-	
8.0	Ocean Marine	-	-	-		-	
9.0	Inland Marine	-	-	-		-	
10.0	Financial Guaranty	-	-	-		-	
11.0	Medical Professional Liability	-	-	-		-	
12.0	Earthquake	-	-	-		-	
13.0	Group Accident & Health	-	-	-		-	
14.0	Credit A&H (Group & Individual)	-	-	-		-	
15.1	Collectively Renewable A&H	-	-	-		-	
15.2	Non-Cancellable A&H	-	-	-		-	
15.3	Guaranteed Renewable A&H	-	-	-		-	
15.4	Non-Renewable for Stated Reasons Only	-	-	-		-	
15.5	Other Accident Only	-	-	-		-	
15.6	Medicare Title XVIII exempt from state taxes or fees	-	-	-		-	
15.7	All Other A&H	-	-	-		-	
15.8	Federal Employees Health Benefits-Plan Premium	-	-	-		-	
16.0	Workers' Compensation	-	-	-		-	
17.1	Other Liability—Occurrence	-	-	-		-	
17.2	Other Liability—Claims Made	-	-	-		-	
17.3	Excess Workers' Compensation	-	-	-		-	
18.0	Products Liability	-	-	-		-	
19.1	Private Passenger Auto No-Fault (PIP)	-	-	-		-	
19.2	Other Private Passenger Auto Liability	-	-	-		-	
19.3	Commercial Auto No-Fault (PIP)	-	-	-		-	
19.4	Other Commercial Auto Liability	-	-	-		-	
21.1	Private Passenger Auto Physical Damage	-	-	-		-	
21.2	Commercial Auto Physical Damage	-	-	-		-	
22.0	Aircraft (All Perils)	-	-	-		-	
23.0	Fidelity	-	-	-		-	
24.0	Surety	-	-	-		-	
26.0	Burglary and Theft	-	-	-		-	
27.0	Boiler and Machinery	-	-	-		-	
28.0	Credit	-	-	-		-	
30.0	Warranty	-	-	-		-	
34.0	Prepaid Legal	-	-	-		-	
34.0	Bail Bonds	-	-	-		-	
34.0	Glass	-	-	-		-	
34.0	Title	-	-	-		-	
34.0	Livestock	-	-	-		-	
34.0	Industrial Extended Coverage	-	-	-		-	
34.0	Mobile Home Multiple Peril	-	-	-		-	
34.0	Mobile Home Physical Damage	-	-	-		-	
34.0	Reinsurance	-	-	-		-	
34.0	Other	-	-	-		-	
34.0	Other	-	-	-		-	
34.0	Other	-	-	-		-	
	Total	-	-	-		-	
	Verification from P & L					-	

* Include loss adjustment expenses.

Nationwide
Year 3

2

Annual Statement Line	Description	Direct Losses Incurred *	Assumed Losses Incurred *	Ceded Losses Incurred *	Net Losses Incurred *
1.0	Fire	-	-	-	-
2.0	Allied Lines	-	-	-	-
2.2	Multiple Peril Crop	-	-	-	-
2.3	Federal Flood	-	-	-	-
2.4	Private Crop	-	-	-	-
2.5	Private Flood	-	-	-	-
3.0	Farmowners Multiple Peril	-	-	-	-
4.0	Homeowners Multiple Peril	-	-	-	-
5.1	Commercial Multiple Peril (Non-Liability Portion)	-	-	-	-
5.2	Commercial Multiple Peril (Liability Portion)	-	-	-	-
6.0	Mortgage Guaranty	-	-	-	-
8.0	Ocean Marine	-	-	-	-
9.0	Inland Marine	-	-	-	-
10.0	Financial Guaranty	-	-	-	-
11.0	Medical Professional Liability	-	-	-	-
12.0	Earthquake	-	-	-	-
13.0	Group Accident & Health	-	-	-	-
14.0	Credit A&H (Group & Individual)	-	-	-	-
15.1	Collectively Renewable A&H	-	-	-	-
15.2	Non-Cancellable A&H	-	-	-	-
15.3	Guaranteed Renewable A&H	-	-	-	-
15.4	Non-Renewable for Stated Reasons Only	-	-	-	-
15.5	Other Accident Only	-	-	-	-
15.6	Medicare Title XVIII exempt from state taxes or fees	-	-	-	-
15.7	All Other A&H	-	-	-	-
15.8	Federal Employees Health Benefits-Plan Premium	-	-	-	-
16.0	Workers' Compensation	-	-	-	-
17.1	Other Liability—Occurrence	-	-	-	-
17.2	Other Liability—Claims Made	-	-	-	-
17.3	Excess Workers' Compensation	-	-	-	-
18.0	Products Liability	-	-	-	-
19.1	Private Passenger Auto No-Fault (PIP)	-	-	-	-
19.2	Other Private Passenger Auto Liability	-	-	-	-
19.3	Commercial Auto No-Fault (PIP)	-	-	-	-
19.4	Other Commercial Auto Liability	-	-	-	-
21.1	Private Passenger Auto Physical Damage	-	-	-	-
21.2	Commercial Auto Physical Damage	-	-	-	-
22.0	Aircraft (All Perils)	-	-	-	-
23.0	Fidelity	-	-	-	-
24.0	Surety	-	-	-	-
26.0	Burglary and Theft	-	-	-	-
27.0	Boiler and Machinery	-	-	-	-
28.0	Credit	-	-	-	-
30.0	Warranty	-	-	-	-
34.0	Prepaid Legal	-	-	-	-
34.0	Bail Bonds	-	-	-	-
34.0	Glass	-	-	-	-
34.0	Title	-	-	-	-
34.0	Livestock	-	-	-	-
34.0	Industrial Extended Coverage	-	-	-	-
34.0	Mobile Home Multiple Peril	-	-	-	-
34.0	Mobile Home Physical Damage	-	-	-	-
34.0	Reinsurance	-	-	-	-
34.0	Other	-	-	-	-
34.0	Other	-	-	-	-
34.0	Other	-	-	-	-
Total		-	-	-	-
Verification from P & L					-

* Include loss adjustment expenses.

Applicant Company Name:
(Property & Casualty Insurance Company)
Authorized Incurred Loss Summary By Line of Business
Amounts in Whole Dollars

Applicant Company Name

Authorized Incurred Loss by LOB (Aggregate)
Year 1 0

Annual Statement		Direct Losses	Assumed Losses	Ceded Losses	Net Losses
Line	Description	Incurred *	Incurred *	Incurred *	Incurred *
1.0	Fire				-
2.0	Allied Lines				-
2.2	Multiple Peril Crop				-
2.3	Federal Flood				-
2.4	Private Crop				-
2.5	Private Flood				-
3.0	Farmowners Multiple Peril				-
4.0	Homeowners Multiple Peril				-
5.1	Commercial Multiple Peril (Non-Liability Portion)				-
5.2	Commercial Multiple Peril (Liability Portion)				-
6.0	Mortgage Guaranty				-
8.0	Ocean Marine				-
9.0	Inland Marine				-
10.0	Financial Guaranty				-
11.0	Medical Professional Liability				-
12.0	Earthquake				-
13.0	Group Accident & Health				-
14.0	Credit A&H (Group & Individual)				-
15.1	Collectively Renewable A&H				-
15.2	Non-Cancellable A&H				-
15.3	Guaranteed Renewable A&H				-
15.4	Non-Renewable for Stated Reasons Only				-
15.5	Other Accident Only				-
15.6	Medicare Title XVIII exempt from state taxes or fees				-
15.7	All Other A&H				-
15.8	Federal Employees Health Benefits-Plan Premium				-
16.0	Workers' Compensation				-
17.1	Other Liability—Occurrence				-
17.2	Other Liability—Claims Made				-
17.3	Excess Workers' Compensation				-
18.0	Products Liability				-
19.1	Private Passenger Auto No-Fault (PIP)				-
19.2	Other Private Passenger Auto Liability				-
19.3	Commercial Auto No-Fault (PIP)				-
19.4	Other Commercial Auto Liability				-
21.1	Private Passenger Auto Physical Damage				-
21.2	Commercial Auto Physical Damage				-
22.0	Aircraft (All Perils)				-
23.0	Fidelity				-
24.0	Surety				-
26.0	Burglary and Theft				-
27.0	Boiler and Machinery				-
28.0	Credit				-
30.0	Warranty				-
34.0	Prepaid Legal				-
34.0	Bail Bonds				-
34.0	Glass				-
34.0	Title				-
34.0	Livestock				-
34.0	Industrial Extended Coverage				-
34.0	Mobile Home Multiple Peril				-
34.0	Mobile Home Physical Damage				-
34.0	Reinsurance				-
34.0	Other				-
34.0	Other				-
34.0	Other				-
Total		-	-	-	-

* Include loss adjustment expenses.

Authorized Incurred Loss by LOB (Aggregate)

Year 2		1				
Annual Statement			Direct Losses	Assumed Losses	Ceded Losses	Net Losses
Line	Description		Incurred *	Incurred *	Incurred *	Incurred *
1.0	Fire					-
2.0	Allied Lines					-
2.2	Multiple Peril Crop					-
2.3	Federal Flood					-
2.4	Private Crop					-
2.5	Private Flood					-
3.0	Farmowners Multiple Peril					-
4.0	Homeowners Multiple Peril					-
5.1	Commercial Multiple Peril (Non-Liability Portion)					-
5.2	Commercial Multiple Peril (Liability Portion)					-
6.0	Mortgage Guaranty					-
8.0	Ocean Marine					-
9.0	Inland Marine					-
10.0	Financial Guaranty					-
11.0	Medical Professional Liability					-
12.0	Earthquake					-
13.0	Group Accident & Health					-
14.0	Credit A&H (Group & Individual)					-
15.1	Collectively Renewable A&H					-
15.2	Non-Cancellable A&H					-
15.3	Guaranteed Renewable A&H					-
15.4	Non-Renewable for Stated Reasons Only					-
15.5	Other Accident Only					-
15.6	Medicare Title XVIII exempt form state taxes or fees					-
15.7	All Other A&H					-
15.8	Federal Employees Health Benefits-Plan Premium					-
16.0	Workers' Compensation					-
17.1	Other Liability—Occurrence					-
17.2	Other Liability—Claims Made					-
17.3	Excess Workers' Compensation					-
18.0	Products Liability					-
19.1	Private Passenger Auto No-Fault (PIP)					-
19.2	Other Private Passenger Auto Liability					-
19.3	Commercial Auto No-Fault (PIP)					-
19.4	Other Commercial Auto Liability					-
21.1	Private Passenger Auto Physical Damage					-
21.2	Commercial Auto Physical Damage					-
22.0	Aircraft (All Perils)					-
23.0	Fidelity					-
24.0	Surety					-
26.0	Burglary and Theft					-
27.0	Boiler and Machinery					-
28.0	Credit					-
30.0	Warranty					-
34.0	Prepaid Legal					-
34.0	Bail Bonds					-
34.0	Glass					-
34.0	Title					-
34.0	Livestock					-
34.0	Industrial Extended Coverage					-
34.0	Mobile Home Multiple Peril					-
34.0	Mobile Home Physical Damage					-
34.0	Reinsurance					-
34.0	Other					-
34.0	Other					-
34.0	Other					-
Total			-	-	-	-

Authorized Incurred Loss by LOB (Aggregate)

Year 3		2				
Annual Statement			Direct Losses	Assumed Losses	Ceded Losses	Net Losses
Line	Description		Incurred *	Incurred *	Incurred *	Incurred *
1.0	Fire					-
2.0	Allied Lines					-
2.2	Multiple Peril Crop					-
2.3	Federal Flood					-
2.4	Private Crop					-
2.5	Private Flood					-
3.0	Farmowners Multiple Peril					-
4.0	Homeowners Multiple Peril					-
5.1	Commercial Multiple Peril (Non-Liability Portion)					-
5.2	Commercial Multiple Peril (Liability Portion)					-
6.0	Mortgage Guaranty					-
8.0	Ocean Marine					-
9.0	Inland Marine					-
10.0	Financial Guaranty					-
11.0	Medical Professional Liability					-
12.0	Earthquake					-
13.0	Group Accident & Health					-
14.0	Credit A&H (Group & Individual)					-
15.1	Collectively Renewable A&H					-
15.2	Non-Cancellable A&H					-
15.3	Guaranteed Renewable A&H					-
15.4	Non-Renewable for Stated Reasons Only					-
15.5	Other Accident Only					-
15.6	Medicare Title XVIII exempt from state taxes or fees					-
15.7	All Other A&H					-
15.8	Federal Employees Health Benefits-Plan Premium					-
16.0	Workers' Compensation					-
17.1	Other Liability—Occurrence					-
17.2	Other Liability—Claims Made					-
17.3	Excess Workers' Compensation					-
18.0	Products Liability					-
19.1	Private Passenger Auto No-Fault (PIP)					-
19.2	Other Private Passenger Auto Liability					-
19.3	Commercial Auto No-Fault (PIP)					-
19.4	Other Commercial Auto Liability					-
21.1	Private Passenger Auto Physical Damage					-
21.2	Commercial Auto Physical Damage					-
22.0	Aircraft (All Perils)					-
23.0	Fidelity					-
24.0	Surety					-
26.0	Burglary and Theft					-
27.0	Boiler and Machinery					-
28.0	Credit					-
30.0	Warranty					-
34.0	Prepaid Legal					-
34.0	Bail Bonds					-
34.0	Glass					-
34.0	Title					-
34.0	Livestock					-
34.0	Industrial Extended Coverage					-
34.0	Mobile Home Multiple Peril					-
34.0	Mobile Home Physical Damage					-
34.0	Reinsurance					-
34.0	Other					-
34.0	Other					-
34.0	Other					-
Total			-	-	-	-

* Include loss adjustment expenses.

Applicant Company Name:
(Property & Casualty Insurance Company)
Net Premium and Loss Developments By Line of Business
Amounts in Whole Dollars

Applicant Company Name

Nationwide

Annual Statement Line	Description	Premiums Earned	0 Losses Incurred*	Loss Ratio	Premiums Earned	1 Losses Incurred*	Loss Ratio	Premiums Earned	2 Losses Incurred*	Loss Ratio
1.0	Fire	-	-	-	-	-	-	-	-	-
2.1	Allied Lines	-	-	-	-	-	-	-	-	-
2.2	Multiple Peril Crop	-	-	-	-	-	-	-	-	-
2.3	Federal Flood	-	-	-	-	-	-	-	-	-
2.4	Private Crop	-	-	-	-	-	-	-	-	-
2.5	Private Flood	-	-	-	-	-	-	-	-	-
3.0	Farmowners Multiple Peril	-	-	-	-	-	-	-	-	-
4.0	Homeowners Multiple Peril	-	-	-	-	-	-	-	-	-
5.1	Commercial Multiple Peril (Non-Liability Portion)	-	-	-	-	-	-	-	-	-
5.2	Commercial Multiple Peril (Liability Portion)	-	-	-	-	-	-	-	-	-
6.0	Mortgage Guaranty	-	-	-	-	-	-	-	-	-
8.0	Ocean Marine	-	-	-	-	-	-	-	-	-
9.0	Inland Marine	-	-	-	-	-	-	-	-	-
10.0	Financial Guaranty	-	-	-	-	-	-	-	-	-
11.0	Medical Professional Liability	-	-	-	-	-	-	-	-	-
12.0	Earthquake	-	-	-	-	-	-	-	-	-
13.0	Group Accident & Health	-	-	-	-	-	-	-	-	-
14.0	Credit A&H (Group & Individual)	-	-	-	-	-	-	-	-	-
15.1	Collectively Renewable A&H	-	-	-	-	-	-	-	-	-
15.2	Non-Cancellable A&H	-	-	-	-	-	-	-	-	-
15.3	Guaranteed Renewable A&H	-	-	-	-	-	-	-	-	-
15.4	Non-Renewable for Stated Reasons Only	-	-	-	-	-	-	-	-	-
15.5	Other Accident Only	-	-	-	-	-	-	-	-	-
15.6	Medicare Title XVIII exempt from state taxes or fees	-	-	-	-	-	-	-	-	-
15.7	All Other A&H	-	-	-	-	-	-	-	-	-
15.8	Federal Employees Health Benefits Plan Premium	-	-	-	-	-	-	-	-	-
16.0	Workers' Compensation	-	-	-	-	-	-	-	-	-
17.1	Other Liability—Occurrence	-	-	-	-	-	-	-	-	-
17.2	Other Liability - Claims Made	-	-	-	-	-	-	-	-	-
17.3	Excess Workers' Compensation	-	-	-	-	-	-	-	-	-
18.0	Products Liability	-	-	-	-	-	-	-	-	-
19.1	Private Passenger Auto No-Fault (PIP)	-	-	-	-	-	-	-	-	-
19.2	Other Private Passenger Auto Liability	-	-	-	-	-	-	-	-	-
19.3	Commercial Auto No-Fault (PIP)	-	-	-	-	-	-	-	-	-
19.4	Other Commercial Auto Liability	-	-	-	-	-	-	-	-	-
21.1	Private Passenger Auto Physical Damage	-	-	-	-	-	-	-	-	-
21.2	Commercial Auto Physical Damage	-	-	-	-	-	-	-	-	-
22.0	Aircraft (All Perils)	-	-	-	-	-	-	-	-	-
23.0	Fidelity	-	-	-	-	-	-	-	-	-
24.0	Surety	-	-	-	-	-	-	-	-	-
26.0	Burglary and Theft	-	-	-	-	-	-	-	-	-
27.0	Boiler and Machinery	-	-	-	-	-	-	-	-	-
28.0	Credit	-	-	-	-	-	-	-	-	-
30.0	Warranty	-	-	-	-	-	-	-	-	-
34.0	Prepaid Legal	-	-	-	-	-	-	-	-	-
34.0	Bail Bonds	-	-	-	-	-	-	-	-	-
34.0	Glass	-	-	-	-	-	-	-	-	-
34.0	Title	-	-	-	-	-	-	-	-	-
34.0	Livestock	-	-	-	-	-	-	-	-	-
34.0	Industrial Extended Coverage	-	-	-	-	-	-	-	-	-
34.0	Mobile Home Multiple Peril	-	-	-	-	-	-	-	-	-
34.0	Mobile Home Physical Damage	-	-	-	-	-	-	-	-	-
34.0	Reinsurance	-	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-	-
Total		0	0	0%	0	0	0%	0	0	0%
Verification from P & L - should equal line above.										

* Include loss adjustment expenses.

UCAA Proforma Financial Statements Assumptions

List all of the relevant assumptions used to create the proformas.

Note, assumptions enclosed within the Plan of Operation need not be disclosed again here.

UCAA Proforma Financial Statements
Life & Health Insurer

Instructions

1. Enter the Applicant Company Name below
2. Enter the first full year of the proformas (start with 1st full year of operation).
3. Select the states to be completed for proformas by clicking the check boxes on the right and then click on the "Create Selected State Worksheets" button below.
4. Complete all sections of the proforma statements contained on each tab below.
5. Note that several tabs contain worksheets for 3 years of data. Be sure to complete all years of data.
6. Do not "Cut" and "Paste" cells in the worksheets. Use "Copy" and "Paste" instead.
7. For additional guidance, refer to the FAQ's on the UCAA webpage.

Enter the Applicant Company Name:

Applicant Company Name

Year 1:

Year 2:

1

Year 3:

2

- | | | | |
|-----------------------------|----------------------|-----------------------------|---------------------|
| <input type="checkbox"/> AK | Alaska | <input type="checkbox"/> MT | Montana |
| <input type="checkbox"/> AL | Alabama | <input type="checkbox"/> NC | North Carolina |
| <input type="checkbox"/> AR | Arkansas | <input type="checkbox"/> ND | North Dakota |
| <input type="checkbox"/> AS | American Samoa | <input type="checkbox"/> NE | Nebraska |
| <input type="checkbox"/> AZ | Arizona | <input type="checkbox"/> NH | New Hampshire |
| <input type="checkbox"/> CA | California | <input type="checkbox"/> NJ | New Jersey |
| <input type="checkbox"/> CO | Colorado | <input type="checkbox"/> NM | New Mexico |
| <input type="checkbox"/> CT | Connecticut | <input type="checkbox"/> NV | Nevada |
| <input type="checkbox"/> DC | District Of Columbia | <input type="checkbox"/> NY | New York |
| <input type="checkbox"/> DE | Delaware | <input type="checkbox"/> OH | Ohio |
| <input type="checkbox"/> FL | Florida | <input type="checkbox"/> OK | Oklahoma |
| <input type="checkbox"/> GA | Georgia | <input type="checkbox"/> OR | Oregon |
| <input type="checkbox"/> GU | Guam | <input type="checkbox"/> PA | Pennsylvania |
| <input type="checkbox"/> HI | Hawaii | <input type="checkbox"/> PR | Puerto Rico |
| <input type="checkbox"/> IA | Iowa | <input type="checkbox"/> RI | Rhode Island |
| <input type="checkbox"/> ID | Idaho | <input type="checkbox"/> SC | South Carolina |
| <input type="checkbox"/> IL | Illinois | <input type="checkbox"/> SD | South Dakota |
| <input type="checkbox"/> IN | Indiana | <input type="checkbox"/> TN | Tennessee |
| <input type="checkbox"/> KS | Kansas | <input type="checkbox"/> TX | Texas |
| <input type="checkbox"/> KY | Kentucky | <input type="checkbox"/> UT | Utah |
| <input type="checkbox"/> LA | Louisiana | <input type="checkbox"/> VA | Virginia |
| <input type="checkbox"/> MA | Massachusetts | <input type="checkbox"/> VI | U.S. Virgin Islands |
| <input type="checkbox"/> MD | Maryland | <input type="checkbox"/> VT | Vermont |
| <input type="checkbox"/> ME | Maine | <input type="checkbox"/> WA | Washington |
| <input type="checkbox"/> MI | Michigan | <input type="checkbox"/> WI | Wisconsin |
| <input type="checkbox"/> MN | Minnesota | <input type="checkbox"/> WV | West Virginia |
| <input type="checkbox"/> MO | Missouri | <input type="checkbox"/> WY | Wyoming |
| <input type="checkbox"/> MS | Mississippi | | |



If states were added to this spreadsheet in error:

1. Select the states to be deleted by clicking the check boxes on the right.
2. Click on the "Delete Selected State Worksheets" button above.

Applicant Company Name

Risk-Based Capital Analysis

Applicant Company Name:
(Life, Accident, and Health Insurance Company)
Pro Forma Statutory Profit & Loss Statement (Nationwide)
(In Whole Dollars)

Applicant Company Name

	0	1	2
1. Net Premiums (All Business)			
2. Net Investment Income			
3. Reinsurance Ceding Commissions			
4. Miscellaneous Income			
5. Total (1+2+3+4)	-	-	-
6. Death Benefits			
7. Matured Endowments			
8. Annuity Benefits			
9. Accident and Health Policy Benefits			
10. Surrender Benefits and Other Fund Withdrawals			
11. Group Conversions			
12. Interest on Policy and Contract Funds			
13. Commissions on Premiums, and Annuity Considerations (Direct Business Only)			
14. Commissions and Expense Allowances on Reinsurance Assumed			
15. Increase in Aggregate Reseves			
16. Net Transer (to) or from Separate Accounts Net of Reinsurance			
17. Other Expenses *			
18. Total Expenses (sum6...17)	-	-	-
19. Net Gain (Loss) from Operations Before Dividends and Federal Income Taxes (5-18)	-	-	-
20. Federal Income Taxes			
21. Net Realized Capital Gains (Losses)			
22. Less Capital Gains Tax			
23. Net Income((19-20)+(21-22))	-	-	-
24. Prior YE Surplus			
25. Net Income	-	-	-
26. Capital Increases			
27. Other Increases (Decreases)			
28. Dividends to Stockholders			
29. YE Surplus	-	-	-

*Itemize in Assumptions

Applicant Company Name:
(Life, Accident, and Health Insurance Company)
Pro Forma Statutory Cash Flow Statement
(In Whole Dollars)

Applicant Company Name

	0	1	2
Cash From Operations			
1. Premiums Collected Net of Reinsurance			
2. Net Investment Income			
3. Miscellaneous Income			
4. Benefit and Loss Related Payments			
5. Net Transfers to Separate Accounts, Segrated Accounts and Protected Cell Accounts			
6. Commissions, Expenses Paid and Aggregate Write-Ins for Deductions			
7. Dividends Paid to Policyholders			
8. Federal and Foreign Income Taxes Paid (Recovered)			
9. Net Cash From Operations (1+2+3-4-5-6-7-8)	-	-	-
Cash From Investments			
10. Net Cash from Investments			
Cash From Financing and Miscellaneous Sources			
11. Surplus Notes, Capital Notes			
12. Capital and Paid in Surplus, Less Treasury Stock			
13. Borrowed Funds			
14. Net Deposits on Deposit-Type Contracts and Other Insurance Liabilities			
15. Dividends to Stockholders			
16. Other Cash Provided (Applied)			
17. Net Cash from Financing and Miscellaneous Sources (11+12+13+14-15+16)	-	-	-
18. Net Change in Cash, Cash Equivalents and Short -Term Investments (9+10+17)	-	-	-

Applicant Company Name:
(Life, Accident, and Health Insurance Company)
Analysis of Operations by Line of Business
(In Whole Dollars)

Nationwide
Year 1

Applicant Company Name

0	Total	Ordinary			Credit Life (Group & Individual)	Group		Accident and Health			Aggregate of All Other Lines Business
		Life Insurance	Individual Annuities	Supplementary Contracts		Life Insurance (a)	Annuities	Group	Credit (Group and Individual)	Other	
1. Net Premiums (All Business)	-										
2. Net Investment Income	-										
3. Reinsurance Ceding Commissions	-										
4. Miscellaneous Income	-										
5. Total Revenue (1+2+3+4)	-	-	-	-	-	-	-	-	-	-	-
6. Death Benefits	-										
7. Matured Endowments	-										
8. Annuity Benefits	-										
9. Accident and Health Policy Benefits	-										
10. Surrender Benefits and Other Fund Withdrawals	-										
11. Group Conversions	-										
12. Interest Policy and Contract Funds	-										
13. Commissions on Premiums, Annuity Considerations Direct Business Only)	-										
14. Commissions and Expense Allowances on Reinsurance Assumed	-										
15. Increase in Aggregate Reserves	-										
16. Net Transfers to or (from) Separate Accounts Net of Reinsurance	-										
17. Other Expenses	-										
18. Total Expenses (sum6...17)	-	-	-	-	-	-	-	-	-	-	-
19. Net Gain (Loss) from Operations Before Dividends to and Federal Income Taxes (5-18)	-	-	-	-	-	-	-	-	-	-	-
20. Federal Income Taxes	-										
21. Net Realized Capital Gains (Losses)	-										
22. Less Capital Gains Tax	-										
23. Net Income((19-20)+(21-212)	-	-	-	-	-	-	-	-	-	-	-
24. Dividends to Stockholders	-										

Applicant Company Name:
(Life, Accident, and Health Insurance Company)
Analysis of Operations by Line of Business
(In Whole Dollars)

Applicant Company Name

Nationwide
Year 2

1	Total	Ordinary			Credit Life (Group & Individual)	Group		Accident and Health			Aggregate of All Other Lines Business
		Life Insurance	Individual Annuities	Supplementary Contracts		Life Insurance (a)	Annuities	Group	Credit (Group and Individual)	Other	
1. Net Premiums (All Business)	-										
2. Net Investment Income	-										
3. Reinsurance Ceding Commissions	-										
4. Miscellaneous Income	-										
5. Total Revenue (1+2+3+4)	-	-	-	-	-	-	-	-	-	-	-
6. Death Benefits	-										
7. Matured Endowments	-										
8. Annuity Benefits	-										
9. Accident and Health Policy Benefits	-										
10. Surrender Benefits and Other Fund Withdrawals	-										
11. Group Conversions	-										
12. Interest Policy and Contract Funds	-										
13. Commissions on Premiums, Annuity Considerations Direct Business Only)	-										
14. Commissions and Expense Allowances on Reinsurance Assumed	-										
15. Increase in Aggregate Reserves	-										
16. Net Transfers to or (from) Separate Accounts Net of Reinsurance	-										
17. Other Expenses	-										
18. Total Expenses (sum6...17)	-	-	-	-	-	-	-	-	-	-	-
19. Net Gain (Loss) from Operations Before Dividends to and Federal Income Taxes (5-18)	-	-	-	-	-	-	-	-	-	-	-
20. Federal Income Taxes	-										
21. Net Realized Capital Gains (Losses)	-										
22. Less Capital Gains Tax	-										
23. Net Income((19-20)+(21-212)	-	-	-	-	-	-	-	-	-	-	-
24. Dividends to Stockholders	-										

Applicant Company Name:
(Life, Accident, and Health Insurance Company)
Analysis of Operations by Line of Business
(In Whole Dollars)

Nationwide
Year 3

Applicant Company Name

2

Total	Ordinary			Credit Life (Group & Individual)	Group		Accident and Health			Aggregate of All Other Lines Business
	Life Insurance	Individual Annuities	Supplementary Contracts		Life Insurance (a)	Annuities	Group	Credit (Group and Individual)	Other	
1. Net Premiums (All Business)	-									
2. Net Investment Income	-									
3. Reinsurance Ceding Commissions	-									
4. Miscellaneous Income	-									
5. Total Revenue (1+2+3+4)	-	-	-	-	-	-	-	-	-	-
6. Death Benefits	-									
7. Matured Endowments	-									
8. Annuity Benefits	-									
9. Accident and Health Policy Benefits	-									
10. Surrender Benefits and Other Fund Withdrawals	-									
11. Group Conversions	-									
12. Interest Policy and Contract Funds	-									
13. Commissions on Premiums, Annuity Considerations Direct Business Only)	-									
14. Commissions and Expense Allowances on Reinsurance Assumed	-									
15. Increase in Aggregate Reserves	-									
16. Net Transfers to or (from) Separate Accounts Net of Reinsurance	-									
17. Other Expenses	-									
18. Total Expenses (sum6...17)	-	-	-	-	-	-	-	-	-	-
19. Net Gain (Loss) from Operations Before Dividends to and Federal Income Taxes (5-18)	-	-	-	-	-	-	-	-	-	-
20. Federal Income Taxes	-									
21. Net Realized Capital Gains (Losses)	-									
22. Less Capital Gains Tax	-									
23. Net Income((19-20)+(21-212)	-	-	-	-	-	-	-	-	-	-
24. Dividends to Stockholders	-									

Applicant Company Name:
Applicant Company Name
(Life, Accident, and Health Insurance Company)
Nationwide Premium by LOB - Planned Premium Volume by Line of Business
(Amounts in Whole Dollars)

The Nationwide Premium by LOB page is automatically calculated. It is calculated based on projected premiums by line of business for each state in which the company is already licensed and authorized to write business and projected premiums by line of business for those states in which the company is applying to be licensed and authorized. The projected premiums will pull from the Authorized Premium By LOB tab and individual state tabs.

Nationwide					
Year 1		0			
Description		Direct Premiums	Assumed Premiums	Ceded Premiums	Net Premiums
1.	Ordinary Life Insurance	-	-	-	-
2.	Ordinary Individual Annuities	-	-	-	-
3.	Credit Life (Group and Individual)	-	-	-	-
4.	Group Life Insurance	-	-	-	-
5.	Group Annuities	-	-	-	-
6.	Accident and Health Group	-	-	-	-
7.	Accident and Health Credit (Group and Individual)	-	-	-	-
8.	Accident and Health Other	-	-	-	-
9.	Aggregate of All Other Lines of Business	-	-	-	-
10.	Total	-	-	-	-
Nationwide					
Year 2		1			
Description		Direct Premiums	Assumed Premiums	Ceded Premiums	Net Premiums
1.	Ordinary Life Insurance	-	-	-	-
2.	Ordinary Individual Annuities	-	-	-	-
3.	Credit Life (Group and Individual)	-	-	-	-
4.	Group Life Insurance	-	-	-	-
5.	Group Annuities	-	-	-	-
6.	Accident and Health Group	-	-	-	-
7.	Accident and Health Credit (Group and Individual)	-	-	-	-
8.	Accident and Health Other	-	-	-	-
9.	Aggregate of All Other Lines of Business	-	-	-	-
10.	Total	-	-	-	-
Nationwide					
Year 3		2			
Description		Direct Premiums	Assumed Premiums	Ceded Premiums	Net Premiums
1.	Ordinary Life Insurance	-	-	-	-
2.	Ordinary Individual Annuities	-	-	-	-
3.	Credit Life (Group and Individual)	-	-	-	-
4.	Group Life Insurance	-	-	-	-
5.	Group Annuities	-	-	-	-
6.	Accident and Health Group	-	-	-	-
7.	Accident and Health Credit (Group and Individual)	-	-	-	-
8.	Accident and Health Other	-	-	-	-
9.	Aggregate of All Other Lines of Business	-	-	-	-
10.	Total	-	-	-	-

Applicant Company Name: Applicant Company Name
(Life, Accident, and Health Insurance Company)
Authorized Premium by LOB (Aggregate) - Planned Premium Volume by Line of Business
(Amounts in Whole Dollars)

Nationwide					
Year 1		0			
Description		Direct Premiums	Assumed Premiums	Ceded Premiums	Net Premiums
1. Ordinary Life Insurance					-
2. Ordinary Individual Annuities					-
3. Credit Life (Group and Individual)					-
4. Group Life Insurance					-
5. Group Annuities					-
6. Accident and Health Group					-
7. Accident and Health Credit (Group and Individual)					-
8. Accident and Health Other					-
9. Aggregate of All Other Lines of Business					-
10. Total		-	-	-	-

Nationwide					
Year 2		1			
Description		Direct Premiums	Assumed Premiums	Ceded Premiums	Net Premiums
1. Ordinary Life Insurance					-
2. Ordinary Individual Annuities					-
3. Credit Life (Group and Individual)					-
4. Group Life Insurance					-
5. Group Annuities					-
6. Accident and Health Group					-
7. Accident and Health Credit (Group and Individual)					-
8. Accident and Health Other					-
9. Aggregate of All Other Lines of Business					-
10. Total		-	-	-	-

Nationwide					
Year 3		2			
Description		Direct Premiums	Assumed Premiums	Ceded Premiums	Net Premiums
1. Ordinary Life Insurance					-
2. Ordinary Individual Annuities					-
3. Credit Life (Group and Individual)					-
4. Group Life Insurance					-
5. Group Annuities					-
6. Accident and Health Group					-
7. Accident and Health Credit (Group and Individual)					-
8. Accident and Health Other					-
9. Aggregate of All Other Lines of Business					-
10. Total		-	-	-	-

UCAA Proforma Financial Statements

List all of the relevant assumptions used to create the proformas.

Note, assumptions enclosed within the Plan of Operation need not be disclosed again here.

UCAA Proforma Financial Statements
Title Insurance Company



Instructions

1. Enter the Applicant Company Name below
2. Enter the first year of the proformas (start with 1st full year of operation).
3. Select the states to be completed for proformas by clicking the check boxes on the right and then click on the "Create Selected State Worksheets" button below.
4. Complete all sections of the proforma statements contained on each tab below.
5. Note that several tabs contain worksheets for 3 years of data. Be sure to complete all years of data.
6. Do not "Cut" and "Paste" cells in the worksheets. Use "Copy" and "Paste" instead.
7. For additional guidance, refer to the FAQ's on the UCAA webpage.

Enter the Applicant Company Name:

Applicant Company Name

Year 1:

Year 2:

Year 3:

1

2

If states were added to this spreadsheet in error:

1. Select the states to be deleted by clicking the check boxes on the right.
2. Click on the "Delete Selected State Worksheets" button above.

<input type="checkbox"/>	AK	Alaska	<input type="checkbox"/>	MT	Montana
<input type="checkbox"/>	AL	Alabama	<input type="checkbox"/>	NC	North Carolina
<input type="checkbox"/>	AR	Arkansas	<input type="checkbox"/>	ND	North Dakota
<input type="checkbox"/>	AS	American Samoa	<input type="checkbox"/>	NE	Nebraska
<input type="checkbox"/>	AZ	Arizona	<input type="checkbox"/>	NH	New Hampshire
<input type="checkbox"/>	CA	California	<input type="checkbox"/>	NJ	New Jersey
<input type="checkbox"/>	CO	Colorado	<input type="checkbox"/>	NM	New Mexico
<input type="checkbox"/>	CT	Connecticut	<input type="checkbox"/>	NV	Nevada
<input type="checkbox"/>	DC	District Of Columbia	<input type="checkbox"/>	NY	New York
<input type="checkbox"/>	DE	Delaware	<input type="checkbox"/>	OH	Ohio
<input type="checkbox"/>	FL	Florida	<input type="checkbox"/>	OK	Oklahoma
<input type="checkbox"/>	GA	Georgia	<input type="checkbox"/>	OR	Oregon
<input type="checkbox"/>	GU	Guam	<input type="checkbox"/>	PA	Pennsylvania
<input type="checkbox"/>	HI	Hawaii	<input type="checkbox"/>	PR	Puerto Rico
<input type="checkbox"/>	IA	Iowa	<input type="checkbox"/>	RI	Rhode Island
<input type="checkbox"/>	ID	Idaho	<input type="checkbox"/>	SC	South Carolina
<input type="checkbox"/>	IL	Illinois	<input type="checkbox"/>	SD	South Dakota
<input type="checkbox"/>	IN	Indiana	<input type="checkbox"/>	TN	Tennessee
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<input type="checkbox"/>	KY	Kentucky	<input type="checkbox"/>	UT	Utah
<input type="checkbox"/>	LA	Louisiana	<input type="checkbox"/>	VA	Virginia
<input type="checkbox"/>	MA	Massachusetts	<input type="checkbox"/>	VI	U.S. Virgin Islands
<input type="checkbox"/>	MD	Maryland	<input type="checkbox"/>	VT	Vermont
<input type="checkbox"/>	ME	Maine	<input type="checkbox"/>	WA	Washington
<input type="checkbox"/>	MI	Michigan	<input type="checkbox"/>	WI	Wisconsin
<input type="checkbox"/>	MN	Minnesota	<input type="checkbox"/>	WV	West Virginia
<input type="checkbox"/>	MO	Missouri	<input type="checkbox"/>	WY	Wyoming
<input type="checkbox"/>	MS	Mississippi			

Updated: January 1, 2019

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Applicant Company Name:
(Title Insurance Company)
Pro Forma Statutory Balance Sheet
(In Whole Numbers)

Applicant Company Name

	0	1	2
Admitted Assets			
1. Bonds			
2. Stocks (Preferred and Common)			
3. Title Plants			
4. Real Estate/Mortgage Loans on Real Estate			
5. Cash/Cash Equivalents/Short-Term Investments			
6. Other Invested Assets			
7. Aggregate Write-Ins for Invested Assets			
8. All Other Admitted Assets			
9. Total Admitted Assets	-	-	-
Liabilities			
10. Known Claims Reserve			
11. Statutory Premium Reserve			
12. Aggregate of Other Reserves Required By Law			
13. Ceded Reinsurance Payable			
14. Payable to Parent, Subsidiaries & Affiliates			
15. All Other Liabilities			
16. Total Liabilities (10+11+12+13+14+15)	-	-	-
Capital and Surplus			
17. Capital Stock			
18. Gross Paid In and Contributed Surplus			
19. Surplus Notes			
20. Unassigned Funds (Surplus)			
21. Aggregate Write-Ins for Other-Than-Special Surplus			
22. Aggregate Write-Ins for Special Surplus			
23. Less Treasury Stock (Common and Preferred)			
24. Suplus as Regards Policyholders (17+18+19+20+21+22-23)	-	-	-
25. Liabilities and Surplus (16+24)	-	-	-

(Title Insurance Company)
Pro Forma Statutory Profit & Loss Statement
(In Whole Numbers)

	0	1	2
1. Title Premiums Earned			
2. Escrow Charges			
3. Other Related Income			
4. Net Losses Incurred			
5. Net Loss Adjustment Expenses Incurred			
6. Direct Commissions & Brokerage			
7. Reinsurance Ceding Commissions			
8. Net Commissions Incurred (6-7)	-	-	-
9. Other Contractual Agreements*			
10. Other Operating Expenses Incurred**			
11. Underwriting Gain (Loss) (1+2+3-(4+5+8+9+10))	-	-	-
12. Net Investment Income			
13. Other Income			
14. Income Taxes Incurred			
15. Net Operating Income (Loss) (11+12+13-14)	-	-	-
16. Prior YE Surplus			
17. Net Income	-	-	-
18. Capital Increases			
19. Other Increases (decreases)			
20. Dividends to Stockholders			
21. YE Surplus	-	-	-
Operating Percentages:			
Net Premiums Earned	100.00%	100.00%	100.00%
22. Net Losses Incurred to Title Insurance Net Premiums Earned (4/(1+2+3))	0.00%	0.00%	0.00%
23. Net Loss Adjustment Expenses Incurred to Title Insurance Net Premium Earned (5/(1+2+3))	0.00%	0.00%	0.00%
24. Other Underwriting Expense to Title Insurance Net Premium Earned ((8+9+10)/(1))	0.00%	0.00%	0.00%
25. Net Underwriting Gain Or (Loss) (11/(1+2+3))	0.00%	0.00%	0.00%
Other Percentages:			
26. Other Underwriting Expenses to Net Premiums Written (8+9+10)/Total Net Premiums Written))	0.00%	0.00%	0.00%
27. Net Loss and Loss Adjustment Expenses Incurred to Title Insurance and Related Income ((4+5)/(1+2+3))	0.00%	0.00%	0.00%

*ie... MGA(excluding amounts included above as agents commissions), service contracts, claims payment contracts

** Itemize in Assumptions

Applicant Company Name:
(Title Insurance Company)
Pro Forma Statutory Cash Flow Statement
(In Whole Numbers)

Applicant Company Name

	0	1	2
1. Premiums Collected Net of Reinsurance			
2. Net Investment Income			
3. Miscellaneous Income			
4. Benefit and Loss Related Payments			
5. Net Transfers to Separate Accounts, Segrated Accounts and Protected Cell Accounts			
6. Commissions, Expenses Paid and Aggregate Write-Ins for Deductions			
7. Dividends Paid to Policyholders			
8. Federal and Foreign Income Taxes Paid (Recovered)			
9. Net Cash From Operations (1+2+3-4-5-6-7-8)	-	-	-
Cash From Investments			
10. Net Cash from Investments			
Cash From Financing and Miscellaneous Sources			
11. Surplus Notes, Capital Notes			
12. Capital and Paid in Surplus, Less Treasury Stock			
13. Borrowed Funds			
14. Net Deposits on Deposit-Type Contracts and Other Insurance Liabilities			
15. Dividends to Stockholders			
16. Other Cash Provided (Applied)			
17. Net Cash from Financing and Miscellaneous Sources (11+12+13+14-15+16)	-	-	-
18. Net Change in Cash, Cash Equivalents and Short -Term Investments (9+10+17)	-	-	-

Applicant Company Name:
(Title Insurance Company)
Premiums Written to Surplus Ratios
(Amounts in Whole Dollars)

Applicant Company Name

Nationwide								
Year	Direct Premiums Written	Assumed Premiums Written	Gross Premiums Written	Ceded Premiums Written	Net Premiums Written	Gross Written Premiums to Surplus	Net Written Premiums to Surplus	
0	-	-	-	-	-	0.00%	0.00%	
1	-	-	-	-	-	0.00%	0.00%	
2	-	-	-	-	-	0.00%	0.00%	

No data entry is required on this page.

Applicant Company Name: Applicant Company Name
(Title Insurance Company)
Nationwide Planned Premium Volume By Line of Business
(Amounts in Whole Dollars)

The Nationwide Premium by LOB page is automatically calculated. It is calculated based on projected premiums by line of business for each state in which the company is already licensed and authorized to write business and projected premiums by line of business for those states in which the company is applying to be licensed and authorized. The projected premiums will pull from the Authorized Premium By LOB tab and individual state tabs.

Nationwide

Year 1 0

Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
Title	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-

Nationwide

Year 2 1

Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
Title	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-

Nationwide

Year 3 2

Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
Title	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-

Applicant Company Name: Applicant Company Name
(Title Insurance Company)
Authorized Premium by LOB (Aggregate) - Planned Premium Volume By Line of Business
(Amounts in Whole Dollars)

Authorized
Year 1 0

Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
Title				-				-
Total	-	-	-	-	-	-	-	-

Authorized
Year 2 1

Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
Title				-				-
Total	-	-	-	-	-	-	-	-

Authorized
Year 3 2

Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
Title				-				-
Total	-	-	-	-	-	-	-	-

Applicant Company Name: Applicant Company Name
 (Title Insurance Company)
 Incurred Loss Summary By Line of Business
 (Amounts in Whole Dollars)

Nationwide
 Year 1 0

		Assumed Losses	Ceded Losses	
	Description	Direct Losses Incurred	Incurred	Incurred
	Title			-
	Total	-	-	-
	Verification from P & L			-

Nationwide
 Year 2 1

		Assumed Losses	Ceded Losses	
	Description	Direct Losses Incurred	Incurred	Incurred
	Title			-
	Total	-	-	-
	Verification from P & L			-

Nationwide
 Year 3 2

		Assumed Losses	Ceded Losses	
	Description	Direct Losses Incurred	Incurred	Incurred
	Title			-
	Total	-	-	-
	Verification from P & L			-

Applicant Company Name:
(Title Insurance Company)
Nationwide Net Premium and Loss Developments By Line of Business
(Amounts in Whole Dollars)

Applicant Company Name

Description	Premiums Earned	0 Losses Incurred	Loss Ratio	Premiums Earned	1 Losses Incurred	Loss Ratio	Premiums Earned	2 Losses Incurred	Loss Ratio
Title	-	-	0.0%	-	-	0.0%	-	-	0.0%
Total	-	-	0.0%	-	-	0.0%	-	-	0.0%
Verification from P & L - should equal line above.									

UCAA Proforma Financial Statements

List all of the relevant assumptions used to create the proformas.

Note, assumptions enclosed within the Plan of Operation need not be disclosed again here.

UCAA Proforma Financial Statements

Health

Instructions

1. Enter the Applicant Company Name below
2. Enter the first full year of the proformas (start with first full year of operation).
3. Select the states to be completed for proformas by clicking the check boxes on the right and then click on the "Create Selected State Worksheets" button below.
4. Complete all sections of the proforma statements contained on each tab below.
5. Note that several tabs contain worksheets for 3 years of data. Be sure to complete all years of data.
6. Do not "Cut" and "Paste" cells in the worksheets. Use "Copy" and "Paste" instead.
7. For additional guidance, refer to the FAQ's on the UCAA webpage.

Enter the Applicant Company Name:

Applicant Company Name

Year 1:

Year 2:

1

Year 3:

2

If states were added to this spreadsheet in error:

1. Select the states to be deleted by clicking the check boxes on the right.
2. Click on the "Delete Selected State Worksheets"



- | | | | |
|-----------------------------|----------------------|-----------------------------|---------------------|
| <input type="checkbox"/> AK | Alaska | <input type="checkbox"/> MT | Montana |
| <input type="checkbox"/> AL | Alabama | <input type="checkbox"/> NC | North Carolina |
| <input type="checkbox"/> AR | Arkansas | <input type="checkbox"/> ND | North Dakota |
| <input type="checkbox"/> AS | American Samoa | <input type="checkbox"/> NE | Nebraska |
| <input type="checkbox"/> AZ | Arizona | <input type="checkbox"/> NH | New Hampshire |
| <input type="checkbox"/> CA | California | <input type="checkbox"/> NJ | New Jersey |
| <input type="checkbox"/> CO | Colorado | <input type="checkbox"/> NM | New Mexico |
| <input type="checkbox"/> CT | Connecticut | <input type="checkbox"/> NV | Nevada |
| <input type="checkbox"/> DC | District Of Columbia | <input type="checkbox"/> NY | New York |
| <input type="checkbox"/> DE | Delaware | <input type="checkbox"/> OH | Ohio |
| <input type="checkbox"/> FL | Florida | <input type="checkbox"/> OK | Oklahoma |
| <input type="checkbox"/> GA | Georgia | <input type="checkbox"/> OR | Oregon |
| <input type="checkbox"/> GU | Guam | <input type="checkbox"/> PA | Pennsylvania |
| <input type="checkbox"/> HI | Hawaii | <input type="checkbox"/> PR | Puerto Rico |
| <input type="checkbox"/> IA | Iowa | <input type="checkbox"/> RI | Rhode Island |
| <input type="checkbox"/> ID | Idaho | <input type="checkbox"/> SC | South Carolina |
| <input type="checkbox"/> IL | Illinois | <input type="checkbox"/> SD | South Dakota |
| <input type="checkbox"/> IN | Indiana | <input type="checkbox"/> TN | Tennessee |
| <input type="checkbox"/> KS | Kansas | <input type="checkbox"/> TX | Texas |
| <input type="checkbox"/> KY | Kentucky | <input type="checkbox"/> UT | Utah |
| <input type="checkbox"/> LA | Louisiana | <input type="checkbox"/> VA | Virginia |
| <input type="checkbox"/> MA | Massachusetts | <input type="checkbox"/> VI | U.S. Virgin Islands |
| <input type="checkbox"/> MD | Maryland | <input type="checkbox"/> VT | Vermont |
| <input type="checkbox"/> ME | Maine | <input type="checkbox"/> WA | Washington |
| <input type="checkbox"/> MI | Michigan | <input type="checkbox"/> WI | Wisconsin |
| <input type="checkbox"/> MN | Minnesota | <input type="checkbox"/> WV | West Virginia |
| <input type="checkbox"/> MO | Missouri | <input type="checkbox"/> WY | Wyoming |
| <input type="checkbox"/> MS | Mississippi | | |

Updated: January 1, 2019

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Applicant Company Name
(Health Company)
Pro Forma Statutory Balance Sheet (Nationwide)
(In Whole Numbers)

	0	1	2
<u>Admitted Assets</u>			
1. Bonds			
2. Stocks (Preferred & Common)			
3. Real Estate/Mortgage Loans on Real Estate			
4. Cash/Cash Equivalents/Short-Term Investments			
5. Other Invested Assets			
6. Aggregate Write-Ins For Invested Assets			
7. All Other Assets			
8. Total Admitted Assets (1+2+3+4+5+6+7)	<u>-</u>	<u>-</u>	<u>-</u>
<u>Liabilities</u>			
9. Losses (Unpaid Claims for Accident and Health Policies)			
10. Unpaid Claims Adjustment Expenses			
11. Aggregate Health Policy Reserves			
12. Ceded Reinsurance Premiums Payable			
13. Amounts Due To Parents, Subsidiaries & Affiliates			
14. MLR Rebates			
15. Premiums Received In Advance			
16. All Other Liabilities			
17. Total Liabilities (9+10+11+12+13+14+15+16)	<u>-</u>	<u>-</u>	<u>-</u>
<u>Capital and Surplus</u>			
18. Capital Stock			
19. Gross Paid In And Contributed Surplus			
20. Surplus Notes			
21. Unassigned Funds (Surplus)			
22. Aggregate Write-ins for Other-Than-Special Surplus Funds			
23. Less Treasury Stock (Common and Preferred)			
24. Total Capital and Surplus (18+19+20+21+22-23)	<u>-</u>	<u>-</u>	<u>-</u>
25. Liabilities and Surplus (17+24)	<u>-</u>	<u>-</u>	<u>-</u>
Risk-Based Capital Analysis			
25. Authorized Control Level Risk-Based Capital			
26. Calculated Risk-Based Capital (24/25)	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>

Applicant Company Name
(Health Company)
Pro Forma Statutory Profit & Loss Statement (Nationwide)
(In Whole Numbers)

	0	1	2
1. Member Months			
2. Net Premium Income			
3. Fee For Service			
4. Risk Revenue			
5. Change In Unearned Premium Reserves and Reserve for Rate Credits			
6. Aggregate Write-Ins For Other Health Care Related Revenue			
7. Aggregate Write-Ins For Other Non-Health Revenue			
8. Total (L2+L3+L4+L5+L6+L7)	<div></div> <div>-</div>	<div></div> <div>-</div>	<div></div> <div>-</div>
Hospital and Medical:			
9. Hospital/Medical Benefits			
10. Other Professional Services			
11. Prescription Drugs			
12. Aggregate Write-Ins For Other Hospital and Medical			
13. Subtotal (L9+L10+L11+L12)	<div></div> <div>-</div>	<div></div> <div>-</div>	<div></div> <div>-</div>
Less:			
14. Net Reinsurance Recoveries			
15. Total Hospital and Medical (L13 - L14)	-	-	-
16. Non-Health Claims (net)			
17. Claims Adjustment Expenses			
18. General Administrative Expenses			
19. Increase In Reserves For Life & Accident And Health Contacts			
20. Total underwriting deductions (L15+L16+L17+L18+L19)	<div></div> <div>-</div>	<div></div> <div>-</div>	<div></div> <div>-</div>
21. Net underwriting gain or loss (L8 -L20)	<div></div> <div>-</div>	<div></div> <div>-</div>	<div></div> <div>-</div>
22. Net investment income earned			
23. Net investment gains (losses) (L22+L26)	-	-	-
24. Aggregate write in for other income or expenses			
25. Federal and Foreign Income Taxes Incurred			
26. Net Realized Capital Gains (Losses)			
27. Less Capital Gains Tax			
28. Net Income (L21+L23+L24-L25)	<div></div> <div>-</div>	<div></div> <div>-</div>	<div></div> <div>-</div>
29. Capital and Surplus Prior Reporting Year			
30. Net Income or (Loss)	<div></div> <div>-</div>	<div></div> <div>-</div>	<div></div> <div>-</div>
31. Capital Changes			
32. Other Increases (Decreases)			
33. Dividends to Stockholders			
34. Capital and Surplus End of Reporting Year (L29+L30+L31+L32-L33)	<div></div> <div>-</div>	<div></div> <div>-</div>	<div></div> <div>-</div>

*Itemize in Assumptions

Applicant Company Name
(Health Company)
Pro Forma Statutory Cash Flow Statement
(In Whole Numbers)

	0	1	2
Cash From Operations			
1. Premiums Collected Net of Reinsurance			
2. Net Investment Income			
3. Miscellaneous Income			
4. Benefit and Loss Related Payments			
5. Net Transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
6. Commissions, Expenses Paid and Aggregate Write-Ins for Deductions			
7. Dividends Paid to Policyholders			
8. Federal and Foreign Income Taxes (Paid) Recovered			
9. Net Cash From Operations (L1+L2+L3-L4-L5-L6-L7-L8)	-	-	-
Cash From Investments			
10. Net Cash from Investments			
Cash From Financing and Miscellaneous Sources			
11. Surplus Notes, Capital Notes			
12. Capital and Paid in Surplus, Less Treasury Stock			
13. Borrowed Funds			
14. Net Deposits on Deposit-Type Contracts and Other Insurance Liabilities			
15. Dividends to Stockholders			
16. Other Cash Provided (Applied)			
17. Net Cash from Financing and Misc Sources (L11+L12+L13+L14+L15-L16)	-	-	-
18. Net Change in Cash, Cash Equivalents and Short -Term Investments (L9+L10+L17)	-	-	-

Applicant Company Name
(Health Company)
Analysis of Operations by Line of Business
(In Whole Numbers)

Nationwide

Year 1

[illegible]

Nationwide

Year 2

	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net Premium Income	-								
2.	Change in Unearned Premium Reserves and Reserve For Rate Credit	-								
3.	Fee for service	-								
4.	Risk revenue	-								
5.	Aggregate Write-Ins for Other Health Care Related Revenues	-								
6.	Aggregate Write-Ins for Other Non-Health Care Related Revenues	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7.	Total Revenues (1+2+3+4+5+6)	-	-	-	-	-	-	-	-	-
8.	Hospital/Medical Benefits	-								
9.	Other Professional Services	-								
10.	Prescription Drugs	-								
11.	Aggregatae Write-Ins For Other Hospital and Medical	-								
12.	Subtotal (8+9+10+11)	-	-	-	-	-	-	-	-	-
13.	Net Reinsurance Recoveries	-								
14.	Total Hospital and Medical (12-13)	-	-	-	-	-	-	-	-	-
15.	Non-Health Claims (Net)	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
16.	Claims Adjustment Expenses	-								
17.	General Administrative Expenses	-								
18.	Increase in Reserves for Accident and Health Contracts	-								
19.	Increase in Reserves for Life Contracts	-								
20.	Aggregate write in for Other Expenses	-								
21.	Total Underwriting Deductions (14 to 20)	-	-	-	-	-	-	-	-	-
22.	Net underwriting Gain or (Loss) (7-21)	-	-	-	-	-	-	-	-	-

Nationwide

Year 3

[illegible]

Applicant Company Name
(Health Company)
Planned Premium Volume by Line of Business
(Amounts in Whole Dollars)

The Nationwide page will include projected premiums by line of business for a three year period for those states in which the company is already licensed and authorized to write business and three years of projected premiums by line of business for those states in which the company is applying to be licensed and authorized. The projected premiums for the lines of business in those states in which the company is authorized to write will be pulled in from the Authorized Premium By LOB tab and the projected premiums for the lines of business in which the Applicant Company is applying for will pull in from the individual state tabs.

Nationwide
Year 1

Description	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income
1. Comprehensive (Hospital and Medical)	-	-	-	-
2. Medicare Supplement	-	-	-	-
3. Dental only	-	-	-	-
4. Vision only	-	-	-	-
5. Federal Employees Health Benefits Plan	-	-	-	-
6. Title XVIII - Medicare	-	-	-	-
7. Title XIX - Medicaid	-	-	-	-
8. Other health	-	-	-	-
9. Life	-	-	-	-
10. Property/Casualty	-	-	-	-
11. Total (L1+L2+L3+L4+L5+L6+L7+L8+L9+L10)	-	-	-	-

Nationwide
Year 2

Description	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income
1. Comprehensive (Hospital and Medical)	-	-	-	-
2. Medicare Supplement	-	-	-	-
3. Dental only	-	-	-	-
4. Vision only	-	-	-	-
5. Federal Employees Health Benefits Plan	-	-	-	-
6. Title XVIII - Medicare	-	-	-	-
7. Title XIX - Medicaid	-	-	-	-
8. Other health	-	-	-	-
9. Life	-	-	-	-
10. Property/Casualty	-	-	-	-
11. Total (L1+L2+L3+L4+L5+L6+L7+L8+L9+L10)	-	-	-	-

Nationwide
Year 3

Description	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income
1. Comprehensive (Hospital and Medical)	-	-	-	-
2. Medicare Supplement	-	-	-	-
3. Dental only	-	-	-	-
4. Vision only	-	-	-	-
5. Federal Employees Health Benefits Plan	-	-	-	-
6. Title XVIII - Medicare	-	-	-	-
7. Title XIX - Medicaid	-	-	-	-
8. Other health	-	-	-	-
9. Life	-	-	-	-
10. Property/Casualty	-	-	-	-
11. Total (L1+L2+L3+L4+L5+L6+L7+L8+L9+L10)	-	-	-	-

Applicant Company Name
(Health Company)
Authorized Premium by LOB (Aggregate) - Planned Premium Volume by Line of Business
(Amounts in Whole Dollars)

Nationwide
Year 1

Description	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income
1. Comprehensive (Hospital and Medical)				-
2. Medicare Supplement				-
3. Dental only				-
4. Vision only				-
5. Federal Employees Health Benefits Plan				-
6. Title XVIII - Medicare				-
7. Title XIX - Medicaid				-
8. Other health				-
9. Life				-
10. Property/Casualty				-
11. Total (L1+L2+L3+L4+L5+L6+L7+L8+L9+L10)	-	-	-	-

Nationwide
Year 2

Description	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income
1. Comprehensive (Hospital and Medical)				-
2. Medicare Supplement				-
3. Dental only				-
4. Vision only				-
5. Federal Employees Health Benefits Plan				-
6. Title XVIII - Medicare				-
7. Title XIX - Medicaid				-
8. Other health				-
9. Life				-
10. Property/Casualty				-
11. Total (L1+L2+L3+L4+L5+L6+L7+L8+L9+L10)	-	-	-	-

Nationwide
Year 3

Description	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income
1. Comprehensive (Hospital and Medical)				-
2. Medicare Supplement				-
3. Dental only				-
4. Vision only				-
5. Federal Employees Health Benefits Plan				-
6. Title XVIII - Medicare				-
7. Title XIX - Medicaid				-
8. Other health				-
9. Life				-
10. Property/Casualty				-
11. Total (L1+L2+L3+L4+L5+L6+L7+L8+L9+L10)	-	-	-	-

UCAA Proforma Financial Statements Assumptions

List all of the relevant assumptions used to create the proformas.

Note, assumptions enclosed within the Plan of Operation need not be disclosed again here.

M E M O R A N D U M

DATE: April 11, 2021

TO: David Altmaier, Commissioner, Office of Insurance Regulation

THROUGH: Anoush Brangaccio, General Counsel

FROM: Michael Lawrence, Jr., Chief Legal Counsel

SUBJECT: Cabinet Agenda for May 4, 2021
Request for Approval for Final Approval to Adopt Amendments to
Rules 690-196.005, .009, .015, .020, .035
Assignment # 252673-19

The Office of Insurance Regulation ("Office") requests that these proposed rule amendments be presented to the Cabinet aides on or before April 28, 2021, and to the Financial Services Commission on May 4, 2021, with a request for Final Approval to Adopt the proposed rule.

The notice of development of rulemaking was published on November 5, 2020, in Volume 46, No. 217, of the *Register*. The Office did not receive a request to hold a workshop. The notice of proposed rule was published on February 5, 2021, in Volume 47, No. 25, of the *Register*. The Office did not receive a request to hold a hearing. A notice of change was published prior to the Cabinet meeting.

P&C and legal reviewed all the rules in Chapter 196, F.A.C., to determine if any rules should be amended or repealed. 690-196.005 is amended to update the Office's website information and delete subsection (3) in response to a comment received from JAPC.

690-196.009 is amended to change "certificate of authority" to "license" and add rulemaking authority.

690-196.015 is amended to include all applications for premium finance companies in one rule. Some forms were amended in response to comments received from JAPC.

690-196.020 is amended to make references to the Florida Insurance Code consistent and change "a motor club" to "an automobile club" in response to comments received from JAPC.

690-196.035 is amended to create a new subsection and the phrase "but limited to" is being deleted in response to a comment received from JAPC.

Sections 624.307(1), 624.307(1), 624.321(1)(a), 624.424, 624.80, 624.81, 626.9541(1)(a), 627.828, 627.829, 627.832, 627.834, 627.836, 627.838, 627.840, 627.8405, 627.841, 627.844, 627.845, 627.848, 627.849, and 628.4615, F.S., are the rulemaking authority and laws implemented for this rule package.

Attached are the proposed rules.

Approved for signature:

Anoush Brangaccio, General Counsel

Approved for submission to Financial Services
Commission:

David Altmaier, Commissioner
Office of Insurance Regulation

69O-196.001 Standard Cancellation Notice.

When a premium finance agreement contains a power of attorney or other authority enabling the premium finance company to cancel any insurance contract or contracts listed in the agreement, all premium finance companies licensed to do business in this state shall effect cancellation of such policies by the use of a form containing the wording and information set forth below and shall be printed on a color paper of a shade of pink, to include all parts of any multi-part form:

STANDARD CANCELLATION NOTICE
PREMIUM FINANCE COMPANY IMPRINT

NOTICE OF CANCELLATION

Insured _____

Agent _____

Insurance Company _____

Policy Number _____

Cancellation Date _____

Account Number _____

Unpaid Premium Balance Due _____

You are hereby notified that the policy described above is cancelled for non-payment of an installment in accordance with the conditions and terms of the premium finance agreement ~~Premium Finance Agreement~~ which incorporates a power of attorney. This cancellation is effective one day after the above captioned date, at the hour indicated in the policy as the effective time.

The Florida Insurance Code, part XV of chapter 627, F.S., recognizes this as a valid notice of cancellation and provides that the gross unearned premium be returned to the premium finance company.

If the policy or any statute requires the insurer to give notice to a mortgagee, governmental agency, or other third party before the policy can be cancelled, the insurer shall give the prescribed notice in behalf of itself or the insured to any governmental agency, mortgagee, or other third party on or before the second business day after the day it receives the notice of cancellation from the premium finance company and shall determine the effective date of cancellation taking into consideration the number of days notice required to complete the cancellation.

IF THE ABOVE-CAPTIONED INSURANCE CONTRACT PROVIDES MOTOR VEHICLE LIABILITY INSURANCE REQUIRED BY THE FINANCIAL RESPONSIBILITY LAW, PROOF OF FINANCIAL RESPONSIBILITY IS REQUIRED TO BE MAINTAINED CONTINUOUSLY FOR A PERIOD OF THREE (3) YEARS, PURSUANT TO CHAPTER 324, F.S., AND THE OPERATION OF A VEHICLE WITHOUT SUCH FINANCIAL RESPONSIBILITY IS UNLAWFUL.

Rulemaking Authority 624.308(1), 627.848(3) FS. Law Implemented 624.307(1), 627.848 FS. History--New 12-23-65, Repromulgated 12-24-74, Formerly 4-18.01, 4-18.001, Amended 7-27-95, Formerly 4-196.001, _____.

69O-196.005 Filing Surety Bond in Lieu of Net Worth.

(1) A surety bond in the amount of \$35,000.00 may be filed with the Office by premium finance companies in conjunction with a \$10,000 minimum net worth; and all filings shall be submitted electronically to <https://www.floir.com/iportal> ~~http://www.floir.com/iportal~~.

(2) Such surety bond must be written by an insurer authorized to do business in this state; and

~~(3) Such surety bond shall be approved by the office and shall not be cancelled without a thirty-day written notice to the Office.~~

Rulemaking Authority 624.308(1), 627.828(2) FS. Law Implemented 624.424, 627.828 FS. History--New 10-20-73, Repromulgated 12-24-74, Formerly 4-18.05, 4-18.005, Amended 8-29-99, Formerly 4-196.005, Amended 7-30-17, _____.

69O-196.007 Annual Reports.

(1) The annual report shall be filed on or before March 1 of each year. ~~The due date is the date by which the report is to be RECEIVED in the Office, NOT THE POSTMARK DATE.~~

(2) An Annual Report ~~The annual report~~ shall be filed with the Office, on or before March 1 of each year, on Form OIR-A3-107, "Annual Report," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX. ~~form OIR-A3-107 (11/97), Annual Report, which is incorporated by reference in rule 69O-196.015, F.A.C.~~ Each page of the form shall be completed and prepared according to the instructions. An incomplete form shall be returned and considered not filed by the Office. Failure to file a complete annual report by the due date shall subject a licensee to fines as set forth in rule 69O-207.001, F.A.C., and discipline as provided in sections 627.832 and 627.833, F.S. The filings shall be submitted electronically via the Office's system at <https://www.flair.com/iportal>. ~~All filings shall be submitted electronically to <http://www.flair.com/iportal>.~~

Rulemaking Authority 624.308(1), 627.836(2) FS. Law Implemented 624.424, 627.836 FS. History--New 10-20-73, Repromulgated 12-24-74, Formerly 4-18.07, 4-18.007, Amended 7-27-95, 8-29-99, Formerly 4-196.007, Amended 7-30-17, _____.

69O-196.009 Other Reports and Corrective Action Plans.

To aid the Office in determining a licensee's continued eligibility to hold a premium finance license:

(1) If the Office has reason to believe that the owners, officers, or directors of the premium finance company or any parent or controlling company, if any, have been involved in activity which has been shown to be hazardous to the insurance-buying public in this or any other state, the Office shall require all owners of 10% or more of the company's stock, and all officers and directors, to update the biographical information on file with the Office.

(2) Changes in senior corporate officers, chief executive officer, chief financial officer, or directors (or members of a properly authorized and appointed executive committee thereof); or, if the licensee is not incorporated, changes in management personnel who have decision or policy-making authority over the premium finance company, shall be reported in writing to the Office within 60 days after the effective date of the change. Such changes will require completion of biographical information in the form required by the Office adopted in rule 69O-196.015, F.A.C., and an independent investigative background report of the person or entity, plus an investigation fee. All filings shall be submitted electronically to <https://www.flair.com/iportal> ~~<http://www.flair.com/iportal>~~.

(3) Every premium finance company is subject to the provisions of section 628.4615, F.S. Each application for acquisition of an authorized premium finance company is subject to a license fee and an investigation fee.

(4) Whenever the financial condition of the premium finance company is such that administrative supervision is appropriate based on the standards set forth in rule 69O-141.002, F.A.C., the Office shall order the premium finance company to file with the Office and implement a corrective action plan designed to do one or more of the following:

(a) Reduce the total amount of present liability by assignment of contracts or other means.

(b) Reduce the expenses of the premium finance company by methods specified in the corrective plan, subject to the standards set forth in rule 69O-141.003, F.A.C.

(c) Suspend or limit the writing of new business for a period of time necessary to protect the public from the hazardous financial condition of the premium finance company.

(d) Require an increase in the premium finance company's net worth sufficient to bring the company into compliance with section 627.828, F.S. ~~If the premium finance company fails to submit a plan within 30 days of the Office's order or submits a plan which is insufficient to correct the premium finance company's financial condition, the Office shall order the premium finance company to implement one or more of the corrective actions listed in this subsection.~~

(5) ~~(4)~~ If the premium finance company fails to submit a corrective action plan within 30 days of the Office's order or submits a plan which is insufficient to correct the premium finance company's financial condition, the Office shall order the premium finance company to implement one or more of the corrective actions listed in ~~this~~ subsection (4).

~~(6)(5)~~ If the Office determines that a company is insolvent, the Office shall notify the company of such insolvency. If the company disagrees with the Office's determination, it shall within 15 calendar days file with the Office all information that proves that the company is not insolvent.

~~(7)(6)~~ If the company fails within the 15-day period provided in subsection (6) ~~(5)~~ to supply information showing to the satisfaction of the Office that the company is not insolvent, the Office shall:

(a) Instruct the company to suspend acquisition of any new business if acquisition of new business would place the public at substantial risk;

(b) Suspend or revoke the company's ~~license certificate of authority~~ if administrative supervision is not viable due to the severity of the company's condition or the company's unwillingness to cooperate with the Office in the development and implementation of a corrective plan; or

(c) Place the company in administrative supervision under section 624.81, F.S., subject to the limitations imposed by that section.

Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 624.424, 624.80, 624.81, 627.828, 627.829, 627.832, 627.834, 627.836, ~~627.849~~, 628.4615 FS. History—New 7-27-95, Formerly 4-196.009, Amended 7-30-17, _____.

690-196.015 Application for and Issuance of License and License Continuance Forms Incorporated by Reference.

Substantial rewording of Rule 690-196.015, F.A.C. follows. See Florida Administrative Code for present text.

(1) Application for License as a Premium Finance Company

(a) A person applying for a license as a premium finance company shall submit the following:

1. Form OIR-C1-958, "Application for License Premium Finance Company," effective 3/21, hereby incorporated by reference and available at www.flrules.org/XXXXX;

2. Form OIR-A3-453, "Premium Finance Company Surety Bond," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;

3. Form OIR-C1-144, "Service of Process Consent & Agreement," effective 6/04, hereby incorporated by reference and available at www.flrules.org/XXXXX;

4. Form OIR-C1-454, "Personal Financial Statement," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;

5. Form OIR-C1-905, "Instructions for Furnishing Background Investigative Reports," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;

6. Form OIR-C1-938, "Fingerprint Payment and Submission Procedure," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;

7. Form OIR-C1-957, "Instructions for Statutory Compliance of Forms," effective 3/21, hereby incorporated by reference and available at www.flrules.org/XXXXX;

8. Form OIR-C1-1423, "Biographical Affidavit," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX; and

9. Form OIR-C1-2221, "Management Information Form," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX; and

(b) The applicant shall submit the forms listed in paragraph (1)(a) electronically at <https://www.flair.com/iportal>.

(2) Annual License Renewal

(a)1. All premium finance company licenses shall expire on October 1.

2. Failure to submit the application for renewal before October 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a premium finance company shall submit Form OIR-A3-1563, "Application for Renewal of License Premium Finance Company," effective 7/03, hereby incorporated by reference and available at www.flrules.org/XXXXX, filed electronically at <https://www.flair.com/iportal>.

Rulemaking Authority 624.308(1), 627.828(2) FS. Law Implemented 624.321(1)(a), 624.424, 627.828, 627.829, 627.836, 627.845, ~~628.4615~~ FS. History—New 5-28-90, Formerly 4-18.015, Amended 7-27-95, 8-29-99, Formerly 4-196.015, Amended 7-30-17, _____.

690-196.020 Premium Financing of Products Not Regulated by the Florida Insurance Code and Related Unfair Trade Practices Prohibited.

(1) The term "automobile club" as used in this rule shall have the same meaning as in Section 627.8405(1), F.S.

(2) The term "procuring" as used in Section 624.124, F.S., does not include premium financing.

(3) Financing the cost of an automobile club membership within a premium finance agreement, or collecting or remitting of dues, assessments, fees, or other periodic payments is prohibited by Section 627.8405, F.S., even if

insurance coverage is a benefit of the membership.

(4) Financing of any benefit, including any insurance coverage, provided in an automobile ~~a motor~~ club membership, or collecting or remitting of dues, assessments, fees or other periodic payments is prohibited.

(5) Financing the cost of an accidental death and dismemberment policy or collecting or remitting of dues, assessments, fees or other periodic payments sold in combination with personal injury protection and property damage only policies is prohibited.

(6) Section 627.8405(3), F.S., prohibits premium financing of any product not regulated under the Florida Insurance Code including mixed products which contain a part that is not regulated under the Florida Insurance Code.

Rulemaking Authority 624.308(1), 627.8405(3) FS. Law Implemented 624.124, 626.753, 626.794, 626.838, 626.9541, 627.832, 627.8405 FS. History—New 12-27-94, Amended 8-29-99, Formerly 4-196.020, Amended _____.

69O-196.021 Disclosure Requirements for Insurance Coverages Financed With Personal Injury Protection.

(1) Whenever motor vehicle insurance is financed, the agent shall disclose at the time of sale any coverages financed with personal injury protection other than property damage liability, bodily injury, collision, uninsured motorist, or comprehensive coverage for damage of or loss to the vehicle.

(2) The disclosure shall be on Form OIR-A3-1162, “Insurance Premium Financing Disclosure Form.” effective 3/95, hereby incorporated by reference and available at www.flrules.org/XXXXX. The filings shall be submitted electronically via the Office’s system at <https://www.flair.com/iportal>. ~~(3/95), “Insurance Premium Financing Disclosure Form,” which is incorporated herein by reference. Forms are available at <http://flair.com/iportal>. All filings shall be submitted electronically to <http://www.flair.com/iportal>.~~

(3) The disclosure shall be signed by the insured.

(4) Copies of the signed disclosure shall be given to the agent, the insured, and the premium finance company.

Rulemaking Authority 624.308(1), 627.8405 FS. Law Implemented 624.424, 626.9541(1)(a), 627.734, 627.8405 FS. History—New 3-1-95, Amended 8-16-95, Formerly 4-196.021, Amended 7-30-17, _____.

69O-196.023 Insurance Agent Penalties.

Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 626.621(12), Ch. 627 Part XV FS. History—New 12-27-94, Formerly 4-196.023, Repealed _____.

69O-196.025 Statement of Account; Receipts.

Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 624.424, 627.845, 626.9541(1)(a) FS. History—New 7-27-95, Formerly 4-196.025, Amended 7-30-17, Repealed _____.

69O-196.035 Required Books and Records.

At a minimum for permanent books and records, each licensed premium finance company shall maintain:

(1) A complete set of accounting records including ~~but not limited to:~~

- (a) A general ledger;
- (b) Cash receipts and disbursements journals;
- (c) Accounts receivable registers; and
- (d) Accounts payable registers, ~~;~~ together with supporting documentation evidencing each entry.

(2) A detailed register of premium finance contracts in force. The register shall include:

- (a) Date of issue;
- (b) Issuing agent and address;
- (c) Name and address of the insured;
- (d) Policy period;
- (e) Policy number;
- (f) Type of policy;
- (g) Total premium;

- (h) Down payment;
- (i) Documentary stamp tax;
- (j) Amount financed;
- (k) Finance charges;
- (l) Number of payments; and;
- (m) Amount of each payment.

(3) A detailed payment history of each premium finance contract, supported by, at a minimum, copies of any and all correspondence, notices, contracts, and agreements between the premium finance company and any other person, related to the contract.

(4) A record of receipts and disbursements relative to each contract, including supporting documentation therefor.

(5) Copies of all forms and rates utilized by the premium finance company bearing the approval stamp of the Office.

(6) Evidence of compliance with the financial requirements of Section 627.828, F.S.

(7) A detailed register of all contracts assigned including at a minimum the following information:

- (a) Date of contract;
- (b) Date contract funded;
- (c) Date assigned;
- (d) To whom assigned;
- (e) Dollar amount of contract;
- (f) Amount received;
- (g) Name of issuing agent.

(8) A detailed register of all contracts accepted for assignment from others, including at a minimum the following information:

- (a) Date of contract;
- (b) Date assigned;
- (c) From whom assignment accepted;
- (d) Dollar amount of contract;
- (e) Amount paid;
- (f) Name of issuing agent.

(9) Copies of all contracts with independent contractors or third parties performing services directly or indirectly related to the premium finance business. Each such contract shall be submitted to the Office and shall contain at a minimum the following provisions: ~~All filings shall be submitted electronically to~~
~~<http://www.flor.com/iportal>~~.

(a) Specific details as to the services to be provided to or on behalf of the licensee;

(b) Specific details concerning the charges to be paid by the licensee for these services, including the method of calculation;

(c) A clause whereby the Office reserves the right to require the licensee to alter or void any contract provision or part thereof which violates the Florida Insurance Code.

(d)1. A clause providing that all books and records of the person providing services pertaining to the licensee shall be made available to the Office for examination, which shall include at a minimum those books and records specified in subsections (1)-(8) of this rule, as they apply to the services rendered to the licensee.

2. All persons providing marketing services shall maintain and make available to the Office a register of the names and addresses of all agents solicited on behalf of the licensee, together with the number of contracts provided to the licensee by each agent and a record of any payments to or from these agents related thereto.

3. Contract terms or provisions notwithstanding, the licensee remains responsible for the acts of any person it hires or otherwise engages to act on its behalf.

(10) All filings submitted pursuant to subsection (9) shall be submitted electronically to
<https://www.flor.com/iportal>.

~~(11)~~(10) Records maintained in accordance with this rule shall be kept as originals, photocopies, or electronically stored reproductions.

Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 624.424, 627.828, 627.834, 627.836, 627.838, 627.840, 627.8405, 627.841, 627.844, 627.845, 627.848, ~~627.849~~ FS. History—New 7-27-95, Formerly 4-196.035, Amended 7-30-17.

Notice of Change/Withdrawal

DEPARTMENT OF FINANCIAL SERVICES

OIR – Insurance Regulation

RULE NOS.: RULE TITLES:

69O-196.005 Filing Surety Bond in Lieu of Net Worth
69O-196.009 Other Reports and Corrective Action Plans
69O-196.015 Forms Incorporated by Reference
69O-196.020 Premium Financing of Products Not Regulated by the Insurance Code and Related Unfair Trade Practices Prohibited
69O-196.035 Required Books and Records

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 47 No. 24, February 5, 2021 issue of the Florida Administrative Register.

The changes are in response to written comments received from the Joint Administrative Procedures Committee.

69O-196.005 Filing Surety Bond in Lieu of Net Worth.

(1) through (2) No change.

~~(3) Such surety bond is subject to approval by the Office and shall not be cancelled without a thirty-day written notice to the Office.~~

Rulemaking Authority 624.308(1), 627.828(2) FS. Law Implemented 624.424, 627.828 FS. History—New 10-20-73, Repromulgated 12-24-74, Formerly 4-18.05, 4-18.005, Amended 8-29-99, Formerly 4-196.005, Amended 7-30-17, _____.

69O-196.009 Other Reports and Corrective Action Plans.

To aid the Office in determining a licensee's continued eligibility to hold a premium finance license:

(1) through (3) No change.

(4) Whenever the financial condition of the premium finance company is such that administrative supervision is appropriate based on the standards set forth in rule 69O-141.002, F.A.C., the Office shall order the premium finance company to file with the Office and implement a corrective action plan designed to do one or more of the following:

(a) through (c) No change.

(d) Require an increase in the premium finance company's net worth sufficient to bring the company into compliance with section 627.828, F.S. ~~If the premium finance company fails to submit a plan within 30 days of the Office's order or submits a plan which is insufficient to correct the premium finance company's financial condition, the Office shall order the premium finance company to implement one or more of the corrective actions listed in this subsection.~~

(5) through (7) No change.

Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 624.424, 624.80, 624.81, 627.828, 627.829, 627.832, 627.834, 627.836, ~~627.849~~, 628.4615 FS. History—New 7-27-95, Formerly 4-196.009, Amended 7-30-17, _____.

69O-196.015 Application for and Issuance of License and License Continuance

(1) Application for License as a Premium Finance Company

(a) A person applying for a license as a premium finance company shall submit the following:

1. Form OIR-C1-958, "Application for License Premium Finance Company," effective 3/21 ~~12/18~~, hereby incorporated by reference and available at www.flrules.org/XXXXX;

2. through 5. No change.

6. Form OIR-C1-938, "Fingerprint Payment and Submission Procedure ~~Procedures~~," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;

7. Form OIR-C1-957, "Instructions for Statutory Compliance of Forms," effective 3/21 ~~10/05~~, hereby incorporated by reference and available at www.flrules.org/XXXXX;

8. through 9. No change.

(2) No change.

Rulemaking Authority 624.308(1), 627.828(2) FS. Law Implemented 624.321(1)(a), 624.424, 627.828, 627.829, 627.836, 627.845, 628.4615 FS. History—New 5-28-90, Formerly 4-18.015, Amended 7-27-95, 8-29-99, Formerly 4-196.015, Amended 7-30-17, _____.

69O-196.020 Premium Financing of Products Not Regulated by the Insurance Code and Related Unfair Trade Practices Prohibited.

(1) through (3) No change.

(4) Financing of any benefit, including any insurance coverage, provided in an automobile ~~a motor~~ club membership, or collecting or remitting of dues, assessments, fees or other periodic payments is prohibited.

(5) through (6) No change.

Rulemaking Authority 624.308(1), 627.8405(3) FS. Law Implemented ~~624.124, 626.753, 626.794, 626.838, 626.9541,~~ 627.832, 627.8405 FS. History—New 12-27-94, Amended 8-29-99, Formerly 4-196.020, Amended _____.

69O-196.035 Required Books and Records.

At a minimum for permanent books and records, each licensed premium finance company shall maintain:

(1) A complete set of accounting records including ~~but not limited to:~~

(a) through (d) No change.

(2) through (11) No change.

Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 624.424, 627.828, 627.834, 627.836, 627.838, 627.840, 627.8405, 627.841, 627.844, 627.845, 627.848, ~~627.849~~ FS. History—New 7-27-95, Formerly 4-196.035, Amended 7-30-17, _____.

Office of Insurance Regulation
Specialty Product Administration

**FLORIDA COMPANY
CODE:**

**FEDERAL EMPLOYER
IDENTIFICATION NUMBER:**

**ANNUAL REPORT
OF THE**

(Premium Finance Company)

**TO THE
OFFICE OF INSURANCE REGULATION
OF THE
STATE OF FLORIDA**

Specialty Product Administration
200 East Gaines Street
Tallahassee, FL 32399 - 0331

FOR CALENDAR YEAR ENDED

**DUE ON OR BEFORE
MARCH 1 EACH YEAR**

GENERAL INFORMATION AND INSTRUCTIONS

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this report will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this report, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the report page. This will highlight the fields where you may enter data.
7. The report form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this report. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your report form is uploaded as a "Completed" document to your Component List; this does not submit the report to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

STATEMENT

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name: _____

Company FEIN: _____

Florida Company Code: _____

Period Ending Date: _____

State and Date of Incorporation/Organization: _____

(State/Prov): _____

(Date): _____

Date Licensed by the Office of Insurance Regulation: _____

(Date): _____

Date Commenced Business: _____

(Date): _____

Address of Home Office:

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Phone: _____

Ext: _____

Fax: _____

Address of Main Administrative Office:

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Phone: _____

Ext: _____

Fax: _____

Mailing Address:

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Phone: _____

Ext: _____

Fax: _____

Records Location (if different than Main Office):

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Address of Principle Florida Office:

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Phone: _____

Ext: _____

Fax: _____

Website: _____

Type of entity (check one)

☐ Corporation - For profit

☐ Sole proprietorship

☐ Corporation - Not for profit

☐ Limited liability company

☐ Partnership

☐ Other: _____

Contact Name: _____

Contact Title: _____

Phone: _____

Ext: _____

Fax: _____

Email Address: _____

OFFICERS / DIRECTORS / MEMBERS
Show full name (initials not acceptable)

Chief Executive Officer

President

Vice President

Secretary

Treasurer / Chief Financial Officer

Chairman of the Board

Directors / Members

STATE OF: _____

COUNTY OF: _____

_____, President, _____, Secretary,
and _____, Chief Financial Officer (or corresponding person having charge of the
financial records of the licensee), of the _____ being duly sworn
each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting
period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims
thereon, except as herein stated, and that this report, together with related exhibits, schedules and explanations therein contained,
annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said licensee as of
the reporting period stated above, and of its income and deductions for the period reported.

The foregoing instrument was acknowledged before me
by means of ☐ physical presence or ☐ online notarization,

_____, President/Owner

_____ day of _____, 20 _____

_____, Secretary

Notary Public: _____

_____, Treasurer/CFO

Commission Number: _____

Expiration Date: _____

Print this page

Company Name:

Year Ending:

BALANCE SHEET
ASSETS

	Column 1 Total Assets	Column 2 Less Assets Non Admitted	Column 3 Admitted Assets
CURRENT ASSETS:			
1. Cash on Hand and on Deposit (Schedule B, Page 8)			
2. Contracts Receivable, Gross (Schedule A, Page 7)			
Less the Greater of:			
a. Contract in Default + 120 Days (Schedule A-1, Page 7) or	()		()
b. Reserve for Losses on Contracts	()		()
3. Accounts and Notes Receivable: (Schedule C, Page 9)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Less: Reserve for Losses	()	()	()
4. Prepaid Expenses			
5. Other (Identify)			
6. Total Current Assets			
NON-CURRENT ASSETS:			
7. Investments and Securities (Schedule D, Page 9)			
8. Accounts and Notes Receivable: (Schedule C, Page 9)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Less: Reserve for Losses	()	()	()
9. Deferred Expenses			
10. Intangible Assets			
11. Other (Identify)			
12. Total Non-Current Assets			
FIXED ASSETS:			
13. Real Estate Owned (Schedule E, Page 10)			
14. Computers [Section 625.012(11), F.S.]			
15. Less: Accumulated Depreciation	()	()	()
16. Other Depreciable Fixed Assets			
a. Office Furniture & Equipment			
b. Automobiles			
c. Leasehold Improvements			
d. Other (Identify)			
e. Less Accumulated Depreciation	()	()	
17. Total Fixed Assets			
18. TOTAL ASSETS:			

Company Name:

Year Ending:

BALANCE SHEET
LIABILITIES AND NET WORTH

CURRENT LIABILITIES:		
1. Premium Finance Contracts Payable		
2. Outstanding Drafts Payable		
3. Notes Payable (Schedule F, Page 10):		
a. To Affiliates, Officers, Directors, Owners		
b. To Financial Institutions		
c. To Others (Identify) _____		
Total Current Notes Payable		
4. Taxes Payable:		
a. Federal and State Taxes		
b. Other Taxes (Identify) _____		
Total Taxes Payable		
5. Refunds to Insured/Agencies (Schedule G, Page 11)		
6. Accrued Interest		
7. Unearned Premium Finance Charge		
8. Other (Identify) _____		
9. Total Current Liabilities		
LONG TERM LIABILITIES:		
10. Notes Payable (Schedule F, Page 10):		
a. To Affiliates, Officers, Directors, Owners		
b. To Financial Institutions		
c. To Others (Identify) _____		
Total Long-Term Notes Payable		
11. Other (Identify) _____		
12. Total Long Term Liabilities		
13. Total Liabilities		
NET WORTH:		
14. Capital Stock:		
a. Common		
b. Preferred		
Total Capital Stock		
15. Paid-In Capital		
16. Subordinated Debentures / Notes		
17. Other (Identify) _____		
18. Retained Earnings		
19. Less: Treasury Stock		
20. Total Net Worth		
21. TOTAL LIABILITIES AND NET WORTH (Lines 20 + 13) This Total should agree with Line 18, Column 1, Page 4.		
22. Net Worth (Per Line 20 above)		
23. Less: Non-Admitted Assets (From Line 18, Column 2, Page 4)		
24. STATUTORY NET WORTH		
25. Plus Total Liabilities (Per Line 13 above)		
26. Total Lines 24 Plus 25 (Should equal Line 18, Column 3, Page 4)		

STATEMENT OF OPERATIONS AND RETAINED EARNINGS

INCOME	
1. Premium Finance Charges Earned (Net)	
2. Late Fees Earned	
3. Interest Earned on Notes and Loans Receivable	
4. Other Income (Identify)	
5. Total Income	
EXPENSES	
6. Salaries	
7. Interest Expense	
8. Bad Debt Expense	
9. General Expenses (Schedule H, Page 12)	
10. Total Expenses before Extraordinary Item and Federal and State Income Taxes	
11. Extraordinary Item (Explain)	
12. Federal and State Income Taxes	
13. Total Expenses	
NET INCOME AND RETAINED EARNINGS	
14. Net Income (Line 5 less Line 13 above)	
15. Retained Earnings, December 31, Previous Year	
16. Less: Distributions/Dividends Paid Out	()
17. Other (Identify)	
18. RETAINED EARNINGS DECEMBER 31, CURRENT YEAR (Enter on Line 18, Page 5)	

SCHEDULE A
Contracts Receivable
(Report contracts receivable Nationwide and Florida Only)

	NATIONWIDE (Including Florida)		FLORIDA ONLY	
	# of Accounts	Amount	# of Accounts	Amount
A. Total at 12/31, Previous Year				
B. Contracts Accepted, Current Year				
C. Total (A + B)				
D. Contracts paid off during Current Year				
E. Payments made during the year on Contracts still open at 12/31 of Current Year				
F. Total at 12/31, Current Year (# of Accounts = C - D; Amount = C - D - E)		*		

* Note: This amount must equal Line 2, Page 4.

SCHEDULE A-1
Contracts Receivable Aging

	NATIONWIDE (Including Florida)		FLORIDA ONLY	
	# of Accounts	Amount	# of Accounts	Amount
A. Current (0 to 30 days)				
B. 31 to 60 days				
C. 61 to 90 days				
D. 91 to 120 days				
E. 121 days plus		*		
F. Total (Must equal Line F, Schedule A above)				

* Note: All Contracts Receivable over 120 days old must be reported on Line 2a, Page 4.

SCHEDULE A-2
Contracts Receivable sold for which SERVICING is still a requirement of the Licensee

	NATIONWIDE (Including Florida)		FLORIDA ONLY	
	# of Accounts	Amount	# of Accounts	Amount
A. Total at 12/31, Previous Year				
B. Contracts Sold, Current Year				
C. Total (A + B)				
D. Contracts no longer being SERVICED				
F. Contracts currently being SERVICED (C - D)		*		

Company Name:

Year Ending:

SCHEDULE B
Cash on Hand & On Deposit
(See Note Below)

☐ Check if Not Applicable

Name and Location of Funds	Balance
Other (amounts not listed in detail)	
Total (Must Equal Line 1, Page 4):	

NOTE: List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Year Ending:

SCHEDULE C
Accounts / Notes Receivable
(See Note Below)

☐ Check if Not Applicable

Description / Name	Security	Balance
Other (amounts not listed in detail)		
Total (Must Equal Sum of Lines 3(a-c) + Lines 8(a-c), Page 4):		

SCHEDULE D
Securities Owned, Investments
(See Note Below)

☐ Check if Not Applicable

Description	Face Value or Number of Shares	Market Value	Cost (Book)
Other (amounts not listed in detail)			
Total (Must Equal Line 7, Page 4):			

NOTE: List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Year Ending:

SCHEDULE E
Real Estate Owned / Mortgages Payable
(See Note Below)

☐ Check if Not Applicable

Location and Description	Market Value	Cost (Book)	Mortgage Balance
Other (amounts not listed in detail)			
Total (Must Equal Line 13, Page 4 and Line 11, Page 5):		*	*

SCHEDULE F
Notes Payable
(See Note Below)

☐ Check if Not Applicable

Name of Creditor	Collateral	Balance
Other (amounts not listed in detail)		
Total (Must Equal Sum of Lines 3(a-c) + Lines 10(a-c), Page 5):		

NOTE: List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Year Ending:

SCHEDULE G
Refunds to Insured/Agencies
(Aging Schedule - See Line 5, Page 5)

	Amount Due By Age, From Date Refund Received From Insurer		
	# of Contracts	Amount	Comments:
A. 0 - 15 Days			
B. 16 - 60 Days			
C. 61 - 90 Days			
D. 91 Days or Greater			
E. Total (Must Equal Line 5, Page 5)			

Year Ending:

Description	Amount
Accounting and Auditing	
Advertising and Marketing	
Attorney and Related Legal Fees	
Auto Expenses	
Bank Charges	
Computer Expenses	
Consulting Fee(s)	
Depreciation & Amortization	
Employee Benefits	
Equipment Rental	
Interest Expense	
Insurance	
Licenses and Related Fees	
Office Supplies and Expenses	
Postage and Mailing Services	
Printing	
Rent and Rental Items	
Repairs & Maintenance	
Taxes: Payroll	
Property	
Other Taxes	
Telephone and Telegraph	
Travel and Entertainment	
Utilities	
Other (List Below)	
Total General Expenses (Must Equal Line 9, Page 6):	

Company Name:

Year Ending:

LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this report period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.floir.com/siteDocuments/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Year Ending:

LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this report period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Office of Insurance Regulation

Specialty Product Administration

PREMIUM FINANCE COMPANY

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Florida Company Code: _____

Federal Employer Identification Number: _____

Annual Report Filing Fee

(As provided under Section 627.849, Florida Statutes)

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$25	12	12	F	3001

STAPLE CHECK HERE

Made payable to the DEPARTMENT OF FINANCIAL SERVICES

Print this page and mail with the check to:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
REVENUE PROCESSING SECTION
Post Office Box 6100
Tallahassee, FL 32314-6100

Print this page

SAVE/SUBMIT PAGE

Save - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

Submit Final - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final



Office of Insurance Regulation
Specialty Product Administration

Bond No: _____

PREMIUM FINANCE COMPANY SURETY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT _____
_____ AS PRINCIPAL, (Hereinafter referred to as "the Principal")
and _____ AS SURETY, (Hereinafter
referred to as "the Surety") are held and firmly bound unto the Commissioner of the Office of
Insurance Regulation of Florida, and his successors in office, the sum of **THIRTY-FIVE
THOUSAND DOLLARS (\$35,000)** in lawful money of the United States, to the payment whereof
we hereby bind ourselves, jointly and severally, and our successors, assigns, and representatives.

This bond will be effective on the _____ day of _____, A.D. 20 ____, at 12:01 a.m.

THE CONDITION OF THE ABOVE OBLIGATION IS, THAT, WHEREAS, by virtue of
Chapter 627, Part XV, Florida Statutes, the above bounden, the Principal herein named, is required to
show proof of net worth of THIRTY-FIVE THOUSAND DOLLARS (\$35,000) or file other
acceptable collateral with said Commissioner, or in lieu thereof, to give and file with the said
Commissioner a surety bond in the amount of THIRTY-FIVE THOUSAND DOLLARS (\$35,000) of
a surety company authorized to do business in the State of Florida, said bond and company to be
approved by said Commissioner to be held by the said Commissioner to assure the faithful
performance of its obligations to all parties to insurance premium financing contracts or other such
documents as imposed by said Chapter 627, Part XV, Florida Statutes, by said Principal herein
named, in the State of Florida.

AND WHEREAS, the above bounden, the Principal herein named, has elected to give such surety
bond with the Surety above named;

NOW THEREFORE, if the said Principal named herein shall faithfully perform its obligations to
all parties to insurance premium financing contracts or other such documents as imposed by said
Chapter 627, Part XV, Florida Statutes, or otherwise imposed upon it by the laws of the State of
Florida, then and in that event this bond shall be null and void.

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED BY AND BETWEEN THE
PARTIES HERETO, THAT THIS BOND MAY NOT BE CANCELLED OR RELEASED UNTIL
AFTER 30 DAYS NOTICE IN WRITING TO THE COMMISSIONER PROVIDED SUCH
CANCELLATION SHALL NOT RELEASE SAID SURETY FROM ANY LIABILITY FOR
CLAIMS ARISING OUT OF CONTRACTS ISSUED BEFORE CANCELLATION OF THE
BOND.

THE SURETY does hereby grant a period of twelve (12) months from the effective date of said
cancellation or release in which to discover any obligation it may have under this bond.

IN WITNESS WHEREOF, the said parties hereunto have caused to be set the hands of their respective proper officers and to be affixed their respective corporate seals this _____ day of _____, 20__ __.

Signed and sealed in the presence of:

WITNESS

By: _____
PRESIDENT

WITNESS

SECRETARY

NOTE: Attach to this bond a
properly certified copy
of the Agent's Power of
Attorney

Executed at _____, Florida
This _____ day of _____, 20__ __.
By: _____
Florida Resident Agent of Surety Company

**INSURANCE PREMIUM FINANCING
DISCLOSURE FORM**

Florida law requires the owner of a motor vehicle to maintain personal injury protection and property damage liability insurance. Under certain circumstances as in Chapter 324, Florida Statutes, additional liability insurance may be required for bodily injury liability. Also additional insurance is usually required by a lienholder of a financed vehicle. Florida law does not require other insurance. The direct or indirect premium financing of auto club memberships and other non-insurance products is prohibited by state law.

Insurance you are **REQUIRED** by law to have:

Personal Injury Protection (PIP) \$ _____
Personal Damage Liability (PD) _____

Other insurance which you **MAY** be required by law to have:

Bodily Injury (If an SR-22 has been issued) _____

OPTIONAL insurance coverage:

Bodily Injury (If an SR-22 has NOT been issued) _____
Uninsured Motorist _____
Comprehensive _____
Collision _____

_____. _____
_____. _____
_____. _____

Policy Fee, if applicable _____

TOTAL INSURANCE PREMIUMS \$ _____

Less Down Payment Applied (_____)

AMOUNT FINANCED (LOANED TO YOU) \$ _____

I, _____, have read the above and understand the coverages I am buying
(Print Name of Insured)
and how much they cost.

(Signature of Insured)



Department of Financial Services
Office of Insurance Regulation – Bureau of Specialty Insurers

Licensee: _____
Address: _____
City, State Zip _____

APPLICATION for
RENEWAL of LICENSE

PREMIUM FINANCE COMPANY

For the period: 10/01/20 __ __ to 09/30/20 __ __

Federal Employer ID Number: __ __ - __ __ __ __ __ __

FL Company Code: **89** __ __ __

Due by September 30

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS PERMIUM FINANCE COMPANY LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

Name and Title

Signature

Date

Name and Title

Signature

Date

INSTRUCTIONS:

1. If you wish to renew, complete and sign this application and forward it along with your remittance in the amount of \$250.00 made payable to: **Florida Department of Financial Services.**
2. Application must be signed by:
 - a. The owner or authorized representative, if a sole-proprietorship.
 - b. The president and secretary, if a corporation.
 - c. The managing or senior partner(s) or managing director(s), if a partnership or association.
(If necessary, attach additional sheets.)
3. The renewal application and remittance must be received on or before September 30 by:

Florida Department of Financial Services
Revenue Processing Section
Post Office Box 6100
Tallahassee, Florida 32314-6100

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$250.00	12	10	L	3002

SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

☐ Original Designation ☐ Insurer Name Change ☐ Merger / Acquisition ☐ Update Delivery Information

Insurer or Company Name: _____

Previous Name (If applicable): _____

Home Office Address: _____

City, State, Zip _____

FEI # _____

FL Company Code _____

Telephone # _____

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

**Designated Person
to receive process:** _____

E-Mail Address: _____

Phone#: _____ **Fax#:** _____

Mailing Address: _____

Street Address: _____

Signature: _____

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the _____ day of _____, A.D. _____.

President or CEO's Signature

President or CEO's Name (Typed or Printed)

SEAL

Secretary's Signature

Secretary's Name (Typed or Printed)

OIR-C1-144
Rev 06/2004
Rules 69O-193.003, 69O-196.015, 69O-200.004

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.



OFFICE OF INSURANCE REGULATION

Company Admissions

PERSONAL FINANCIAL STATEMENT

NAME(S) _____ ADDRESS _____

This statement is made of my (our) financial condition as of _____, 20__ in support of the application of _____ for license to operate as a premium finance company. The undersigned warrants and represents that this is a complete and true statement of the financial condition of the undersigned as of this date.

PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED. USE "NO" OR "NONE" WHERE NECESSARY

ASSETS	IN EVEN DOLLARS	LIABILITIES	IN EVEN DOLLARS
Cash in Banks (See Schedule A)	\$	Notes Payable to Banks - Secured (See Schedule H)	\$
Listed Securities (See Schedule B)	\$	Notes Payable to Banks - Unsecured (See Schedule H)	\$
Unlisted Securities (See Schedule C)	\$	Amounts Payable to Others - Secured/Unsecured (See Schedule H)	\$
Securities Held By Borker in Margin Accounts	\$	Due to Brokers (See Schedule H)	\$
Partial Interest in Real Estate Equities (See Schedule D)	\$	Accounts and Bills Due	\$
Real Estate Owned (See Schedule E)	\$	Real Estate Mortgages Payable (See Schedules D & E)	\$
Accounts, Loans, Notes, Mortgages (See Schedule F)	\$	Unpaid Income Tax	\$
Vehicles	\$	Other Unpaid Taxes and Interest	\$
Cash Value - Life Insurance (See Schedule G)	\$	Loans on Life Insurance Policies (See Schedule G)	\$
Other Assets - Itemize:		Other Debts - Itemize:	\$
		Total Liabilities	\$
		Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

Are all bad and doubtful assets excluded from this statement ____ If no, explain: _____
Income taxes settled through what date? _____ Additional assessments: \$ _____

ANNUAL SOURCES OF INCOME		PERSONAL AND GENERAL INFORMATION
Salary - Individual	\$	Have you ever been bankrupt or involved in any other insolvency proceedings? (If yes, give details)
Salary - Spouse	\$	
Bonus & Commissions	\$	Are you a stockholder, partner, or officer in any other venture? (If yes, give details)
Dividends	\$	
Other Income - Itemize:	\$	Are you obligated to pay alimony, child support, or maintenance payments? (If yes, how much?)
	\$	
Total	\$	Are any assets pledged? (If yes, give details)
Do you have any contingent liabilities? (If yes, give details)		Are you defendant in any suits or legal actions? (If yes, give details)

(COMPLETE SCHEDULES AND SIGN ON THE LAST PAGE)

SUPPLEMENTARY SCHEDULES

SCHEDULE A - BANKING DEPOSIT RELATIONS (A list of all my bank accounts including Savings and Loan.)		
Name and Location of Bank or Branch	Account Number	Balance

SCHEDULE B - LISTED SECURITIES (U.S. GOVERNMENTS AND MARKETABLE)				
No. of Shares or Face Value (Bonds)	Description	In Name of	Market Value	To Whom Pledged

SCHEDULE C - UNLISTED SECURITIES					
No. of Shares Owned	% Owned	Description	Cost	Market Value	To Whom Pledged

SCHEDULE D - PARTIAL INTERESTS IN REAL ESTATE EQUITIES							
% Owned	Year of Purchase	Type	Location of Property	Cost	Mortgage	Market Value	Value of Equity at Lower of Cost or Market

SCHEDULE E - REAL ESTATE OWNED							
Description of Property	In Name of	Date Acquired	Cost	Market Value	Mortgage	Monthly Payment	To Whom

(USE ADDITIONAL SCHEDULES WHEN NECESSARY)

SCHEDULE F - ACCOUNTS, LOANS NOTES AND MORTGAGES RECEIVABLE					
Name and Address of Debtor	Amount	Age of Debt	Nature of Debt	Description of Security Held	Payment Expected

SCHEDULE G - LIFE INSURANCE CARRIED, INCLUDING W. S. L. I. AND GROUP INSURANCE				
Face Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans or Pledged To

SCHEDULE H - NOTES PAYABLE TO BANKS/UNSECURED OR SECURED NOTES AND/OR ACCOUNTS PAYABLE TO OTHERS					
Amount	Payable To	Security Pledged (If Any)	Title of Account	Terms of Payment	Date of Origination

The undersigned make(s) this statement with intent that it shall be relied upon by the Office of Insurance Regulation in consideration of the application of _____ for license to operate a premium finance company whether direct or indirect. The undersigned warrant(s) and represents that this statement is a complete and true statement of the financial condition of the undersigned as of this date.

Signed this _____ day of _____, 20____ at _____, Florida.

(Signature)

(Signature)

(USE ADDITIONAL SCHEDULES WHEN NECESSARY)



Florida Office of Insurance Regulation

INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package. The background investigative report must be conducted using the same affidavit submitted to the Florida Office of Insurance Regulation ("Office") for each individual as part of the application.
2. For specific information regarding background investigation vendors, please refer to the NAIC website, "Third Party Vendors for Background Reports" at: http://www.naic.org/industry_ucaa.htm
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will submit investigative reports electronically to the Office to this e-mail address:

bkgrnd-inv@flor.com

Submissions should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to, or contemporaneously with, the submission of each application filing, with the exception of acquisition filings.

6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
7. Questions regarding this process may be directed to pcappcoord@flor.com (Property and Casualty applicants) or to lhappcoord@flor.com (Life and Health applicants).



Florida Office of Insurance Regulation

FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE

Each individual subject to the fingerprinting process must be registered through IdentoGO by Idemia, at <https://fl.ibtfingerprint.com/>. For payment, processing, or appointment issues please contact the IdentoGo Customer Service Center at 1-800-528-1358.

DIGITAL PRINTS - Florida Residents only:

Access <https://fl.ibtfingerprint.com/>, select "Schedule a New Appointment" and follow the prompts. Please retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

FINGERPRINT CARD – Non-Florida Residents (and Florida residents who are physically unable to be digitally fingerprinted):

Access <https://fl.ibtfingerprint.com/>, select "Register for Fingerprint Card Processing Service" and follow the prompts. Select "No Cards" on the Shipping Details screen. Retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

Everyone must complete **two** fingerprint cards provided by the Florida Office of Insurance Regulation. Blank fingerprint cards may be requested by emailing FPRequest@floir.com. Fingerprinting must be performed by a technician within a law enforcement agency or other authorized entity. Most law enforcement agencies and many security companies provide civil applicant fingerprinting services.

NOTE: Please print your Payment Confirmation Number from the IdentoGo website on the "REF" line of the fingerprint card. Not including your Payment Confirmation Number will result in a delay of processing your submission.

Mail **ONLY** completed cards with a cover letter to:

Florida Office of Insurance Regulation
Market Research & Technology Unit
Fingerprint Card Processing
Room B-50 Larson Building
200 East Gaines Street
Tallahassee, Florida 32399-0326

Do NOT mail application paperwork with your fingerprint cards. All application materials must be sent directly to the appropriate unit (Property & Casualty Company Admissions or Life & Health Company Admissions) within the Office of Insurance Regulation. Failure to do so will result in a delay to your application.



Florida Office of Insurance Regulation

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



Florida Office of Insurance Regulation

INSTRUCTIONS FOR STATUTORY COMPLIANCE OF FORMS: PREMIUM FINANCE COMPANIES

Premium Finance Agreements

1. Pursuant to Sections 627.839(1) and (2)(a), Florida Statutes, the printed portion of the agreement must be in at least 8-point font and the words "PREMIUM FINANCE AGREEMENT" must appear in all caps at the top of the page in at least 10-point bold type.
2. The "Notice" required by Section 637.839(2)(b), Florida Statutes, should be printed exactly as set forth in the statute and entirely in 8-point bold type as required.
3. Section 627.842, Florida Statutes, prohibits provisions in which a power of attorney is given to confer any authority to perform any act other than to request cancellation for nonpayment of premium.

Many contracts contain a provision similar to the following:

[Company Name] is authorized to endorse the assured's name on any check or draft for all monies that may become due from the insuring company and to apply the same as payment of this agreement, and return any excess to his/her agent, providing such excess is an amount greater than \$1.00 USD.

The Office suggests that language similar to the following be substituted instead:

The insured agrees that the premium finance company may endorse their name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, returning any excess to the insured, provided such excess is an amount greater than or equal to \$1.00 USD.

4. Many contracts contain a provision similar to the following:

The insured hereby releases, discharges, and agrees to hold harmless the premium finance company and each holder hereof, their officers, agents, and employees from any liability or cause of action by reason of any cancellation, when such cancellation is in conformity with Florida law.

The Office feels that this language is contrary to Section 627.842(3), Florida Statutes, and we suggest that language similar to the following be substituted:

When cancellation by the premium finance company is in accordance with Florida law, the company is not responsible for consequential damages, and the prevailing party shall collect costs and attorney's fees from the other party in any action filed as a result of cancellation of the policy initiated by the premium finance company.

5. Often contracts contain a provision similar to the following:

The company may advance to the assured's agent or the insuring company any additional premiums that may become due, less normal down payment adding any advance amount, plus any finance charge to his/her present contract balance.

Language similar to the following is suggested as a substitute:

Upon request of the insured, the premium finance company may advance to the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to their present contract.

The request must be in writing, either by letter from the insured or through the use of an Additional Premium Request form. If you choose to utilize the Additional Premium Request form, it must be submitted to the Office for review and approval as indicated below in the Other Forms section.

Standard Cancellation Notice

1. Must be as laid out in Rule 69O-196.001, Florida Administrative Code.
2. The standard cancellation notice, including all parts of any multi-part form, must be printed on paper that is a shade of pink.
3. Section 627.848(1)(b), Florida Statutes, requires that the language regarding financial responsibility be in 12-point font.

10 Day Notice of Intent to Cancel

1. The Office recommends that the 10 Day Notice of Intent to Cancel contain the same language as is required on the Standard Cancellation Notice with regard to financial responsibility. This language is referenced in Section 627.848(3), Florida Statutes, and found in Rule 69O-196.001, Florida Administrative Code. It is also recommended that it be in the same font-size as required for the Standard Cancellation Notice.
2. All print should be a minimum of 8-point font.

Other Forms

Section 627.838, Florida Statutes, requires that no Premium Finance Agreement or related form is to be used in this state unless it has been filed with and approved by the Office. The only forms required by statute to be used by every premium finance company are a Premium Finance Agreement, 10 Day Notice of Intent to Cancel, and a Cancellation Notice. However, if a premium finance company uses other forms, such as drafts, coupons, additional premium request forms, standard collection letters, or the like, these forms must be filed, together with the filing fee as set out in Section 627.849, Florida Statutes, and approved by the Office prior to use.



Florida Office of Insurance Regulation

APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

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

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

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

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

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

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

Any questions Applicants have concerning this application packet or iApply may be directed to Property and Casualty at pcappcoord@floir.com.

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 **Application Fees**

Applicants must pay a license fee of \$250 USD and an investigation fee of \$100 USD at the time of application for licensure, pursuant to Sections 627.828(5) and 627.849, Florida Statutes. These fees are due at the time the application packet is filed and are nonrefundable.

Secure your check to the Invoice on page 14 of this application and mail to:

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

Include copies of the completed Invoice and check with your application filing submitted via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee payment.

Section I-2 **Fingerprint Fees**

Applicants are required to pay a fee for the processing of the fingerprint cards required in Section IV-4. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions.

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

SECTION II - LEGAL

Section II-1 Articles of Incorporation

Submit a copy of Applicant's 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-2 Certificate of Status from State of Domicile

If Applicant is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-3 Certificate of Status from Florida

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-4 Company Bylaws

Submit a copy of Applicant's Bylaws, or equivalent document. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted.

Section II-5 Authorization Letter

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

Section II-6 Fictitious Name Filing

If the organization plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

SECTION III – FINANCIAL

Section III-1 **Financial Requirements**

All Applicants are required to provide evidence of one of the following:

- a. A statutory net worth of at least \$35,000 USD attested to by two officers of the company; **or**
- b. A surety bond in the amount of \$35,000 USD (Form OIR-A3-453, Premium Finance Company Surety Bond) as well as a statutory net worth of \$10,000 USD attested to by two officers of the company.
 - i. In lieu of a surety bond on the approved form, Applicant may elect to make a securities deposit in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make a securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Department of Financial Services
Bureau of Collateral Management
200 East Gaines Street
Tallahassee, FL 32399-0345
- c. Premium Finance Companies are required to, at all times, maintain an errors and omissions insurance policy of not less than \$500,000 USD covering the acts of its officers, employees, and agents. This policy may contain reasonable deductibles not to exceed 2% of the policy limits. Applicant must provide proof of this coverage.
 - i. Applicants with an unencumbered net worth of at least \$15 million USD may self-insure errors and omissions coverage provided they meet the additional requirements of Section 627.828(3)(b)(2), Florida Statutes.

Section III-2 **Plan of Operations**

It is important for the Office to have a clear understanding of Applicant's proposed operations and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

- a. **Marketing and Growth:** A statement setting forth a projection of the volume of business Applicant anticipates writing for the next three years. Include an initial marketing plan for the proposed premium finance company.

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

- b. Additional Sources of Capital:** A statement as to what sources of capital would be available to Applicant during periods of negative cash flow and what arrangements may have been made for handling volume which may exceed Applicant's capacity. Include any controls which Applicant may have in place to prevent acceptance of contracts in excess of the Applicant's capacity to finance them, to obtain additional financing, or to notify the agent to use another premium finance company until further notice.

If the plan includes the use of personal resources of Applicant's owners, a Personal Financial Statement form must be provided for each owner (Form OIR-C1-454 Personal Financial Statement).

If the plan includes use of the resources of affiliated or parent organization, audited financial statements of these organizations must be provided for the past three years. If no audit was performed, the financial statements must be prepared in accordance with generally accepted accounting principles and be attested to by the president and secretary of the organization (or persons holding similar positions, if not a corporation).

If Applicant intends to utilize a line of credit with a bank or other financial institution as a source of additional capitalization, a letter from the financial entity must be presented which verifies the existence or approval of the line of credit. Only a financial institution licensed as a premium finance company or exempt from the license requirement in accordance with Section 627.826, Florida Statutes, is eligible to accept premium finance contracts as collateral for loans.

- c. Assignments:** Provide a statement as to what arrangement may have been made for assigning contracts to another premium finance company, including complete details concerning the procedure to be followed in making assignments, to whom they will be made, on what terms, how and when the contracts are to be funded and by whom, and verify that the assignment will be with recourse against the assigning company.
- d. Types of Insurance Financed:** Provide a list of the types of insurance the Applicant will finance.
- e. Other Business Conducted:** If business other than financing premiums will be conducted on the licensed premises, provide a statement as to what other business will be conducted and by whom.
- f. Branches, Subsidiaries, and Affiliates:** If Applicant has one or more branches, subsidiaries, or affiliates, provide a listing of the complete names and addresses of such places of business, together with a statement as to precisely where Applicant will make available all relevant books, records, accounts and documents.

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

- g. Organizational Charts:** A complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable.

Section III-3 Forms and Rates

Applicant must provide its service charge and interest rate plan as part of this application.

Applicant must submit the following forms, as well as any additional forms Applicant intends to use, for approval by the Office prior to use, via the Office's IRFS system (link and information provided on cover page):

- a.** Premium Finance Agreement
- b.** 10 Day Notice of Intent to Cancel
- c.** Standard Cancellation Notice

Applicant may wish to review Form OIR-C1-955, Instructions for Statutory Compliance of Forms: Premium Finance Companies, for guidance.

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

SECTION IV – MANAGEMENT

Section IV-1 Management Information Forms

Submit Management Information Form OIR-C1-2221 fully describing Applicant's management, ownership, and all individuals or entities having direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

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

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

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

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

Each Biographical Affidavit must be signed and notarized.

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

However, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to the NAIC Biographical Affidavit (NAIC Form 11) that is also included in this packet.

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

Section IV-3 Background Investigative Report

A Background Investigative Report must be provided for each person for whom a Biographical Affidavit is required, as described above. Background reports must be submitted by an approved background investigation vendor directly to the Office. Attach proof of payment confirming that all background reports have been ordered when submitting the application. Please refer to Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports, included in this packet.

The NAIC approved background investigation vendor list can be found at:

https://www.naic.org/documents/industry_ucaa_third_party.pdf

Section IV-4 Fingerprint Cards

Fingerprint cards must be provided to the Office for each person for whom a Biographical Affidavit is required. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions. If an individual has submitted a fingerprint card dated within 5 years of the date of the Application filing, a fingerprint card need not be submitted for that individual.

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

CHECKLIST

SECTION I - APPLICATION FORM & FEES

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

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.

- ☐ 1. Application fee paid
 - ☐ a. Copy of invoice included (page 14 of this form)
 - ☐ b. Copy of check
- ☐ 2. All fingerprint fees paid electronically
 - ☐ a. Copies of online payment confirmation

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

CHECKLIST

SECTION II – LEGAL

- ☐ 1. Articles of Incorporation (or equivalent)
 - ☐ a. Certified by public official
- ☐ 2. Certificate of Status from domiciliary jurisdiction
- ☐ 3. Certificate of Status from Florida
- ☐ 4. Company Bylaws (or equivalent)
 - ☐ a. Certified by Secretary
- ☐ 5. Service of Process Consent and Agreement Form OIR-C1-144
- ☐ 6. Authorization Letter (if applicable)
- ☐ 7. Fictitious Name Filing (if applicable)

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

CHECKLIST

SECTION III – FINANCIAL

1. Financial Requirements (a **or** b)

☐

a. Attestation of net worth of at least \$35,000 USD; **or**

☐

b. Attestation of net worth or at least \$35,000 USD and Premium Finance Company Surety Bond (Form OIR-A3-453) for \$35,000 USD.

i. Proof of deposit in lieu of surety bond (as applicable)

2. Plan of Operations

☐

a. Marketing and Growth

☐

b. Additional Sources of Capital

☐

c. Assignments

☐

d. Types of Insurance Financed

☐

e. Other Business Conducted

☐

f. Branches, Subsidiaries, and Affiliates

☐

g. Organizational Charts

3. Forms and Rates

☐

a. Service charge and interest rate plan

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

CHECKLIST

SECTION IV – MANAGEMENT

- ☐ 1. Management Information Form (OIR-C1-2221) submitted for all required entities
- ☐ 2. Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
 - ☐ a. All information completed (no blanks)
 - ☐ b. “Yes” answers explained
 - ☐ c. Signed
 - ☐ d. Notarized
- ☐ 3. Background investigative reports for all required individuals. The reports must be based on the Biographical Affidavits submitted to the Office with this Application.
 - ☐ a. Proof of order and confirmation of payment submitted to the Office
- ☐ 4. Fingerprint cards for all required individuals
 - ☐ a. All information completed (no blanks)
 - ☐ b. Signed

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

APPLICATION CERTIFICATION

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

The undersigned state that they are officers having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to seek licensure as a Premium Finance Company; 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 represent that they have the authority to bind the Applicant, and that by their signatures on the instrument the Applicant has executed the instrument.

The undersigned understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: _____

Print Name: _____

Title: _____

Date: _____

By: _____

Print Name: _____

Title: _____

Date: _____

*Other officers will be accepted only if Applicant does not have these positions.

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

INVOICE

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS ABOVE):

(city)

(state)

(zip code)

1. Make payable to the Department of Financial Services and mail check and invoice only to:

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

2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

FOR DEPARTMENT USE ONLY

RECEIPT#	AMOUNT	TYPE	CLASS	FUND	ACCOUNT	SOURCE	
L.F.	\$250.00	10	10L				
I.F.	\$100.00	10	11F				
LICENSE#	Dated			Mailed			MAILED BY
	MO	DAY	YR	MO	DAY	YR	

Applicant Company Name: _____

NAIC No. _____

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.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. 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: _____ Middle: _____ Last: _____

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

Yes ☐ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☐

If yes, what country? _____

3. Affiant's occupation or profession: _____

4. Affiant's business address: _____

Business telephone: _____ Business Email: _____

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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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>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>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: _____

NAIC No. _____

FEIN: _____

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
--	---------------------	---	--

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Present or proposed position with the Applicant Company: _____

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

Yes ☐ No ☐

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

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☐

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☐

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

- 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.

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,

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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.

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

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☐

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

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

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☐

If yes, provide details: _____

15. To your knowledge has any company or entity (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. _____

- 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?

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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. _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _____ day of _____, 20____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

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

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____ by _____, and:

☐ who is personally known to me, or

☐ who produced the following identification: _____.

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. 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.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

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

IF ANSWER IS "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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

6. Date of Birth: (MM/DD/YY) : _____ Place of Birth, City: _____
State/Province: _____ Country: _____

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

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>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this ____ day of _____, 20____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

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

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____ by _____, and:

☐ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) 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)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20__ by _____, and:

☐ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to _____ [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) 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)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

this ____ day of _____, 20____ by _____, and:

- ☐ who is personally known to me, or
☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of _____ **[company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through _____ **[name of CRA, address]** (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ **[company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond 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)

(Signature)

(Date)

State of: _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____ by _____, and:

- ☐ who is personally known to me, or
☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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: _____

NAIC No. _____

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: _____

NAIC No. _____

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

Management Information Form

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

Name of Entity: _____

Name	Title (e.g.: President)	Position (e.g.: Officer)	Ownership %
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*Additional pages in like format may be attached as necessary

OIR-C1-2221

Rev.: 6/20

Rule: 690-196.015

M E M O R A N D U M

DATE: April 11, 2021

TO: David Altmaier, Commissioner, Office of Insurance Regulation

THROUGH: Anoush Brangaccio, General Counsel

FROM: Michael Lawrence, Jr., Chief Legal Counsel

SUBJECT: Cabinet Agenda for May 4, 2021
Request for Approval for Approval to Adopt Amendments to
Rules 690-198.005 and .011
Assignment # 252635-19

The Office of Insurance Regulation ("Office") requests that these proposed rule amendments be presented to the Cabinet aides on or before April 28, 2021, and to the Financial Services Commission on May 4, 2021, with a request for Final Approval to Adopt the proposed rule.

The notice of development of rulemaking was published on September 29, 2020, in Volume 46, No. 190, of the *Register*. The Office did not receive a request to hold a workshop. The notice of proposed rule was published on February 5, 2021, in Volume 47, No. 25, of the *Register*. The Office did not receive a request to hold a hearing. A notice of change was published prior to the Cabinet meeting.

P&C and legal reviewed all the rules in Chapter 198, F.A.C., to determine if any rules should be amended or repealed. Rule 690-198.005, F.A.C., is amended to update the financial requirements. Subsection (3) is deleted and the definition of "Gross Written Premiums" is amended in response to comments received from JAPC.

Rule 690-198.011, F.A.C, is being amended to combine all application requirements in a single rule and some forms were amended in response to comments received from JAPC. This rule will later be transferred to Chapter 136, F.A.C., as part of the ongoing applications project.

Sections 624.424, 634.402, 634.404, 634.406, 634.407, 634.408, 634.409, 634.413, 634.415, and 634.4165, F.S., are the rulemaking authority and laws implemented for this rule package.

Attached are the proposed rules.

Approved for signature:

Anoush Brangaccio, General Counsel

Approved for submission to Financial Services
Commission:

David Altmaier, Commissioner
Office of Insurance Regulation

690-198.001 Purpose.

The purpose of this rule chapter is to implement the provisions of part III, chapter 634, Florida Statutes. These rules establish standards and procedures necessary for the proper administration of the Office's duties pursuant to part III, chapter 634, F.S.

Rulemaking Authority 634.402 FS. Law Implemented 634, Part III FS. History--New 6-3-84, Formerly 4-67.01, Amended 12-26-88, Formerly 4-67.001, 4-198.001, Repealed _____.

690-198.002 Scope.

This rule chapter applies to service warranty associations regulated pursuant to part III of chapter 634, F.S. Failure to strictly comply with these rules may result in the suspension, revocation or non-renewal of the license issued by the Office or the assessment of an administrative fine as provided in section 634.413, F.S.

Rulemaking Authority 634.402 FS. Law Implemented 634.409, 634.413 FS. History--New 6-3-84, Formerly 4-67.02, Amended 12-26-88, Formerly 4-67.002, 4-198.002, Repealed _____.

690-198.005 Financial Requirements.

Requirements regarding the funded, unearned premium reserve account.

(1) "Gross Written Premiums" means the total amount of premiums paid, paid or to be paid by the consumer for the entire period of the service warranty ~~;~~ inclusive of commissions, for which the association is obligated under service warranties issued. Obligated means outstanding warranties in force which have not expired or been canceled and a refund made to the consumer.

(2) through (4) No change.

(5) The unearned premium reserve account is calculated as follows:

(a) ~~The For all one year contracts, the~~ minimum reserve for all service warranty associations shall be 25 percent of the gross written premium received on all warranty contracts in force, in this state. for which the association is obligated on all contracts wherever issued.

(b) For contracts in excess of two years which are offered by associations having net assets of less than \$500,000 and for which premiums are collected in advance for coverage in a subsequent year, 100 percent of the premiums for such subsequent years must be placed in the funded unearned premium reserve account. For all multiyear contracts issued in any state:

1. ~~For companies having less than \$500,000 net assets, the reserve shall initially be calculated at 25 percent for the first year premium and 100 percent for each subsequent year's premium for all gross written premiums for which the association is obligated. As each subsequent year becomes current, 75 percent of that current year's premium is earned and shall be subtracted from the reserve. The reserve is maintained until the expiration of the multiyear policy.~~

Example:

The reserve shall be calculated as follows on a three year contract with a selling price of \$300.00:

First Year	\$225.00
Second Year	\$150.00
Third Year	\$75.00

2. ~~For companies that have more than \$500,000 net assets, the reserve shall be calculated at 25 percent of the gross written premiums for which the association is obligated.~~

Example:

The reserve shall be calculated as follows on a three year contract with a selling price of \$300:

First Year	\$75.00
Second Year	\$75.00
Third Year	\$75.00

(6) The unearned premium reserve account shall be totally funded at all times by unencumbered assets. Those prescribed assets funding the unearned premium reserve shall be clearly designated for this purpose and such reserve account must be a separate auditable account for contracts in force in this state.

(7) No warranty seller may allow its gross written premiums in force for contracts written in this state to exceed a 7-to-1 ratio to net assets. unless it meets the requirement of section 634.406(4), Florida Statutes. Requirements regarding the ratios required by sections 634.406(3) and (4), F.S.

The ratio requirement is a calculation of the ratio of gross written premiums (for which the association is obligated wherever written in any state) to net assets.

(8)(a) All service warranty associations utilizing a funded unearned premium reserve account for contracts in force in this state shall deposit with the Department Office a reserve deposit equal to 10% of the gross written premiums received in force on all Florida warranty contracts in this state.

(b) The deposit required in section 634.405(1), F.S., may be used in the funding of the 10% reserve deposit required under section 634.406(1), F.S.

~~(9) Requirements Regarding the Contractual Liability Policy. Contractual liability insurance may be purchased only from an admitted property and casualty insurer whose certificate of authority indicates that it may issue this type of policy and which has been approved by the Office. All insurers issuing contractual liability policies to service warranty associations must, at a minimum, use policy provisions providing policyholder protection substantially equivalent to and not materially in conflict with that provided in the sample contractual liability policy form OIR-969, incorporated by reference in rule 69O-198.015, F.A.C. A policy is in violation of this subsection only if it is in violation of a statute or rule.~~

Rulemaking Authority 634.402 FS. Law Implemented 634.406(1), (3), (4), 634.4165 FS. History—New 12-26-88, Formerly 4-67.005, Amended 4-26-90, 3-28-93, 4-3-94, Formerly 4-198.005, Amended _____.

69O-198.010 License Continuance.

~~(1)(a)1. All service warranty association licenses shall continue in force as long as the service warranty association is in compliance with the provisions of chapter 634, part III, F.S.~~

~~2. The qualified license holder shall file for continuance of its license on the form prescribed by the Office.~~

~~3. Failure to submit the application for continuance by March 1 shall result in expiration of the license and will require the filing of a new application for licensure.~~

~~(b) Form OIR-A3-110 and a fee of \$200.00 should be received by the Office annually in conjunction with the March 1 filing of the annual statement.~~

~~(c) A manufacturer or affiliate should use Form OIR-A3-955, which should be received by the Office annually in conjunction with the March 1 filing of the annual statement, together with a fee of \$500.00.~~

~~(2) Any licensee who fails to renew said license shall immediately cease and desist from engaging in the Service Warranty business in the State of Florida. The association shall honor those warranty contracts in force until date of expiration or date of cancellation and a refund made to the consumer.~~

~~(3) Forms are available at <https://www.flair.com/portal>. All filings shall be submitted electronically to <https://www.flair.com/portal>.~~

Rulemaking Authority 634.402 FS. Law Implemented 624.424, 634.408 FS. History—New 12-26-88, Formerly 4-67.010, Amended 3-28-93, Formerly 4-198.010, Amended 7-30-17, Repealed _____.

69O-198.011 Application for and Issuance of License and License Continuance.

Substantial rewording of Rule 69O-198.011, F.A.C. follows. See Florida Administrative Code for present text.

(1) Application for License as a Service Warranty Association

(a) An application for a person applying for a license as a service warranty association consists of the following:

1. Form OIR-C1-997, "Application for License Service Warranty Association," effective 3/21, hereby incorporated by reference and available at www.flrules.org/XXXXX;

2. Form OIR-A3-455, "Home or Service Warranty Association Surety Bond," effective 5/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;

3. Form OIR-C1-144, "Service of Process Consent & Agreement," effective 6/04, hereby incorporated by reference and available at www.flrules.org/XXXXX;

4. Form OIR-C1-905, "Instructions for Furnishing Background Investigative Reports," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;

5. Form OIR-C1-938, "Fingerprint Payment and Submission Procedures," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;

6. Form OIR-C1-995, "List of Proposed Sales Representatives," effective 10/05, hereby incorporated by reference and available at www.flrules.org/XXXXX;

7. Form OIR-C1-1423, "Biographical Affidavit," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX; and

8. Form OIR-C1-2221, "Management Information Form," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX.

(b) A person applying for a license as a service warranty association shall submit forms listed in paragraph (1)(a) as directed by the Office electronically at <https://www.floir.com/iportal>.

(2) License Continuance for Service Warranty Association

(a)1. A service warranty association's license shall continue in force as long as the licensee is in compliance with the provisions of chapter 634, part III, F.S.

2. Failure to submit the application for continuance by March 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a service warranty association shall submit the following:

1. Form OIR-A3-110, "License Continuance Form Service Warranty Association," effective 5/20, hereby incorporated by reference and available at www.flrules.org/XXXXX, filed electronically at <https://www.floir.com/iportal>; and

2. A fee of \$200.00 filed annually in conjunction with the March 1 filing of the annual statement.

(c) Any licensee who fails to renew a service warranty association license shall immediately cease and desist from engaging in the service warranty business in the state of Florida. The service warranty association shall honor those service warranty contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

(3) Application for License as a Service Warranty Association Manufacturer or Affiliate

(a) An application for a person applying for a license as a service warranty association manufacturer or affiliate consists of the following:

1. Form OIR-C1-989, "Application for License Service Warranty Association Manufacturer or Affiliate," effective 3/21, hereby incorporated by reference and available at www.flrules.org/XXXXX;

2. Form OIR-C1-144, incorporated by reference in paragraph (1)(a); and

3. Form OIR-C1-2221, incorporated by reference in paragraph (1)(a).

(b) A person applying for a license as a service warranty association shall submit forms listed in paragraph (3)(a) as directed by the Office electronically at <https://www.floir.com/iportal>.

(4) License Continuance for Service Warranty Association Manufacturer or Affiliate

(a)1. A service warranty association manufacturer or affiliate's license shall continue in force as long as licensee is in compliance with the provisions of chapter 634, part III, F.S.

2. Failure to submit the application for continuance by March 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a service warranty association manufacturer or affiliate shall submit the following:

1. Form OIR-A3-955, "License Continuance Form Service Warranty Association Manufacturer or Affiliate," effective 5/20, hereby incorporated by reference and available at www.flrules.org/XXXXX, filed electronically at <https://www.floir.com/iportal>; and

2. A fee of \$500.00 filed annually in conjunction with the March 1 filing of the annual statement.

(c) Any licensee who fails to renew a service warranty association license shall immediately cease and desist from engaging in the service warranty business in the state of Florida. The service warranty association shall honor those service warranty contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

Rulemaking Authority 634.402 FS. Law Implemented 624.424, 634.407, 634.408, 634.404 FS. History—New 3-28-93, Formerly 4-198.011, Amended _____.

690-198.012 Annual Statement.

(1) ~~An~~ Annual Statements are ~~Statement~~ is required to be filed with the Office of Insurance Regulation, on or before March 1 of each year, on Form OIR-A3-456, "Annual Statement for Service Warranty Association," effective 5/20, ~~(05/90)~~ hereby incorporated by reference and available at www.flrules.org/XXXXX, and Form OIR-A3-458, "Annual Filing Statement for Publicly Held Corporations – SEC Filings," effective 5/20, hereby incorporated by reference and available at www.flrules.org/XXXXX. The filings shall be submitted electronically via the Office's system at <https://www.floir.com/iportal>. ~~as incorporated by reference in subsection 690-198.015(1), F.A.C.~~ If the Annual Statements are ~~statement~~ is not complete to include all information requested in the format provided, ~~they~~ it will not be deemed filed until all deficiencies are corrected.

(2) Forms are available at <https://www.flair.com/portal>. All filings shall be submitted electronically to <https://www.flair.com/portal>.

Rulemaking Authority 634.402 FS. Law Implemented 624.424, 634.415, 634.516(1) FS. History—New 12-26-88, Amended 4-26-90, Formerly 4-67.012, 4-198.012, Amended 7-30-17, _____.

690-198.013 Change in Corporate or Business Name

Service warranty associations are required to notify the Office in writing in accordance with section 634.404, F.S., of any change in the corporate name or business name.

Rulemaking Authority 634.402 FS. Law Implemented 634.404 FS. History—New _____.

690-198.015 Forms Incorporated by Reference.

(1) The following forms are incorporated into this rule chapter by reference to implement the provisions of chapter 634, part III, F.S.:

Form Number	Title
(a) OIR 987 (02/92)	Application Cover letter (Manu)
(b) OIR 989 (02/92)	App. Instructions (Manu)
(c) OIR 986 (02/92)	App. Checklist (Manu)
(d) OIR 988 (02/92)	Invoice (Manu)
(e) OIR 991 (01/92)	Application (Manu)
(f) OIR 996 (01/92)	Application Cover letter (SWA)
(g) OIR 997 (01/92)	App. Instructions (SWA)
(h) OIR 998 (01/92)	App. Checklist (SWA)
(i) OIR 999 (01/92)	Invoice (SWA)
(j) OIR 903 (09/91)	Fingerprint Fee Invoice
(k) OIR 167 (01/92)	Application (SWA)
(l) OIR 144 (11/90)	Consent to Service of Process
(m) OIR 514 (11/90)	Resolution Form
(n) OIR 969 (08/92)	Contractual Liability Policy
(o) OIR 981 (02/92)	Instructions for Securities Deposit
(p) OIR 844 (10/91)	Management Information
(q) OIR 973 (10/91)	Stockholder Listing
(r) OIR 422 (11/90)	Biographical Stmt.
(s) OIR 449 (01/91)	Abbreviated Bio.
(t) OIR 450 (08/91)	Release of Info.
(u) OIR 455 (01/89)	Service Warranty Bond
(v) OIR 934 (10/91)	Equifax Instructions
(w) OIR 938 (04/91)	Fingerprint Instructions
(x) OIR 456 (05/90)	Annual Statement
(y) OIR 457 (05/90)	Quarterly Report
(z) OIR 110 (02/92)	Continuance Form (SWA)
(aa) OIR 955 (02/92)	Continuance Form (Manu)
(bb) OIR 458 (02/92)	Annual Statement for Publicly Held Corporation

(2) Forms are available at <https://www.flair.com/portal>.

Rulemaking Authority 634.402 FS. Law Implemented 634.405, 634.407, 634.408, 634.4085, 634.415 FS. History—New 12-26-88, Amended 5-28-90, Formerly 4-67.015, Amended 3-28-93, Formerly 4-198.015, Repealed _____.

Notice of Change/Withdrawal

DEPARTMENT OF FINANCIAL SERVICES

OIR – Insurance Regulation

RULE NOS.: RULE TITLES:

69O-198.005 Financial Requirements

69O-198.011 Application for and Issuance of License

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 47 No. 24, February 5, 2021 issue of the Florida Administrative Register.

The changes are in response to written comments received from the Joint Administrative Procedures Committee.

69O-198.005 Financial Requirements.

Requirements regarding the funded, unearned premium reserve account.

(1) “Gross Written Premiums” means the total amount of premiums paid, paid or to be paid by the consumer for the entire period of the service warranty ; inclusive of commissions, for which the association is obligated under service warranties issued. ~~Obligated means outstanding warranties in force which have not expired or been canceled and a refund made to the consumer.~~

(2) through (6) No change.

(7) No warranty seller may allow its gross written premiums in force for contracts written in this state to exceed a 7-to-1 ratio to net assets, unless it meets the requirement of section 634.406(4), Florida Statutes.

(8) No change.

~~(9) Requirements Regarding the Contractual Liability Policy. Contractual liability insurance may be purchased only from an admitted property and casualty insurer whose certificate of authority indicates that it may issue this type of policy and which has been approved by the Office. All insurers issuing contractual liability policies to service warranty associations must, at a minimum, use policy provisions providing policyholder protection substantially equivalent to and not materially in conflict with that provided in the sample Form OIR-C1-969, incorporated by reference in Rule 69O-198.011 F.A.C. A policy is in violation of this subsection only if it is in violation of a statute or rule.~~

Rulemaking Authority 634.402 FS. Law Implemented 634.406(1), (3), (4), 634.4165 FS. History–New 12-26-88, Formerly 4-67.005, Amended 4-26-90, 3-28-93, 4-3-94, Formerly 4-198.005, Amended

69O-198.011 Application for and Issuance of License and License Continuance.

(1) Application for License as a Service Warranty Association

(a) An application for a person applying for a license as a service warranty association consists of the following:

1. Form OIR-C1-997, “Application for License Service Warranty Association,” effective 3/21 ~~12/18~~, hereby incorporated by reference and available at www.flrules.org/XXXXX;

2. through 5. No change.

~~6. Form OIR-C1-969, “Contractual Liability Policy,” effective 5/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;~~

~~7. Form OIR-C1-995, “List of Proposed Sales Representatives,” effective 10/05, hereby incorporated by reference and available at www.flrules.org/XXXXX;~~

~~8. Form OIR-C1-1423, “Biographical Affidavit,” effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX; and~~

~~9. Form OIR-C1-2221, “Management Information Form,” effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX.~~

(b) No change.

(2) No change.

(3) Application for License as a Service Warranty Association Manufacturer or Affiliate

(a) An application for a person applying for a license as a service warranty association manufacturer or affiliate consists of the following:

1. Form OIR-C1-989, "Application for License Service Warranty Association Manufacturer or Affiliate," effective 3/21 ~~12/18~~, hereby incorporated by reference and available at www.flrules.org/XXXXX;

2. Form OIR-C1-144, incorporated by reference in paragraph (1)(a); and

~~3. Form OIR-C1-969, incorporated by reference in paragraph (1)(a); and~~

34. Form OIR-C1-2221, incorporated by reference in paragraph (1)(a).

(b) No change.

(4) No change.

Rulemaking Authority 634.402 FS. Law Implemented 624.424, 634.407, 634.408, 634.404 FS. History—New 3-28-93, Formerly 4-198.011, Amended _____.



Department of Financial Services
Office of Insurance Regulation – Specialty Product Administration

Licensee: _____

LICENSE CONTINUANCE FORM

Address: _____

SERVICE WARRANTY ASSOCIATION

City, State Zip _____

For the period: 03/01/20 __ __ to 02/2 __/20 __ __

Federal Employer ID Number: __ __ - __ __ __ __ __ __

FL Company Code: **8 0** __ __ __

Due by March 1

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS SERVICE WARRANTY ASSOCIATION LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

Name and Title

Signature

Date

Name and Title

Signature

Date

INSTRUCTIONS:

1. If you wish to renew, complete and sign this application and forward it along with your remittance in the amount of \$200.00 made payable to: **Florida Department of Financial Services.**
2. Application must be signed by:
 - a. The owner or authorized representative, if a sole-proprietor.
 - b. The president and secretary, if a corporation.
 - c. The managing or senior partner(s) or managing director(s), if a partnership or association.
(If necessary, attach additional sheets.)
3. The renewal application and remittance must be received on or before March 1 by:

Florida Department of Financial Services
Revenue Processing Section
Post Office Box 6100
Tallahassee, Florida 32314-6100

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$200.00	10	32	L	3002



Office of Insurance Regulation
Specialty Product Administration

Bond No: _____

HOME OR SERVICE WARRANTY ASSOCIATION SURETY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT _____
_____ AS PRINCIPAL, (Hereinafter referred to as "the Principal")
and _____ AS SURETY, (Hereinafter
referred to as "the Surety") are held and firmly bound unto the Commissioner of the Office of
Insurance Regulation of Florida, and his successors in office, the sum of _____
_____ (\$ _____ .00) lawful money of the United States, to the payment
whereof we hereby bind ourselves, jointly and severally, and our successors, assigns, and
representatives.

This bond will be effective on the _____ day of _____, A.D. 20 __ __, at 12:01 a.m.

THE CONDITION OF THE ABOVE OBLIGATION IS, THAT, WHEREAS, by virtue of
Chapter 634, Florida Statutes, the above bounden, the Principal herein named, is required to make a
deposit of \$ _____ .00 in cash or approved securities with the Commissioner or a
surety bond in the amount of \$ _____ .00 of a surety company authorized to do
business in the State of Florida, said bond and company to be approved of by said Commissioner to
assure the faithful performance of the principal's obligations to its members or subscribers assumed in
the State of Florida while this bond is in effect:

AND WHEREAS, the above bounden, the Principal herein named has elected to give such surety
bond with the Surety above named;

NOW, THEREFORE, if the said Principal named herein shall faithfully perform its obligations to its
members or subscribers, and shall pay each, every and all of its liabilities to its members or subscribers
in the State of Florida after the said liabilities shall have been adjusted between the Principal and its
members or subscribers in the mode prescribed by the contract between the Principal and its members
or subscribers, if a mode be prescribed, or by judgement, order or decree of a Court having jurisdiction
of the subject, and shall fully and faithfully respond to and settle all said obligations to its members or
subscribers arising from contracts effectuated while this bond is in effect and resting upon it by virtue
of its said contracts with its members or subscribers, or imposed upon it by the laws of the State of
Florida, then and in that event this bond shall be null and void.

**IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED BY AND BETWEEN THE
PARTIES HERETO, THAT THIS BOND MAY NOT BE CANCELLED OR RELEASED
UNTIL AFTER 60 DAYS NOTICE IN WRITING TO THE COMMISSIONER PROVIDED
SUCH CANCELLATION SHALL NOT RELEASE SAID SURETY FROM ANY LIABILITY
FOR CLAIMS ARISING OUT OF CONTRACTS ISSUED BEFORE CANCELLATION OF
THE BOND.**

IN WITNESS WHEREOF, the said parties hereunto have caused to be set the hands of their respective proper officers and to be affixed their respective corporate seals this _____ day of _____, 20__ __.

Signed and sealed in the presence of:

_____ WITNESS	By: _____ PRESIDENT
_____ WITNESS	_____ SECRETARY

NOTE: Attach to this bond a properly certified copy of the Agent's Power of Attorney

Executed at _____, Florida
This _____ day of _____, 20__ __.
By: _____
Florida Resident Agent of Surety Company

Office of Insurance Regulation
Specialty Product Administration

**FLORIDA COMPANY
CODE:**

**FEDERAL EMPLOYER
IDENTIFICATION NUMBER:**

**ANNUAL
STATEMENT FOR
SERVICE
WARRANTY
ASSOCIATION
OF THE**

(Service Warranty Association)

**TO THE
OFFICE OF INSURANCE REGULATION
OF THE
STATE OF FLORIDA**

Specialty Product Administration
200 East Gaines Street
Tallahassee, FL 32399 - 0331

FOR CALENDAR YEAR ENDED

**DUE ON OR BEFORE
MARCH 1 EACH YEAR**

GENERAL INFORMATION AND INSTRUCTIONS

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this statement will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this statement, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the statement page. This will highlight the fields where you may enter data.
7. The statement form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this statement. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your statement form is uploaded as a "Completed" document to your Component List; this does not submit the statement to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

STATEMENT

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name: _____

Company FEIN: _____ Florida Company Code: _____ Period Ending Date: _____

State and Date of Incorporation/Organization: _____ (State/Prov): _____ (Date): _____

Date Licensed by the Office of Insurance Regulation: _____ (Date): _____

Date Commenced Business: _____ (Date): _____

Address of Home Office:

Street: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Phone: _____ Ext: _____ Fax: _____

Address of Main Administrative Office:

Street: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Phone: _____ Ext: _____ Fax: _____

Mailing Address:

Street: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Phone: _____ Ext: _____ Fax: _____

Records Location (if different than Main Office):

Street: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Address of Principle Florida Office:

Street: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Phone: _____ Ext: _____ Fax: _____

Website:

Type of entity (check one)

☐ Corporation - For profit

☐ Sole proprietorship

☐ Corporation - Not for profit

☐ Limited liability company

☐ Partnership

☐ Other: _____

Contact Name: _____

Contact Title: _____

Phone: _____ Ext: _____ Fax: _____

Email Address: _____

OFFICERS / DIRECTORS / MEMBERS
Show full name (initials not acceptable)

Chief Executive Officer _____

President _____

Vice President _____

Secretary _____

Treasurer / Chief Financial Officer _____

Chairman of the Board _____

Directors / Members

STATE OF: _____

COUNTY OF: _____

_____, President, _____, Secretary,
and _____, Chief Financial Officer (or corresponding person having charge of the
financial records of the licensee), of the _____ being duly sworn
each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting
period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims
thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein
contained, annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said
licensee as of the reporting period stated above, and of its income and deductions for the period reported.

The foregoing instrument was acknowledged before me by _____ President/Owner
means of ☐ physical presence or ☐ online notarization, _____
_____ day of _____, 20____ Secretary

Notary Public: _____ Treasurer/CFO

Commission Number: _____

Expiration Date: _____

Print this page

BALANCE SHEET
ASSETS

	December 31	
CURRENT ASSETS:	Current Year	Last Year
1. Cash on Hand and on Deposit (Schedule A - Page 7)		
2. Investments (Schedule B - Page 8)		
3. Receivables (Schedule C - Page 9)		
Allowance for Doubtful Accounts	()	()
4. Prepaid Expenses		
5. Inventories		
6. Other Current Assets (Schedule D - Page 10)		
7. Total Current Assets		
NON-CURRENT ASSETS:		
8. Investments (Schedule B - Page 8)		
9. Receivables (Schedule C - Page 9)		
Allowance for Doubtful Accounts	()	()
10. Deferred Acquisition Expenses (Attach Details)		
11. Deferred Expenses		
12. Intangible Assets		
13. Other Non-Current Assets (Schedule D - Page 10)		
14. Total Non-Current Assets		
FIXED ASSETS (NET OF ACCUMULATED DEPRECIATION)		
15. Real Estate Owned		
16. Automobiles		
17. Office Equipment & Furniture		
18. Leasehold Improvements		
19. Other Fixed Assets (Schedule D - Page 10)		
20. Total Fixed Assets (Net of Accumulated Depreciation)		
21. Total Assets		
22. Less Non-Admitted Assets (Schedule E, Line 10, Page 11)	()	()
23. TOTAL ADMITTED ASSETS		

BALANCE SHEET
LIABILITIES AND STOCKHOLDERS' EQUITY

	December 31	
LIABILITIES:	Current Year	Last Year
1. Accounts Payable		
2. Commissions Payable		
3. Taxes Payable		
4. Current Portion of Notes Payable (Schedule F - Page 12)		
5. Accrued Interest Payable		
6. Claims Payable / Reserve		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
7. Other Current Liabilities (Schedule G - Page 14)		
8. Total Current Liabilities		
9. Reserve for Unearned Premium		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
10. Long Term Portion of Notes Payable (Schedule F - Page 12)		
11. Other Long Term Liabilities (Schedule G - Page 13)		
12. Total Long Term Liabilities		
13. Total Liabilities		
STOCKHOLDERS' EQUITY:		
14. Common Stock		
15. Preferred Stock		
16. Additional Paid-in Capital		
17. Retained Earnings (Line 17 - Page 6)		
18. Less Treasury Stock	()	()
19. Other (Attach Detail)		
20. Total Stockholders' Equity		
21. TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY		
22. Total Stockholders' Equity (Line 20 above)		
23. Less Non-Admitted Assets (Schedule E, Line 10, Page 11)	()	()
24. Statutory Net Worth		

STATEMENT OF OPERATIONS AND RETAINED EARNINGS

	December 31	
INCOME:	Current Year	Last Year
1. Premiums Earned		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
2. Total Net Investment Income Earned:		
a. Net Income Earned on all Reserves		
b. Net Income Earned on Other Investments		
3. Net Realized Capital Gains (or Losses)		
4. Other Income (Attach Schedule)		
5. Total Income		
EXPENSES:		
6. Claims		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
7. Commissions to Agents		
8. General Expenses (Attach Schedule)		
9. Total Expenses		
10. Net Gain (or Loss) from operations before Federal and State Income Taxes and Extraordinary Item(s)		
11. Extraordinary Item(s) (Attach Schedule)		
12. Federal and State Income Taxes		
13. Net Gain (or Loss) from Operations		
14. Retained Earnings, December 31, Previous Year		
15. Other (Attach Details)		
16. Less Dividends to Stockholders	()	()
17. RETAINED EARNINGS (Enter on Line 17, Page 5)		

Year Ending:

☐ Check if Not Applicable[illegible]

Month	Balance	Month	Balance	Month	Balance	Month	Balance
JAN		APR		JUL		OCT	
FEB		MAY		AUG		NOV	
MAR		JUN		SEP		DEC	

Year Ending:

Place a check in the column marked with an asterisk (*) if this investment represents reserve funds invested. Show all stocks, bonds, debenture bonds, collateral or mortgage notes owned and list in the order of their maturity. If stocks and bonds are not traded on one of the major exchanges or over-the-counter, then sufficient information should be given so that the investments may be verified. Collateral and mortgage notes owned should also reflect sufficient data for confirmation. If investment is on deposit with the Department, indicate with a check in the column marked with a number sign (#).

Description	Maturity Date or Number of Shares	*	#	Market Value	Original Cost
Current:	<input type="checkbox"/> Check if Not Applicable				
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
	Total Current (Line 2, Page 4):				
Non-Current:	<input type="checkbox"/> Check if Not Applicable				
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
	Total Non-Current (Line 8, Page 4):				
	TOTAL INVESTMENTS:				

Year Ending:

Place a check in the column marked with an asterisk (*) on all receivables which are past due over 90 days. Under **Description / Name of Debtor**, identify if the Debtor is an **Affiliate**, **Director**, **Officer**, **Share Holder**, or **Employee / Salesperson**.

Description / Name of Debtor	*	Security / Nature of Debt	Balance
Current:	<input type="checkbox"/> Check if Not Applicable		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
		Total Current (Line 3, Page 4):	
Non-Current:	<input type="checkbox"/> Check if Not Applicable		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
		Total Non-Current (Line 9, Page 4):	
		TOTAL RECEIVABLES:	

SCHEDULE D
OTHER ASSETS
(Net of Accumulated Depreciation)

Identify as current, non-current, or fixed where appropriate. Place a check in the column marked with an asterisk (*) if all or any part of the asset is assigned as collateral for a loan or is otherwise restricted.

Name	Nature of Asset	*	Balance
Other Current Assets:	<input type="checkbox"/> Check if Not Applicable		
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Current Assets (Line 6, Page 4):			
Non-Current Assets:	<input type="checkbox"/> Check if Not Applicable		
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Non-Current Assets (Line 13, Page 4):			
Other Fixed Assets:	<input type="checkbox"/> Check if Not Applicable		
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Fixed Assets (Line 19, Page 4):			
TOTAL OTHER ASSETS:			

SCHEDULE E
NON-ADMITTED ASSETS

1.	Notes, Accounts Receivables or Advances:		
a.	From Affiliates		
b.	From Controlling Stockholder / Ownership Interest		
c.	From Directors / Officers		
d.	From Employees / Salesmen		
e.	From Others		
Total (Line 1, entries a through e):			
2.	Fixed Assets costing less than \$200 each or amortized longer than five years		
3.	Leasehold Improvements in excess of Statute authorization		
4.	Investments:		
a.	In Subsidiaries		
b.	In Affiliates of Parent / Ultimate Parent		
Total (Line 4, entries a and b):			
5.	Prepaid Expenses in excess of Liquidation Value		
6.	Deferred Expenses		
7.	Intangible Assets:		
a.	Goodwill		
b.	Franchises		
c.	Customer Lists		
d.	Patents or Trademarks		
e.	Agreements not to Compete		
f.	Others (Identify)		
Total (Line 7, entries a through f):			
8.	Any Other asset pledged as collateral or otherwise restricted		
9.	Other Assets not allowed by Statute (Identify)		
Total (Line 9, all entries):			
10.	TOTAL NON-ADMITTED ASSETS (Line 22, Column 1, Page 4 and Line 23, Page 5)		

SCHEDULE F
NOTES PAYABLE

Place a check in the column marked with an asterisk (*) to designate Notes due to Affiliates, Directors, Officers, or Controlling Shareholder / Interest.

Description			Balance
Current Portion of Notes Payable:	<input type="checkbox"/> Check if Not Applicable	*	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total Current Portion of Notes Payable (Line 4, Page 5):			
Long-Term Portion of Notes Payable:	<input type="checkbox"/> Check if Not Applicable	*	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total Long-Term Portion of Notes Payable (Line 10, Page 5):			
TOTAL NOTES PAYABLE:			

Year Ending:

SCHEDULE G OTHER LIABILITIES

Name	Nature of Liability	Balance
Other Current Liabilities:	<input type="checkbox"/> Check if Not Applicable	
Total Other Current Liabilities (Line 7, Page 5):		
Other Long-Term Liabilities:	<input type="checkbox"/> Check if Not Applicable	
Total Other Long-Term Liabilities (Line 11, Page 5):		
TOTAL OTHER LIABILITIES:		

SCHEDULE H
FUNDED UNEARNED PREMIUM RESERVE
Chapter 634, Florida Statutes

List all assets used to meet the Unearned Premium Reserve requirement(s) for any warranty license(s) held by the Licensee. The reserve is required to be funded with unencumbered assets. The assets shall be held as prescribed under Chapter 625.301 - 625.340, Florida Statutes. (Attach additional pages, if needed.) Please identify any assets on deposit with the Department of Financial Services, Division of Treasury, Bureau of Collateral Management with check in the column marked with an asterisk (*).

Description of Asset	Maturity or Number of Shares	*	Market Value	Original Cost
Motor Vehicle Service Agreement Company			<input type="checkbox"/> Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
MOTOR VEHICLE SERVICE AGREEMENT COMPANY RESERVES:				
Home Warranty Association			<input type="checkbox"/> Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
HOME WARRANTY ASSOCIATION RESERVES:				
Service Warranty Association			<input type="checkbox"/> Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
SERVICE WARRANTY ASSOCIATION RESERVES:				
TOTAL RESERVES:				

Company Name:

Year Ending:

EXHIBIT I
Year To Date Summary of Business Written in All States (Including FLORIDA)
(Maturity Distribution)

	(1) Maturing In 2 Years or Less			(2) Maturing In More Than 2 Years		
	Number of Contracts	Gross Written Premiums	Statutory Reserves	Number of Contracts	Gross Written Premiums	Statutory Reserves
	(A)	(B)	(C)	(D)	(E)	(F)
1. Balance at December 31, Prior Year	_____	_____	_____	_____	_____	_____
2. Issued During Current Year	_____	_____	_____	_____	_____	_____
3. Cancellations & Refunds During Current Year	(_____)	(_____)	(_____)	(_____)	(_____)	(_____)
4. Expirations During Current Year	(_____)	(_____)	(_____)	(_____)	(_____)	(_____)
5. Existing Multi-Year Contracts with 2 Years Or Less Remaining	_____	_____	_____	(_____)	(_____)	(_____)
6. Balance at December 31, Current Year	_____	_____	_____	_____	_____	_____

- Entries must include **all contracts written**, regardless of effective date.

- **Maturity** means the time until the expiration date of the contract.

- The entries on Line 5 reflect the transition of contracts from Column (2) to Column (1) and should be the same amount. The sum of Line 6, Column (C) + (F), must be equal to the entry on Line 9c. Page 5.

- Gross Written Premiums: The gross written premium is the total amount of premiums paid by consumers inclusive of commissions.

- Funded Unearned Premium Reserve: Schedule H, Page 14, "Service Warranty Association Reserves" must be at a minimum equal to the sum of Line 6, Columns (C) + (F).

Company Name:

Year Ending:

EXHIBIT II
Year To Date Summary of Business Written in FLORIDA ONLY

	(1) Maturing In 2 Years or Less			(2) Maturing In More Than 2 Years		
	Number of Contracts	Gross Written Premiums	Statutory Reserves	Number of Contracts	Gross Written Premiums	Statutory Reserves
	(A)	(B)	(C)	(D)	(E)	(F)
1. Balance at December 31, Prior Year	_____	_____	_____	_____	_____	_____
2. Issued During Current Year	_____	_____	_____	_____	_____	_____
3. Cancellations & Refunds During Current Year	(_____)	(_____)	(_____)	(_____)	(_____)	(_____)
4. Expirations During Current Year	(_____)	(_____)	(_____)	(_____)	(_____)	(_____)
5. Existing Multi-Year Contracts with 2 Years Or Less Remaining	_____	_____	_____	(_____)	(_____)	(_____)
6. Balance at December 31, Current Year	_____	_____	_____	_____	_____	_____

Company Name:

Year Ending:

EXHIBIT III
Gross Written Premium Detail Information

	Statutory Reserves	Gross Premiums	Commissions to Sales Representatives	Net Premiums
1. Total Florida Contracts				
2. Total Contracts Written in States other than Florida				
3. Total (Line 1 + Line 2)				

EXHIBIT IV
Gross Written Premium to Net Asset Ratio

1. Total Assets (Line 21, Column 1, Page 4)	
2. Less: Total Non-Admitted Assets (Line 10, Page 11)	()
3. Less: Total Liabilities (Line 13, Page 5)	()
4. Total Statutory Net Assets (Must Equal Line 24, Page 5)	
5. Gross Written Premiums at End of Current Period (From EXHIBIT I, Line 6, Column (B) + (E), Page 14)	
6. Gross Written Premiums to Net Assets Ratio (Line 5 divided by Line 4)	To 1

Company Name:

Year Ending:

LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this statement period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.flair.com/siteDocuments/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Year Ending:

LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this statement period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
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							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

SAVE/SUBMIT PAGE

Save - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

Submit Final - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final

Office of Insurance Regulation
Specialty Product Administration

**FLORIDA COMPANY
CODE:**

**FEDERAL EMPLOYER
IDENTIFICATION NUMBER:**

**ANNUAL FILING STATEMENT
FOR PUBLICLY HELD CORPORATIONS - SEC FILINGS**

(Service Warranty Association)

**TO THE
OFFICE OF INSURANCE REGULATION
OF THE
STATE OF FLORIDA**

200 East Gaines Street
Tallahassee, FL 32399

FOR PERIOD ENDED

December 31, 20__

December 31 Due May 1

GENERAL INFORMATION AND INSTRUCTIONS

1. Please complete this form and attach the corresponding Quarterly or Annual Report as filed with the U.S. Securities & Exchange Commission (SEC), and submit to the Office of Insurance Regulation (OIR). This form and your company's latest SEC Quarterly or Annual Report is due by the respective dates shown on the Cover Page.
2. This form is necessary for the implementation of Section 634.416(1), Florida Statutes. In the event your company elects not to avail itself of the exemption from OIR examinations and reporting requirements, please advise. If the election to take the exemption as stated in Section 634.416(1), Florida Statutes, is not made, then you will be required to file an Annual Statement (OIR-A3-456) and Quarterly Reports (OIR-A3-457) pursuant to Section 634.415, Florida Statutes. **YOU MUST ADVISE THE OFFICE OF ANY CHANGE TO YOUR ELECTION PRIOR TO MARCH 1 EACH YEAR.**
3. On page 4 of the Annual Report Form OIR-A3-458 is the invoice for the annual filing fee of \$2,000.00 that should be submitted to the address shown thereon, and received on or before May 1.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this report, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the report page. This will highlight the fields where you may enter data. The report form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
7. "Save" or "Submit" buttons are provided on the last page of this report. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
8. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
9. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
10. When you have completed a form and selected "Submit Final," your report form is uploaded as a "Completed" document to your Component List; this does not submit the report to the OIR. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
11. Please print, sign, notarize and upload a PDF version of Page 4 under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

REPORTING REQUIREMENTS

For publicly held corporations filing SEC forms, it is requested that you provide this office the following information on an Annual and Quarterly basis: **Re: Sections 634.406, 634.415 & 634.416, Florida Statutes.**

1. Provide the dollar amount of the gross written premiums in force wherever written:

#

\$

2. Provide the dollar amount of the gross written premiums in force in Florida:

#

\$

3. Provide the dollar amount of the reserves established for (1) above, 25% of the gross written premiums in force wherever written:

\$

4. Provide a list of the assets funding this reserve:

5. Provide a list of the assets on deposit with the Department of Financial Services, Bureau of Collateral Management (10% of the gross written premiums in force in Florida):

6. If the company relies on a contractual liability insurance policy with an authorized insurer, please check here: ☐

7. Provide the net worth of the company at the end of the reporting period:

\$

NOTE: Questions 1 through 7 should be received Annually on May 1, and each Quarter on or before May 15, August 15, and November 15. This statement must be signed by the appropriate corporate officers, have the corporate seal affixed thereon, and be properly notarized.

SEC FILINGS

This form with all documents and the required filing fee must be received by the Office on or before May 1 of each year.

We represent to the Florida Office of Insurance Regulation that the attached SEC Filing and any and all amendments thereto are true and correct as filed with the United States Securities and Exchange Commission.

President

Chief Financial Officer

Treasurer

The foregoing instrument was acknowledged before by means of ☐ physical presence or ☐ online notarization,

_____ day of _____, 20____

Notary Public: _____

Commission Number: _____

Expiration Date: _____

FOR OFFICE OF INSURANCE REGULATION USE ONLY

ANNUAL - FILING FEE OF \$2,000.00

Print this page and mail with check to:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

REVENUE PROCESSING SECTION

Specialty Product Administration

Post Office Box 6100

Tallahassee, Florida 32314-6100

RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	ACCOUNT	SOURCE
	\$2,000.00	10	38	(TREASURY ACCOUNT) 3001		

Print this page

SAVE/SUBMIT PAGE

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Eastern Time

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Submit Final



Department of Financial Services
Office of Insurance Regulation – Specialty Product Administration

Licensee: _____
Address: _____
City, State Zip _____

LICENSE CONTINUANCE FORM

SERVICE WARRANTY ASSOCIATION
MANUFACTURER OR AFFILIATE"

For the period: 03/01/20 __ __ to 02/2 __/20 __ __

Federal Employer ID Number: __ __ - __ __ __ __ __ __
FL Company Code: **9 4** __ __ __

Due by March 1

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS SERVICE WARRANTY ASSOCIATION "MANUFACTURER or AFFILIATE" LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

_____ Name and Title	_____ Signature	_____ Date
_____ Name and Title	_____ Signature	_____ Date

INSTRUCTIONS:

1. If you wish to renew, complete and sign this application and forward it along with your remittance in the amount of \$500.00 made payable to: **Florida Department of Financial Services.**
2. The renewal application and remittance must be received on or before March 1 by:

Florida Department of Financial Services
Revenue Processing Section
Post Office Box 6100
Tallahassee, Florida 32314-6100

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$500.00	10	39	L	3002

SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

☐ Original Designation ☐ Insurer Name Change ☐ Merger / Acquisition ☐ Update Delivery Information

Insurer or Company Name: _____

Previous Name (If applicable): _____

Home Office Address: _____

City, State, Zip _____

FEI # _____

FL Company Code _____

Telephone # _____

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

**Designated Person
to receive process:** _____

E-Mail Address: _____

Phone#: _____ **Fax#:** _____

Mailing Address: _____

Street Address: _____

Signature: _____

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the _____ day of _____, A.D. _____.

President or CEO's Signature

President or CEO's Name (Typed or Printed)

SEAL

Secretary's Signature

Secretary's Name (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.



Florida Office of Insurance Regulation

INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package. The background investigative report must be conducted using the same affidavit submitted to the Florida Office of Insurance Regulation ("Office") for each individual as part of the application.
2. For specific information regarding background investigation vendors, please refer to the NAIC website, "Third Party Vendors for Background Reports" at: http://www.naic.org/industry_ucaa.htm
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will submit investigative reports electronically to the Office to this e-mail address:

bkgrnd-inv@flor.com

Submissions should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to, or contemporaneously with, the submission of each application filing, with the exception of acquisition filings.

6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
7. Questions regarding this process may be directed to pcappcoord@flor.com (Property and Casualty applicants) or to lhappcoord@flor.com (Life and Health applicants).



Florida Office of Insurance Regulation

FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE

Each individual subject to the fingerprinting process must be registered through IdentoGO by Idemia, at <https://fl.ibtfingerprint.com/>. For payment, processing, or appointment issues please contact the IdentoGo Customer Service Center at 1-800-528-1358.

DIGITAL PRINTS - Florida Residents only:

Access <https://fl.ibtfingerprint.com/>, select "Schedule a New Appointment" and follow the prompts. Please retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

FINGERPRINT CARD – Non-Florida Residents (and Florida residents who are physically unable to be digitally fingerprinted):

Access <https://fl.ibtfingerprint.com/>, select "Register for Fingerprint Card Processing Service" and follow the prompts. Select "No Cards" on the Shipping Details screen. Retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

Everyone must complete **two** fingerprint cards provided by the Florida Office of Insurance Regulation. Blank fingerprint cards may be requested by emailing FPRequest@floir.com. Fingerprinting must be performed by a technician within a law enforcement agency or other authorized entity. Most law enforcement agencies and many security companies provide civil applicant fingerprinting services.

NOTE: Please print your Payment Confirmation Number from the IdentoGo website on the "REF" line of the fingerprint card. Not including your Payment Confirmation Number will result in a delay of processing your submission.

Mail **ONLY** completed cards with a cover letter to:

Florida Office of Insurance Regulation
Market Research & Technology Unit
Fingerprint Card Processing
Room B-50 Larson Building
200 East Gaines Street
Tallahassee, Florida 32399-0326

Do NOT mail application paperwork with your fingerprint cards. All application materials must be sent directly to the appropriate unit (Property & Casualty Company Admissions or Life & Health Company Admissions) within the Office of Insurance Regulation. Failure to do so will result in a delay to your application.



Florida Office of Insurance Regulation

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



Florida Office of Insurance Regulation

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE

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

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

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

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

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

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

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

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

INSTRUCTIONS

SECTION I - APPLICATION FEES AND FORMS

Section I-1 Application Fees

Applicants must pay a license fee of \$500 U.S. Dollars ("USD"), pursuant to Section 634.404(6)(b)(3), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Secure your check to the Invoice on page 15 of this application and mail to:

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

Include copies of the completed Invoice and check with your application filing submitted via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee payment.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

SECTION II - LEGAL

Section II-1 Articles of Incorporation

Submit a copy of Applicant's 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-2 Certificate of Status from State of Domicile

If Applicant is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-3 Certificate of Status from Florida

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-4 Company Bylaws

Submit a copy of Applicant's Bylaws, or equivalent document. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted.

Section II-5 Service of Process Consent and Agreement

Submit the executed Service of Process Consent and Agreement Form OIR-C1-144. No signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted.

Section II-6 Authorization Letter

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

Section II-7 Fictitious Name Filing

If the organization plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

SECTION III - FINANCIAL

Section III-1 Financial Statements

If a manufacturer, provide a copy of the most recent certified audited financial statements prepared by an independent certified public accountant in accordance with generally accepted accounting principles and evidencing a net worth of at least \$10,000,000 USD.

Section III-2 Financial Requirements

Applicant is required to furnish the following:

1. If a manufacturer, a copy of the applicant's debt rating made by a recognized National Rating Service, if any debt securities are outstanding.
2. If a manufacturer, a copy of the most recent Form 10K, Form 10Q, or Form 20G, as filed with the United States Securities and Exchange Commission.
3. Applicant must comply with one of the following two options:
 - (a) Supply the Office with a copy of an approved executed contractual liability insurance policy containing the provisions set forth in Section 634.406(3), Florida Statutes. The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are not acceptable; or
 - (b) Supply the Office with a sworn statement of Applicant's intentions to establish and maintain a 25% reserve as outlined by Section 634.406, Florida Statutes. If Applicant has service warranties on its books at the time of application, provide a list of the assets funding the reserve. Applicants choosing this option must also place a deposit with Bureau of Collateral Management (see instructions in III-3 below) equal to 10% of the gross written premium of all warranty contracts in force in Florida, pursuant to Sections 634.406(2) and 625.52, Florida Statutes.

Applicants who maintain, or whose parent company maintains, at all times a minimum net worth of \$100 million USD, and who otherwise comply with Section 634.406(7), Florida Statutes, are not required to establish an unearned premium reserve or maintain contractual liability insurance.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

Section III-3 Deposit

Pursuant to Section 634.405, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of the appropriate deposit or security bond as below.

1. Warrantors:

- a.** If Applicant has \$300,000 USD or less in gross written premiums in Florida it shall place with the Bureau of Collateral Management a deposit of at least \$50,000 USD.
- b.** If Applicant has more than \$300,000 USD, but less than \$750,000 USD, in gross written premiums in Florida, it shall place with the Bureau of Collateral Management a deposit of at least \$75,000 USD.
- c.** If Applicant has \$750,000 USD or more in gross written premiums in Florida it shall place with the Bureau of Collateral Management a deposit of at least \$100,000 USD.

2. Warranty Sellers:

- a.** A securities deposit of \$100,000 USD.

Pursuant to Section 634.405(2), Florida Statutes, and subject to the approval of the Office, a Service Warranty Association may file a surety bond issued by an authorized surety insurer in lieu of the deposits outlined above. See Form OIR-A3-455, Home or Service Warranty Association Surety Bond.

Deposits should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Department of Financial Services
Bureau of Collateral Management
200 East Gaines Street
Tallahassee, FL 32399-0345

Applicants whose primary source of income is the sale of goods to the final consumer, derive more than 50% of their revenue through such sales, maintain a net worth of at least \$100 million USD, and otherwise comply with Section 634.405(7), Florida Statutes, are not subject to (1) and (2) above.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

Section III-4 Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the specialty insurer and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

- a. History:** Applicant should prepare a brief history of the company since its incorporation. Indicate any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

In this section list all companies or individuals affiliated with the Applicant. If a company, indicate what its principal business is. In addition, provide a list of all d/b/a's, trade names, or fictitious names, plan or contract names, or any other name the general public may recognize.

In addition, provide a list of all d/b/a's, trade names, fictitious names or names the general public may recognize.

- b. Organizational Chart:** Furnish complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable.
- c. Management:** Applicant should provide information regarding the service warranty experience of individuals in key areas of management and should outline specifically how each of the following will be handled: marketing, claims handling, accounting, and investments.
- d. Products:** Applicant should give a description of each product it plans to market.
- e. Marketing and Growth:** Applicant should furnish a plan of marketing including methods, rates, and commissions, projected growth pattern, and other pertinent information affecting marketing plans.

Section III-5 States Where Applicant is Currently Doing Business

Applicant should provide a list of states in which it conducts service warranty business.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

Section III-6 Financial Projections

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract. This information should be provided for Florida only, as well as separately for all business.

Section III-7 Qualifications

Provide the following information Clearly indicate which item is being responded to:

1. A list of the names of the products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.
2. A statement that the applicant has derived in its most recent fiscal year the majority of its revenues from products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.
3. A statement that warranty contracts are and will only be sold for products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.
4. A statement that the required warranty register is maintained.
5. The total amount of the gross written premiums in force, wherever written, for warranties written in other states.
6. A statement that the applicant's stock is traded on a recognized stock exchange or is listed in NASDAQ and publicly traded on the over-the-counter securities markets.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

SECTION IV - MANAGEMENT

Section IV-1 Alphabetical List of Management

Provide an alphabetical list of the names of each member of the Board of Directors and the Managing Executive Officer. Include the business address for each named individual.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

CHECKLIST

SECTION I - APPLICATION FORM & FEES

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

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.

☐

1. Application fee paid

☐

a. Copy of invoice included (page 15 of this form)

☐

b. Copy of check

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

CHECKLIST

SECTION II – LEGAL

- ☐ **1.** Articles of Incorporation (or equivalent)
 - ☐ **a.** Certified by public official
- ☐ **2.** Certificate of Status from Domiciliary Jurisdiction (if applicable)
- ☐ **3.** Certificate of Status from Florida
- ☐ **4.** Company Bylaws (or equivalent)
 - ☐ **a.** Certified by Secretary
- ☐ **5.** Service of Process Consent and Agreement Form OIR-C1-144
- ☐ **6.** Authorization Letter (if applicable)
- ☐ **7.** Fictitious Name Filing (if applicable)

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

CHECKLIST

SECTION III – FINANCIAL

1. Financial Statements

- ☐ a. Balance Sheet
- ☐ b. Income Statement
- ☐ c. Statement of Cash Flows
- ☐ d. Certified by 2 Officers
- ☐ e. Not more than 12 months old
- ☐ f. Provided for Parent (as applicable)

2. Financial Requirements

- ☐ a. Copy of Applicant's Debt Rating (if applicable)
- ☐ b. Copy of most recent Form 10k, 10Q, or 20G (if applicable)
- ☐ c. Executed Contractual Liability Policy, **or**
- ☐ d. A sworn statement to establish and maintain an unearned premium reserve
 - ☐ i. List of assets funding the reserve (if applicable)

3. Securities Deposit

- ☐ a. Appropriate security deposit (see page 5); **or**
- ☐ b. Surety Bond
 - ☐ i. OIR-A3-455, Home or Service Warranty Association Surety Bond

4. Plan of Operations

- ☐ a. History
- ☐ b. Organizational Chart
- ☐ c. Management
- ☐ d. Products
- ☐ e. Marketing and Growth

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

- ☐ **5.** List of states where Applicant and affiliates are currently doing business
- ☐ **6.** Financial Projections for 3 years
 - ☐ **a.** Florida
 - ☐ **b.** Nationwide
- ☐ **7.** Qualifications
 - ☐ **a.** Product lists
 - ☐ **b.** Statement regarding revenue sources
 - ☐ **c.** Statement regarding warranty contracts
 - ☐ **d.** Statement regarding warranty register
 - ☐ **e.** Total gross written premiums in force
 - ☐ **f.** Statement regarding stock market

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

CHECKLIST

SECTION IV – MANAGEMENT

☐

1. Alphabetical list of names and addresses of board of director members and managing executive officer

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

APPLICATION CERTIFICATION

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

The undersigned state that they are officers having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of

("Applicant") to seek licensure as a Service Warranty Association Manufacturer or Affiliate; 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 represent that they have the authority to bind the Applicant, and that by their signatures on the instrument the Applicant has executed the instrument.

The undersigned understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: _____

Print Name: _____

Title: _____

Date: _____

By: _____

Print Name: _____

Title: _____

Date: _____

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

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

INVOICE

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS ABOVE):

(city) (state) (zip code)

1. Make payable to the Department of Financial Services and mail check and invoice only to:

Department of Financial Services
Bureau of Financial Service
Post Office Box 6100
Tallahassee, Florida 32314-6100
2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

FOR DEPARTMENT USE ONLY

RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	AMOUNT	SOURCE
	\$500.00	10	39L	3	00	2
LICENSE NUMBER	Dated		Mailed			
	MO	DAY	YR	MO	DAY	YR



OFFICE OF INSURANCE REGULATION
Company Admissions

LIST OF PROPOSED SALES REPRESENTATIVES

**COMPANY
NAME:** _____

NAME:

ADDRESS:

SSN:



Florida Office of Insurance Regulation

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

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

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

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

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

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

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

Any questions Applicants have concerning this application packet or iApply may be directed to Property and Casualty at pcappcoord@floir.com.

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fees

Applicants must pay a license fee of \$200 U.S. Dollars ("USD"), pursuant to Section 634.407(3)(c), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Secure your check to the Invoice on page 16 of this application and mail to:

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

Include copies of the completed Invoice and check with your application filing submitted via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee payment.

Section I-II Fingerprint Fees

Applicants are required to pay a fee for the processing of the fingerprint cards required in Section IV-4. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions.

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

SECTION II - LEGAL

Section II-1 Articles of Incorporation

Submit a copy of Applicant's 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-2 Certificate of Status from State of Domicile

If Applicant is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-3 Certificate of Status from Florida

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-4 Company Bylaws

Submit a copy of Applicant's Bylaws or equivalent document. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted.

Section II-5 Service of Process Consent and Agreement

Submit the executed Service of Process Consent and Agreement Form OIR-C1-144. No signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted.

Section II-6 Authorization Letter

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

Section II-7 Fictitious Name Filing

If the organization plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

OIR-C1-997

Rev.: 3/21

Rule 69O-198.011

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

INSTRUCTIONS SECTION III – FINANCIAL

Section III-1 **Financial Statements**

There are two types of Service Warranty Associations:

1. Warrantor: a company which derives less than 50% of its gross income from the sale of service warranties. An Applicant Warrantor must provide the most recent financial statement reflecting minimum net assets of \$25,000 USD, and contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than 12 months old. Applicant should also submit the same for its immediate parent.

or

2. Warranty Seller: a company which derives more than 50% of its gross income from the sale of service warranties. An Applicant Warranty Seller must provide the most recent financial statement reflecting minimum net assets of \$300,000 USD, and should contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than 12 months old. Applicant should also submit the same for its immediate parent.

Section III-2 **Financial Requirements**

All service warranty associations are required to maintain reserves and ratios based on the gross written premiums in force written in this state. Applicant must provide the following information:

1. The amount of gross written premiums in force written in this state.
2. Satisfaction of the appropriate ratio of 1:7 of statutory net assets or net worth to the gross written premiums in force.
3. Applicant must also comply with one of the following two options:
 - a. Supply the Office with a copy of an approved executed contractual liability insurance policy containing the provisions set forth in Section 634.406(3), Florida Statutes. The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are not acceptable; or

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

- b. Supply the Office with a sworn statement of Applicant's intentions to establish and maintain a 25% reserve as outlined by Section 634.406, Florida Statutes. If Applicant has service warranties on its books at the time of application, provide a list of the assets funding the reserve. Applicants choosing this option must also place a deposit with Bureau of Collateral Management (see instructions in III-3 below) equal to 10% of the gross written premium of all warranty contracts in force in Florida, pursuant to Sections 634.406(2) and 625.52, Florida Statutes.

Section III-3 Deposit

Pursuant to Section 634.405, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of the appropriate deposit or security bond as below.

1. Warrantors:

- a. If Applicant has \$300,000 USD or less in gross written premiums in Florida it shall place with the Bureau of Collateral Management a deposit of at least \$50,000 USD.
 - b. If Applicant has more than \$300,000 USD, but less than \$750,000 USD, in gross written premiums in Florida, it shall place with the Bureau of Collateral Management a deposit of at least \$75,000 USD.
 - c. If Applicant has \$750,000 USD or more in gross written premiums in Florida it shall place with the Bureau of Collateral Management a deposit of at least \$100,000 USD.

2. Warranty Sellers:

- a. A securities deposit of \$100,000 USD.

Pursuant to Section 634.405(2), Florida Statutes, and subject to the approval of the Office, a Service Warranty Association may file a surety bond issued by an authorized surety insurer in lieu of the deposits outlined above. See Form OIR-A3-455, Home or Service Warranty Association Surety Bond.

Deposits should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Department of Financial Services
Bureau of Collateral Management
200 East Gaines Street
Tallahassee, FL 32399-0345

OIR-C1-997
Rev.: 3/21
Rule 69O-198.011

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

Section III-4 **Plan of Operations**

It is important for the Office to have a clear understanding of the proposed operations of the specialty insurer and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

- a. History:** Applicant should prepare a brief history of the company since its incorporation. Indicate any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

In this section list all companies or individuals affiliated with the Applicant. If a company, indicate what its principal business is. In addition, provide a list of all d/b/a's, trade names, or fictitious names, plan or contract names, or any other name the general public may recognize.

Provide any names, trademark, or emblem which is distinctive and not similar to the name or trademark of any other association, corporation, or organization already doing business in this state as will tend to mislead or confuse the public, as required by Section 634.404 (3), Florida Statutes.

- b. Organizational Chart:** Furnish complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable.
- c. Management:** Applicant should provide information regarding the service warranty experience of individuals in key areas of management and should outline specifically how each of the following will be handled: marketing, claims handling, accounting, and investments.
- d. Products:** Applicant should give a description of each product it plans to market.
- e. Marketing and Growth:** Applicant should furnish a plan of marketing including methods, rates, and commissions, projected growth pattern, and other pertinent information affecting marketing plans.

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

Section III-5 States Where Applicant is Currently Doing Business

Applicant should provide a list of states in which it conducts service warranty business.

Section III-6 Financial Projections

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract. This information should be provided for Florida only, as well as separately for all business.

Section III-7 Alphabetical List of Proposed Sales Representatives

Applicant should provide a list of its proposed sales representatives. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Florida Department of Financial Services, Division of Agent & Agency Services, by calling 1-877-MY-FL-CFO (1-877-693-5236), or (850) 413-3089, if calling from out of state.

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

SECTION IV – MANAGEMENT

Section IV-1 Management Information Forms

Submit Management Information Form OIR-C1-2221 fully describing Applicant's management, ownership, and all individuals or entities having direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

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

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

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

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

Each Biographical Affidavit must be signed and notarized.

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

However, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to the NAIC Biographical Affidavit (NAIC Form 11) that is also included in this packet.

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

Section IV-3 Background Investigative Report

A Background Investigative Report must be provided for each person for whom a Biographical Affidavit is required, as described above. Background reports must be submitted by an approved background investigation vendor directly to the Office. Attach proof of payment confirming that all background reports have been ordered when submitting the application. Please refer to Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports, included in this packet.

The NAIC approved background investigation vendor list can be found at:

https://www.naic.org/documents/industry_ucaa_third_party.pdf

Section IV-4 Fingerprint Cards

Fingerprint cards must be provided to the Office for each person for whom a Biographical Affidavit is required. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions. If an individual has submitted a fingerprint card dated within 5 years of the date of the Application filing, a fingerprint card need not be submitted for that individual.

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

CHECKLIST

SECTION I - APPLICATION FORM & FEES

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

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.

- ☐ 1. Application fee paid
 - ☐ a. Copy of invoice included (page 16 of this form)
 - ☐ b. Copy of check
- ☐ 2. All fingerprint fees paid electronically
 - ☐ a. Copies of online payment confirmation

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

CHECKLIST

SECTION II – LEGAL

- ☐ 1. Articles of Incorporation or equivalent
 - ☐ a. Certified by public official
- ☐ 2. Certificate of Status from Domiciliary Jurisdiction (if applicable)
- ☐ 3. Certificate of Status from Florida
- ☐ 4. Company Bylaws or equivalent
 - ☐ a. Certified by Secretary
- ☐ 5. Service of Process Consent and Agreement Form OIR-C1-144
- ☐ 6. Authorization Letter (if applicable)
- ☐ 7. Fictitious Name Filing (if applicable)

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

CHECKLIST

SECTION III – FINANCIAL

1. Financial Statements

- ☐ a. Balance Sheet
- ☐ b. Income Statement
- ☐ c. Statement of Cash Flows
- ☐ d. Certified by 2 Officers
- ☐ e. Not more than 12 months old
- ☐ f. Provided for Parent (as applicable)

2. Financial Requirements (a **or** b)

- ☐ a. Amount of gross written premium in this state.
- ☐ b. Acknowledgment of ratio requirement
- ☐ c. Executed Contractual Liability Policy, **or**
- ☐ d. A sworn statement to establish and maintain an unearned premium reserve
 - ☐ i. List of assets funding the reserve (if applicable)

3. Securities Deposit

- ☐ a. Appropriate security deposit (see page 5); **or**
- ☐ b. Surety Bond
 - ☐ i. OIR-A3-455, Home or Service Warranty Association Surety Bond.

4. Plan of Operations

- ☐ a. History
- ☐ b. Organizational Chart
- ☐ c. Management
- ☐ d. Products
- ☐ e. Marketing and Growth

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

- ☐ **5.** List of states where Applicant and affiliates are currently doing business
- ☐ **6.** Financial Projections for 3 years
 - ☐ **a.** Florida
 - ☐ **b.** Nationwide
- ☐ **7.** Alphabetical List of Proposed Sales Representatives

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

CHECKLIST

SECTION IV – MANAGEMENT

- ☐ 1. Management Information (Form OIR-C1-2221) submitted for all required entities
- ☐ 2. Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
 - ☐ a. All information completed (no blanks)
 - ☐ b. “Yes” answers explained
 - ☐ c. Signed
 - ☐ d. Notarized
- ☐ 3. Background investigative reports for all required individuals. The reports must be based on the Biographical Affidavits submitted to the Office with this Application.
 - ☐ a. Proof of order and confirmation of payment submitted to the Office
- ☐ 4. Fingerprint cards for all required individuals
 - ☐ a. All information completed (no blanks)
 - ☐ b. Signed

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

APPLICATION CERTIFICATION

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

The undersigned state that they are officers having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to seek licensure as a Service Warranty Association; 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 represent that they have the authority to bind the Applicant, and that by their signatures on the instrument the Applicant has executed the instrument.

The undersigned understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: _____

Print Name: _____

Title: _____

Date: _____

By: _____

Print Name: _____

Title: _____

Date: _____

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

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

INVOICE

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS ABOVE):

(city)

(state)

(zip code)

1. Make payable to the Department of Financial Services and mail check and invoice only to:

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

2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

FOR DEPARTMENT USE ONLY

RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	AMOUNT	SOURCE
	\$200.00	10	32L	3	00	2
LICENSE NUMBER	Dated		Mailed			
	MO	DAY YR	MO	DAY YR	MAILED BY	

Applicant Company Name: _____

NAIC No. _____

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.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. 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: _____ Middle: _____ Last: _____

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

Yes ☐ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☐

If yes, what country? _____

3. Affiant's occupation or profession: _____

4. Affiant's business address: _____

Business telephone: _____

Business Email: _____

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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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>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>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: _____

NAIC No. _____

FEIN: _____

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
--	---------------------	---	--

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Present or proposed position with the Applicant Company: _____

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

Yes ☐ No ☐

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

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☐

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☐

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

- 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.

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,

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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.

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

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☐

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

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

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☐

If yes, provide details: _____

15. To your knowledge has any company or entity (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. _____

- 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?

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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. _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _____ day of _____, 20____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

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

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____ by _____, and:

☐ who is personally known to me, or

☐ who produced the following identification: _____.

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. 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.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

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

IF ANSWER IS "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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

6. Date of Birth: (MM/DD/YY) : _____ Place of Birth, City: _____
State/Province: _____ Country: _____

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

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

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

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this ____ day of _____, 20____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

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

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____ by _____, and:

☐ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) 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)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____ by _____, and:

☐ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to _____ [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) 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)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

this ____ day of _____, 20____ by _____, and:

- ☐ who is personally known to me, or
☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of _____ **[company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through _____ **[name of CRA, address]** (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ **[company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond 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)

(Signature)

(Date)

State of: _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____ by _____, and:

- ☐ who is personally known to me, or
☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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: _____

NAIC No. _____

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: _____

NAIC No. _____

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

Management Information Form

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

Name of Entity: _____

Name	Title (e.g.: President)	Position (e.g.: Officer)	Ownership %
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*Additional pages in like format may be attached as necessary

OIR-C1-2221

Rev.: 6/20

Rule: 690-198.011

M E M O R A N D U M

DATE: April 11, 2021

TO: David Altmaier, Commissioner, Office of Insurance Regulation

THROUGH: Anoush Brangaccio, General Counsel

FROM: Michael Lawrence, Jr., Chief Legal Counsel

SUBJECT: Cabinet Agenda for May 4, 2021
Request for Approval for Final Approval to Adopt Amendments to
Rules 690-199.005, .008, .012
Assignment # 252639-19

The Office of Insurance Regulation ("Office") requests that these proposed rule amendments be presented to the Cabinet aides on or before April 28, 2021, and to the Financial Services Commission on May 4, 2021, with a request for Final Approval to Adopt the proposed rule.

The notice of development of rulemaking was published on November 5, 2020, in Volume 46, No. 217, of the *Register*. The Office did not receive a request to hold a workshop. The notice of proposed rule was published on February 5, 2021, in Volume 46, No. 189, of the *Register*. The Office did not receive a request to hold a hearing. A notice of change was published prior to the Cabinet meeting.

P&C and legal reviewed all the rules in Chapter 199, F.A.C., to determine if any rules should be amended or repealed. Rule 690-199.005, F.A.C., is amended to update the financial requirements. Subsection (3) is deleted and the definition of "Gross Written Premiums" is amended in response to comments received from JAPC.

Rule 690-199.008, F.A.C, is being amended to combine all application requirements in a single rule and some forms were amended in response to comments received from JAPC. This rule will later be transferred to Chapter 136, F.A.C., as part of the ongoing applications project.

Rule 690-199.012, F.A.C., is amended to update the annual statement requirements and paragraph (3)(e) is deleted in response to a comment received from JAPC.

Sections 624.307, 624.424, 634.302, 634.304, 634.306, 624.307, 634.3073, 634.3077, 634.313, and 634.315, F.S., are the rulemaking authority and laws implemented for this rule package.

Attached are the proposed rules.

Approved for signature:

Anoush Brangaccio, General Counsel

Approved for submission to Financial Services
Commission:

David Altmaier, Commissioner
Office of Insurance Regulation

69O-199.001 Purpose and Scope.

~~The purpose of this rule chapter is to implement the provisions of chapter 634, part II, F.S., to regulate the issuance of a license and the operation of Home Warranty Associations as provided therein.~~

Rulemaking Authority 634.302 FS. Law Implemented 634, Part II FS. History—New 7-15-90, Formerly 4-118.001, 4-199.001, Repealed

69O-199.005 Financial Requirements Regarding the Funded, Unearned Premium Reserve Account.

(1)(a) “Gross premium” means the total amount of premium paid by the consumer, inclusive of commissions.

(b) “Gross Written Premiums” means the total amount of premiums paid by the consumer, paid for the entire period of the home warranty, inclusive of commissions, for which the association is obligated under home warranties issued.

(c)(b) “Obligated” means outstanding warranties in force which have not expired or been canceled and a refund made to the consumer.

(2)(a) Written contracts are required on all sales made between the home warranty association and the consumer.

(b) The serially numbered contract shall include:

1. The selling price to the ultimate consumer;
2. Issuing sales representative;
3. Date issued;
4. Name and street address of warranty holder;
5. Warranty period; and;
6. Other information pertinent to the transaction.

(c) Copies of all warranty contracts shall be maintained by the association for a period of at least four years after expiration of the contract. For purposes of records kept on computer file pursuant to section 634.3135, F.S., a single computer copy may be kept of any form that is uniformly distributed to contract holders, if that computer record exactly duplicates the form sent to all contract holders.

(3) ~~Each home warranty association shall maintain a warranty register, which shall include at least the following items:~~

- (a) ~~Contract number;~~
- (b) ~~Date issued;~~
- (c) ~~Issuing sales representative;~~
- (d) ~~Name and street address of warranty holder;~~
- (e) ~~Warranty period;~~
- (f) ~~Net Premium;~~
- (g) ~~Commission to sales representative; and,~~
- (h) ~~Gross Premium.~~

(4) ~~“Gross premium” means the total amount of premium paid by the consumer, inclusive of commissions.~~

(3)(5) The unearned premium reserve account is calculated as follows: the minimum reserve for all home warranty associations shall be 25 percent of the gross written premium for which the association is obligated on all contracts, issued in this any state.

(4)(6) The unearned premium reserve account shall be totally funded and identified at all times by unencumbered assets. Those prescribed assets funding the unearned premium reserve shall be clearly designated for this purpose and such reserve account must be a separate auditable account for contracts in force in this state.

(5)(7) The ratios required by section 634.3077(2), F.S., are net assets to gross written premiums for which the association is obligated, wherever written, in any state, except that the ratio of net assets to gross written premiums may be less if the association has net assets of not less than \$500,000 and maintains a funded, unearned premium reserve account equal to a minimum of 40 percent of the gross written premiums received by it from all warranty contracts in force in this state.

Rulemaking Authority 634.302 FS. Law Implemented 634.3077, 634.3135 FS. History—New 7-16-92, Formerly 4-199.005, Amended

69O-199.008 Application for License and License Renewal. General Eligibility Requirements.

Substantial rewording of Rule 69O-199.008, F.A.C. follows. See Florida Administrative Code for present text.

(1) Application for License as a Home Warranty Association

(a) An application for a person applying for a license as a home warranty association consists of the following:

1. Form OIR-C1-490, "Application for License Home Warranty Association," effective 3/21, hereby incorporated by reference and available at www.flrules.org/XXXXX;
2. Form OIR-A3-455, "Home or Service Warranty Association Surety Bond," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;
3. Form OIR-C1-144, "Service of Process Consent & Agreement," effective 6/04, hereby incorporated by reference and available at www.flrules.org/XXXXX;
4. Form OIR-C1-905, "Instructions for Furnishing Background Investigative Reports," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;
5. Form OIR-C1-938, "Fingerprint Payment and Submission Procedures," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;
6. Form OIR-C1-995, "List of Proposed Sales Representatives," effective 10/05, hereby incorporated by reference and available at www.flrules.org/XXXXX;
7. Form OIR-C1-1423, "Biographical Affidavit," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX; and
8. Form OIR-C1-2221, "Management Information Form," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX.

(b) A person applying for a license as a home warranty association shall submit the forms listed in paragraph (1)(a) as directed by the Office electronically at <https://www.flair.com/iportal>.

(2) Annual License Renewal

(a) 1. All home warranty association licenses shall expire on June 1.

2. Failure to submit the application for continuance by June 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a home warranty association shall submit the following:

1. Form OIR-A3-1073, "Application for Renewal of License Home Warranty Association," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX, filed electronically at <https://www.flair.com/iportal> and

2. A fee of \$200.00 filed annually in conjunction with the June 1 filing of the Annual Statement.

(c) Any licensee who fails to renew a home warranty association license shall immediately cease and desist from engaging in the home warranty business in the state of Florida. The home warranty association shall honor those home warranty contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

(1) Biographical statements (Form OIR 422 as adopted in rule 69O 199.015, F.A.C., on the following persons shall be included in the application for a Certificate of Authority (COA):

(a) Persons who own or control in excess of five percent of the outstanding stock of the home warranty association;

(b) Members of the board of directors of the home warranty association;

(c) All officers who are identified in section 634.306, F.S., and any other individuals who have policy decision making authority;

(d) All officers and directors of any parent corporation or corporations of the home warranty association, if parent exists; and,

(e) All officers and directors of any external management company contracted with the home warranty association, if management company exists, pursuant to paragraph (1)(e), above.

(2) This requirement also applies to individuals who, subsequent to the date of application for a COA, become associated with a home warranty association and meet any of the qualifications listed in paragraphs (1)(a) through (1)(e), above.

(3) Home warranty associations are required to notify the Office in writing within 15 days of any new officers, directors, or stockholders owning 5% or more of the outstanding voting securities of the home warranty association.

(4) Home warranty associations are required to notify the Office in writing within 15 days of any change in the corporate name, business name, trademark, or emblem of the association.

(5) All filings shall be submitted electronically to <http://www.flair.com/iportal>.

Rulemaking Authority 634.302 FS. Law Implemented 624.424, 634.304, 634.305, 634.306, 624.307, 634.3073, 634.315 FS. History—New 7-16-92, Amended 4-3-94, Formerly 4-199.008, Amended 7-30-17, _____.

690-199.010 License Renewal.

- (1)(a) All home warranty association licenses shall expire on June 1.
 (b) The qualified license holder shall file for renewal of its license on the form prescribed by the Office.
 (c) The renewal form and a fee of \$200.00 shall be received by the Office annually at least 30 days prior to June 1 of each year. All filings shall be submitted electronically to <http://www.floir.com/iportal>.
 (d) Failure to submit the application for renewal by June 1 shall result in expiration of the license, and will require the filing of a new application for licensure.
 (2)(a) Any licensee who fails to renew said license shall immediately cease and desist from engaging in the Home Warranty business in the State of Florida.
 (b) The association shall honor those warranty contracts in force until date of expiration or date of cancellation, with a refund made to the consumer, provided by written contract.

Rulemaking Authority 634.302 FS. Law Implemented 624.424, 634.307 FS. History—New 7-16-92, Amended 4-3-94, Formerly 4-199.010, Amended 7-30-17, Repealed.

690-199.012 Annual Statement.

- (1)(a) An Annual Statement ~~Report~~ shall be filed with the Office of Insurance Regulation, on or before March 1 of each year, on Form OIR-A3-491, “Annual Statement for Home Warranty Association,” effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX. The filings shall be submitted electronically via the Office’s system at <https://www.floir.com/iportal>, on the form prescribed by the Office in rule 690-199.015, F.A.C.
 (b) If the Annual Statement ~~statement~~ does not include all information requested in the format provided, it will not be deemed filed until all deficiencies are corrected.
 (2) A late filing fee will be assessed in accordance with rule chapter 690-207, F.A.C., for each company that has not filed a complete Annual Statement ~~annual statement~~ in accordance with this rule.
 (3)(a) Any request for an extension of filing the annual report shall be in writing and the reason(s) for the extension explained in detail.
 (b) All requests must be filed with the Office fifteen (15) days prior to the deadline date for filing the annual report.
 (c) Any extension request received less than fifteen (15) days prior to due date will be denied except for unavoidable circumstances, which include for example:
 1. Death of key personnel; or
 2. Destruction of records by fire, hurricane, or other natural disasters.
 (4) All filings shall be submitted electronically at <http://www.floir.com/iportal>.

Rulemaking Authority 634.302 FS. Law Implemented 624.307(1), 624.424, 634.313 FS. History—New 7-16-92, Amended 4-3-94, Formerly 4-199.012, Amended 7-30-17, _____.

690-199.015 Forms Incorporated by Reference.

- (1) The following forms are incorporated into this rule chapter by reference to implement the provisions of chapter 634, part II, F.S.:

Title	Form Number
(a) Application for License Home Warranty Association	OIR-C1-490 http://www.flrules.org/Gateway/reference.asp?No=Ref-08297 (12/05)
(b) Annual Report	OIR-A3-491 http://www.flrules.org/Gateway/reference.asp?No=Ref-08300 (03/91)
(c) Statement of Acquisition, Merger or Consolidation of A Specialty Insurer Pursuant to sections 628.461, 628.4615, F.S.	OIR-C1-448 (12/05)
(d) Consent and Agreement in Re: Service of Process	OIR-C1-144 (11/90)
(e) Authority to Release Information	OIR-C1-450 (08/91)

(f) Biographical Statement and Affidavit	OIR 422 (11/90)
(g) Abbreviated Biographical Statement	OIR 449 (01/91)
(h) Home Warranty Bond	OIR 455 (01/89)
(i) Certification of Filing Annual Tax on Premiums and Assessment	OIR 440 (12/89)
(j) Resolution Form	OIR 514 (11/90)
(k) Renewal Notice	OIR 1073 (04/92)

(2) Forms are available at <http://www.flor.com/iportal>.

Rulemaking Authority 634.302 FS. Law Implemented 624.424, 634.306, 634.3073, 634.3077, 634.313, 634.315 FS. History—New 7-15-90, Formerly 4-118.015, Amended 7-16-92, Formerly 4-199.015, Amended 7-30-17, Repealed

Notice of Change/Withdrawal

DEPARTMENT OF FINANCIAL SERVICES

OIR – Insurance Regulation

RULE NOS.: RULE TITLES:

69O-199.005 Financial Requirements Regarding the Funded, Unearned Premium Reserve Account

69O-199.008 General Eligibility Requirements

69O-199.012 Annual Statement

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 47 No. 24, February 5, 2021 issue of the Florida Administrative Register.

69O-199.005 Financial Requirements Regarding the Funded, Unearned Premium Reserve Account.

(1)(a) No change.

(b) “Gross Written Premiums” means the total amount of premiums paid by the consumer, paid for the entire period of the home warranty, inclusive of commissions, for which the association is obligated under home warranties issued.

(c) No change.

(2) No change.

~~(3) Each home warranty association shall maintain a warranty register, which shall include at least the following items:~~

~~(a) Contract number;~~

~~(b) Date issued;~~

~~(c) Issuing sales representative;~~

~~(d) Name and street address of warranty holder;~~

~~(e) Warranty period;~~

~~(f) Net Premium;~~

~~(g) Commission to sales representative; and,~~

~~(h) Gross Premium.~~

~~(3)(4)~~ The unearned premium reserve account is calculated as follows: the minimum reserve for all home warranty associations shall be 25 percent of the gross written premium for which the association is obligated on all contracts, issued in this ~~any~~ state.

~~(4)(5)~~ The unearned premium reserve account shall be totally funded and identified at all times by unencumbered assets. Those prescribed assets funding the unearned premium reserve shall be clearly designated for this purpose and such reserve account must be a separate auditable account for contracts in force in this state.

~~(5)(6)~~ The ratios required by section 634.3077(2), F.S., are net assets to gross written premiums for which the association is obligated, wherever written, in any state, except that the ratio of net assets to gross written premiums may be less if the association has net assets of not less than \$500,000 and maintains a funded, unearned premium reserve account equal to a minimum of 40 percent of the gross written premiums received by it from all warranty contracts in force in this state.

Rulemaking Authority 634.302 FS. Law Implemented 634.3077, 634.3135 FS. History—New 7-16-92, Formerly 4-199.005, Amended _____.

69O-199.008 Application for License and License Renewal.

(1) Application for License as a Home Warranty Association

(a) An application for a person applying for a license as a home warranty association consists of the following:

1. Form OIR-C1-490, “Application for License Home Warranty Association,” effective 3/21 ~~12/18~~, hereby incorporated by reference and available at www.flrules.org/XXXXX;

2. through 5. No change.

~~6. Form OIR-C1-969, “Contractual Liability Policy,” effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;~~

~~67.~~ Form OIR-C1-995, "List of Proposed Sales Representatives," effective 10/05, hereby incorporated by reference and available at www.flrules.org/XXXXX;

~~78.~~ Form OIR-C1-1423, "Biographical Affidavit," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX; and

~~89.~~ Form OIR-C1-2221, "Management Information Form," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX.

(b) No change.

(2) No change.

Rulemaking Authority 634.302 FS. Law Implemented 624.424, 634.304, 634.305, 634.306, 624.307, 634.3073, 634.315 FS. History—New 7-16-92, Amended 4-3-94, Formerly 4-199.008, Amended 7-30-17,_____.

69O-199.012 Annual Statement.

(1)(a) An Annual Statement shall be filed with the Office, on or before March 1 of each year, on Form OIR-A3-491, "Annual Statement for Home Warranty Association," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX. The filings shall be submitted electronically via the Office's system at <https://www.floir.com/iportal>.

(b) If the Annual Statement does not include all information requested in the format provided, it will not be deemed filed until all deficiencies are corrected.

(2) A late filing fee will be assessed in accordance with rule chapter 69O-207, F.A.C., for each company that has not filed a complete Annual Statement in accordance with this rule.

(3)(a) Any request for an extension of filing the Annual Statement shall be in writing and the reason(s) for the extension explained in detail.

(b) All requests for extension must be filed with the Office fifteen (15) days prior to the deadline date for filing the annual report.

~~(c) Any request for extension received less than fifteen (15) days prior to due date will be denied except for unavoidable circumstances, which include~~

~~1. Death of key personnel; or~~

~~2. Destruction of records by fire, hurricane, or other natural disasters.~~

Rulemaking Authority 634.302 FS. Law Implemented ~~624.307(1)~~, 624.424, 634.313 FS. History—New 7-16-92, Amended 4-3-94, Formerly 4-199.012, Amended 7-30-17,_____.



Office of Insurance Regulation
Specialty Product Administration

Bond No: _____

HOME OR SERVICE WARRANTY ASSOCIATION SURETY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT _____
_____ AS PRINCIPAL, (Hereinafter referred to as "the Principal")
and _____ AS SURETY, (Hereinafter
referred to as "the Surety") are held and firmly bound unto the Commissioner of the Office of
Insurance Regulation of Florida, and his successors in office, the sum of _____
_____ (\$ _____ .00) lawful money of the United States, to the payment
whereof we hereby bind ourselves, jointly and severally, and our successors, assigns, and
representatives.

This bond will be effective on the _____ day of _____, A.D. 20 __ __, at 12:01 a.m.

THE CONDITION OF THE ABOVE OBLIGATION IS, THAT, WHEREAS, by virtue of
Chapter 634, Florida Statutes, the above bounden, the Principal herein named, is required to make a
deposit of \$ _____ .00 in cash or approved securities with the Commissioner or a
surety bond in the amount of \$ _____ .00 of a surety company authorized to do
business in the State of Florida, said bond and company to be approved of by said Commissioner to
assure the faithful performance of the principal's obligations to its members or subscribers assumed in
the State of Florida while this bond is in effect:

AND WHEREAS, the above bounden, the Principal herein named has elected to give such surety
bond with the Surety above named;

NOW, THEREFORE, if the said Principal named herein shall faithfully perform its obligations to its
members or subscribers, and shall pay each, every and all of its liabilities to its members or subscribers
in the State of Florida after the said liabilities shall have been adjusted between the Principal and its
members or subscribers in the mode prescribed by the contract between the Principal and its members
or subscribers, if a mode be prescribed, or by judgement, order or decree of a Court having jurisdiction
of the subject, and shall fully and faithfully respond to and settle all said obligations to its members or
subscribers arising from contracts effectuated while this bond is in effect and resting upon it by virtue
of its said contracts with its members or subscribers, or imposed upon it by the laws of the State of
Florida, then and in that event this bond shall be null and void.

**IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED BY AND BETWEEN THE
PARTIES HERETO, THAT THIS BOND MAY NOT BE CANCELLED OR RELEASED
UNTIL AFTER 60 DAYS NOTICE IN WRITING TO THE COMMISSIONER PROVIDED
SUCH CANCELLATION SHALL NOT RELEASE SAID SURETY FROM ANY LIABILITY
FOR CLAIMS ARISING OUT OF CONTRACTS ISSUED BEFORE CANCELLATION OF
THE BOND.**

IN WITNESS WHEREOF, the said parties hereunto have caused to be set the hands of their respective proper officers and to be affixed their respective corporate seals this _____ day of _____, 20__ __.

Signed and sealed in the presence of:

_____ WITNESS	By: _____ PRESIDENT
_____ WITNESS	_____ SECRETARY

NOTE: Attach to this bond a properly certified copy of the Agent's Power of Attorney

Executed at _____, Florida
This _____ day of _____, 20__ __.
By: _____
Florida Resident Agent of Surety Company

Office of Insurance Regulation
Specialty Product Administration

**FLORIDA COMPANY
CODE:**

**FEDERAL EMPLOYER
IDENTIFICATION NUMBER:**

**ANNUAL
STATEMENT FOR
HOME
WARRANTY
ASSOCIATION
OF THE**

(Home Warranty Association)

**TO THE
OFFICE OF INSURANCE REGULATION
OF THE
STATE OF FLORIDA**

Specialty Product Administration
200 East Gaines Street
Tallahassee, FL 32399 - 0331

FOR CALENDAR YEAR ENDED

**DUE ON OR BEFORE
MARCH 1 EACH YEAR**

GENERAL INFORMATION AND INSTRUCTIONS

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this statement will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this statement, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the statement page. This will highlight the fields where you may enter data.
7. The statement form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this statement. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your statement form is uploaded as a "Completed" document to your Component List; this does not submit the statement to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

STATEMENT

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name:

Company FEIN:

Florida Company Code:

Period Ending Date:

State and Date of Incorporation/Organization:

(State/Prov):

(Date):

Date Licensed by the Office of Insurance Regulation:

(Date):

Date Commenced Business:

(Date):

Address of Home Office:

Street:

City:

State/Prov:

Zip/Postal Code:

Phone:

Ext:

Fax:

Address of Main Administrative Office:

Street:

City:

State/Prov:

Zip/Postal Code:

Phone:

Ext:

Fax:

Mailing Address:

Street:

City:

State/Prov:

Zip/Postal Code:

Phone:

Ext:

Fax:

Records Location (if different than Main Office):

Street:

City:

State/Prov:

Zip/Postal Code:

Address of Principle Florida Office:

Street:

City:

State/Prov:

Zip/Postal Code:

Phone:

Ext:

Fax:

Website:

Type of entity (check one)

☐ Corporation - For profit

☐ Sole proprietorship

☐ Corporation - Not for profit

☐ Limited liability company

☐ Partnership

☐ Other:

Contact Name:

Contact Title:

Phone:

Ext:

Fax:

Email Address:

OFFICERS / DIRECTORS / MEMBERS
Show full name (initials not acceptable)

Chief Executive Officer

President

Vice President

Secretary

Treasurer / Chief Financial Officer

Chairman of the Board

Directors / Members

STATE OF:

COUNTY OF:

, President,

, Secretary,

and

, Chief Financial Officer (or corresponding person having charge of the financial records of the licensee), of the

being duly sworn each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said licensee as of the reporting period stated above, and of its income and deductions for the period reported.

The foregoing instrument was acknowledged before me by

means of ☐ physical presence or ☐ online notarization,

day of

, 20

Notary Public:

Commission Number:

Expiration Date:

President/Owner

Secretary

Treasurer/CFO

Print this page

BALANCE SHEET
ASSETS

	December 31	
CURRENT ASSETS:	Current Year	Last Year
1. Cash on Hand and on Deposit (Schedule A - Page 7)		
2. Investments (Schedule B - Page 8)		
3. Receivables (Schedule C - Page 9)		
Allowance for Doubtful Accounts	()	()
4. Prepaid Expenses		
5. Inventories		
6. Other Current Assets (Schedule D - Page 10)		
7. Total Current Assets		
NON-CURRENT ASSETS:		
8. Investments (Schedule B - Page 8)		
9. Receivables (Schedule C - Page 9)		
Allowance for Doubtful Accounts	()	()
10. Deferred Acquisition Expenses (Attach Details)		
11. Deferred Expenses		
12. Intangible Assets		
13. Other Non-Current Assets (Schedule D - Page 10)		
14. Total Non-Current Assets		
FIXED ASSETS (NET OF ACCUMULATED DEPRECIATION)		
15. Real Estate Owned		
16. Automobiles		
17. Office Equipment & Furniture		
18. Leasehold Improvements		
19. Other Fixed Assets (Schedule D - Page 10)		
20. Total Fixed Assets (Net of Accumulated Depreciation)		
21. Total Assets		
22. Less Non-Admitted Assets (Schedule E, Line 10, Page 11)	()	()
23. TOTAL ADMITTED ASSETS		

BALANCE SHEET
LIABILITIES AND STOCKHOLDERS' EQUITY

	December 31	
LIABILITIES:	Current Year	Last Year
1. Accounts Payable		
2. Commissions Payable		
3. Taxes Payable		
4. Current Portion of Notes Payable (Schedule F - Page 12)		
5. Accrued Interest Payable		
6. Claims Payable / Reserve		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
7. Other Current Liabilities (Schedule G - Page 14)		
8. Total Current Liabilities		
9. Reserve for Unearned Premium		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
10. Long Term Portion of Notes Payable (Schedule F - Page 12)		
11. Other Long Term Liabilities (Schedule G - Page 13)		
12. Total Long Term Liabilities		
13. Total Liabilities		
STOCKHOLDERS' EQUITY:		
14. Common Stock		
15. Preferred Stock		
16. Additional Paid-in Capital		
17. Retained Earnings (Line 17 - Page 6)		
18. Less Treasury Stock	()	()
19. Other (Attach Detail)		
20. Total Stockholders' Equity		
21. TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY		
22. Total Stockholders' Equity (Line 20 above)		
23. Less Non-Admitted Assets (Schedule E, Line 10, Page 11)	()	()
24. Statutory Net Worth		

STATEMENT OF OPERATIONS AND RETAINED EARNINGS

	December 31	
INCOME:	Current Year	Last Year
1. Premiums Earned		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
2. Total Net Investment Income Earned:		
a. Net Income Earned on all Reserves		
b. Net Income Earned on Other Investments		
3. Net Realized Capital Gains (or Losses)		
4. Other Income (Attach Schedule)		
5. Total Income		
EXPENSES:		
6. Claims		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
7. Commissions to Agents		
8. General Expenses (Attach Schedule)		
9. Total Expenses		
10. Net Gain (or Loss) from operations before Federal and State Income Taxes and Extraordinary Item(s)		
11. Extraordinary Item(s) (Attach Schedule)		
12. Federal and State Income Taxes		
13. Net Gain (or Loss) from Operations		
14. Retained Earnings, December 31, Previous Year		
15. Other (Attach Details)		
16. Less Dividends to Stockholders	()	()
17. RETAINED EARNINGS (Enter on Line 17, Page 5)		

Year Ending:

☐ Check if Not Applicable[illegible]

Month	Balance	Month	Balance	Month	Balance	Month	Balance
JAN		APR		JUL		OCT	
FEB		MAY		AUG		NOV	
MAR		JUN		SEP		DEC	

Year Ending:

Place a check in the column marked with an asterisk (*) if this investment represents reserve funds invested. Show all stocks, bonds, debenture bonds, collateral or mortgage notes owned and list in the order of their maturity. If stocks and bonds are not traded on one of the major exchanges or over-the-counter, then sufficient information should be given so that the investments may be verified. Collateral and mortgage notes owned should also reflect sufficient data for confirmation. If investment is on deposit with the Department, indicate with a check in the column marked with a number sign (#).

Click Alt+s to jump to the Save/Submit page

SCHEDULE C
RECEIVABLES

Place a check in the column marked with an asterisk (*) on all receivables which are past due over 90 days.
Under **Description / Name of Debtor**, identify if the Debtor is an **Affiliate**, **Director**, **Officer**, **Share Holder**, or **Employee / Salesperson**.

Description / Name of Debtor	*	Security / Nature of Debt	Balance
Current:	<input type="checkbox"/> Check if Not Applicable		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
		Total Current (Line 3, Page 4):	
Non-Current:	<input type="checkbox"/> Check if Not Applicable		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
		Total Non-Current (Line 9, Page 4):	
		TOTAL RECEIVABLES:	

SCHEDULE D
OTHER ASSETS
(Net of Accumulated Depreciation)

Identify as current, non-current, or fixed where appropriate. Place a check in the column marked with an asterisk (*) if all or any part of the asset is assigned as collateral for a loan or is otherwise restricted.

Name	Nature of Asset	*	Balance
Other Current Assets:	<input type="checkbox"/> Check if Not Applicable		
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Current Assets (Line 6, Page 4) :			
Non-Current Assets:	<input type="checkbox"/> Check if Not Applicable		
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Non-Current Assets (Line 13, Page 4):			
Other Fixed Assets:	<input type="checkbox"/> Check if Not Applicable		
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Fixed Assets (Line 19, Page 4):			
TOTAL OTHER ASSETS:			

SCHEDULE E
NON-ADMITTED ASSETS

1.	Notes, Accounts Receivables or Advances:		
a.	From Affiliates		
b.	From Controlling Stockholder / Ownership Interest		
c.	From Directors / Officers		
d.	From Employees / Salesmen		
e.	From Others		
Total (Line 1, entries a through e):			
2.	Fixed Assets costing less than \$200 each or amortized longer than five years		
3.	Leasehold Improvements in excess of Statute authorization		
4.	Investments:		
a.	In Subsidiaries		
b.	In Affiliates of Parent / Ultimate Parent		
Total (Line 4, entries a and b):			
5.	Prepaid Expenses in excess of Liquidation Value		
6.	Deferred Expenses		
7.	Intangible Assets:		
a.	Goodwill		
b.	Franchises		
c.	Customer Lists		
d.	Patents or Trademarks		
e.	Agreements not to Compete		
f.	Others (Identify)		
Total (Line 7, entries a through f):			
8.	Any Other asset pledged as collateral or otherwise restricted		
9.	Other Assets not allowed by Statute (Identify)		
Total (Line 9, all entries):			
10.	TOTAL NON-ADMITTED ASSETS (Line 22, Column 1, Page 4 and Line 23, Page 5)		

SCHEDULE F
NOTES PAYABLE

Place a check in the column marked with an asterisk (*) to designate Notes due to Affiliates, Directors, Officers, or Controlling Shareholder / Interest.

Description		Balance
Current Portion of Notes Payable:	<input type="checkbox"/> Check if Not Applicable *	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Total Current Portion of Notes Payable (Line 4, Page 5):		
Long-Term Portion of Notes Payable:	<input type="checkbox"/> Check if Not Applicable *	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Total Long-Term Portion of Notes Payable (Line 10, Page 5):		
TOTAL NOTES PAYABLE:		

Year Ending:

SCHEDULE G

OTHER LIABILITIES

Name	Nature of Liability	Balance
Other Current Liabilities:	<input type="checkbox"/> Check if Not Applicable	
Total Other Current Liabilities (Line 7, Page 5):		
Other Long-Term Liabilities:	<input type="checkbox"/> Check if Not Applicable	
Total Other Long-Term Liabilities (Line 11, Page 5):		
TOTAL OTHER LIABILITIES:		

SCHEDULE H
FUNDED UNEARNED PREMIUM RESERVE
Chapter 634, Florida Statutes

List all assets used to meet the Unearned Premium Reserve requirement(s) for any warranty license(s) held by the Licensee. The reserve is required to be funded with unencumbered assets. The assets shall be held as prescribed under Chapter 625.301 - 625.340, Florida Statutes. (Attach additional pages, if needed.) Please identify any assets on deposit with the Department of Financial Services, Division of Treasury, Bureau of Collateral Management with check in the column marked with an asterisk (*).

Description of Asset	Maturity or Number of Shares	*	Market Value	Original Cost
Motor Vehicle Service Agreement Company			<input type="checkbox"/> Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
MOTOR VEHICLE SERVICE AGREEMENT COMPANY RESERVES:				
Home Warranty Association			<input type="checkbox"/> Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
HOME WARRANTY ASSOCIATION RESERVES:				
Service Warranty Association			<input type="checkbox"/> Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
SERVICE WARRANTY ASSOCIATION RESERVES:				
TOTAL RESERVES:				

EXHIBIT I
Premiums Written and Premiums Earned

1. Premiums Written, Current Year	
2. Other Fees and Charges	
3. Unearned Premiums at End of Prior Year	
4. Unearned Premiums at End of Current Year	()
5. Other (Explain)	
6. Premium Earned (Sum of Lines 1 through 5)	*

* Must agree with Line 1b, Column 1, Page 6

EXHIBIT II
Premium to Asset Ratio

1. Premiums in Force at End of Current Year (From Exhibit IV, Line 5, Column b, Page 17)	
2. Total Net Assets (From STATUTORY NET WORTH, Line 24, Page 6)	
3. Minimum Net Assets Required = Premiums in Force / 6 (Line 2 must be greater than or equal to Line 1 divided by 6)	
4. If Line 2 is Less than Line 3, the difference must be infused to correct the net worth deficiency:	

EXHIBIT III
Claims

	(a) Number of Contracts	(b) Amount of Claims	(c) Average Amount of Claims**
1. Claims Paid for Current Year			
2. Claims Reported but Not Paid for Current Year			
3. Claims Incurred but Not Reported			
4. Total Current Year Claims Expense (* Must agree with Line 6b, Column 1, Page 6)		*	
5. Claims Paid for the Prior Year			
6. Claims Incurred But Not Reported, for the Prior Year			
7. Other (Explain)			

** Column (c) = Column (b) / Column (a)

EXHIBIT IV
Summary of Business Written in All States, Including FLORIDA
(Accrual Basis)

	(a) Number of Contracts	(b) Premium Amount	(c) Statutory Reserves
1. In-Force at End of Prior Year			
2. Issued During Current Year			
3. Cancellations & Refunds During Current Year	()	()	
4. Expirations During Current Year	()	()	
5. In-Force at End of Current Year			*

Columns (a) & (b): 1+2-3-4=5; Column (c) must be at least 25% of Column (b)

* Must agree with Line 9b, Page 5

EXHIBIT V
Summary of Business Written - FLORIDA Only
(Accrual Basis)

	(a) Number of Contracts	(b) Premium Amount	(c) Statutory Reserves
1. In-Force at End of Prior Year			
2. Issued During Current Year			
3. Cancellations & Refunds During Current Year	()	()	
4. Expirations During Current Year	()	()	
5. In-Force at End of Current Year			

EXHIBIT VI
Summary of Premiums & Assessments Received - FLORIDA Only
(Cash Basis)

	Amount Collected
1. Home Warranty Premiums Collected During Current Year	
2. Home Warranty Assessments Collected During Current Year	
3. Home Warranty Fees Collected During Current Year	
4. Cancellations & Refunds During Current Year	
5. Net Collections at End of Current Year (Enter on OIR-A3-440)	
6. Premium Tax Due (2% of Line 5) (Enter on OIR-A3-440)	0

Include as part of "Taxes Payable", Line 3, Page 5)

Company Name:

Year Ending:

LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this statement period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.flor.com/siteDocuments/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Year Ending:

LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this statement period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

SAVE/SUBMIT PAGE

Save - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

Submit Final - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final



Department of Financial Services
Office of Insurance Regulation – Specialty Product Administration

Licensee: _____

APPLICATION for
RENEWAL of LICENSE

Address: _____

HOME WARRANTY ASSOCIATION

City, State Zip _____

For the period: 06/01/___ __ to 05/31/___ __

Federal Employer ID Number: ___ - ___ - ___ - ___ - ___ - ___

FL Company Code: **70** ___ - ___ - ___

Due by May 31

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS HOME WARRANTY ASSOCIATION LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

Name and Title

Signature

Date

Name and Title

Signature

Date

INSTRUCTIONS:

1. If you wish to renew, complete and sign this application and forward it along with your remittance in the amount of \$200.00 made payable to: **Florida Department of Financial Services.**
2. Application must be signed by:
 - a. The owner or authorized representative, if a sole-proprietorship.
 - b. The president and secretary, if a corporation.
 - c. The managing or senior partner(s) or managing director(s), if a partnership or association.
(If necessary, attach additional sheets.)
3. The renewal application and remittance must be received on or before May 31 by:

Florida Department of Financial Services
Revenue Processing Section
Post Office Box 6100
Tallahassee, Florida 32314-6100

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$200.00	10	31	L	3002

SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

☐ Original Designation ☐ Insurer Name Change ☐ Merger / Acquisition ☐ Update Delivery Information

Insurer or Company Name: _____

Previous Name (If applicable): _____

Home Office Address: _____

City, State, Zip _____

FEI # _____

FL Company Code _____

Telephone # _____

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

**Designated Person
to receive process:** _____

E-Mail Address: _____

Phone#: _____ **Fax#:** _____

Mailing Address: _____

Street Address: _____

Signature: _____

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the _____ day of _____, A.D. _____.

President or CEO's Signature

President or CEO's Name (Typed or Printed)

SEAL

Secretary's Signature

Secretary's Name (Typed or Printed)

OIR-C1-144
Rev 06/2004
Rules 690-193.003, 690-199.008

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.



Florida Office of Insurance Regulation

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

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

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

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

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

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

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

Any questions Applicants have concerning this application packet or iApply may be directed to Property and Casualty at pcappcoord@floir.com.

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fees

Applicants must pay a license fee of \$200 U.S. Dollars ("USD"), pursuant to Section 634.306(3)(c), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Secure your check to the Invoice on page 15 of this application and mail to:

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

Include copies of the completed Invoice and check with your application filing submitted via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee payment.

Section I-II Fingerprint Fees

Applicants are required to pay a fee for the processing of the fingerprint cards required in Section IV-4. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions.

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

SECTION II - LEGAL

Section II-1 Articles of Incorporation

Submit a copy of Applicant's Articles of Incorporation, or other charter 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-2 Certificate of Status from State of Domicile

If Applicant is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-3 Certificate of Status from Florida

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-4 Company Bylaws

Submit a copy of Applicant's Bylaws or equivalent document. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted.

Section II-5 Service of Process Consent and Agreement

Submit the executed Service of Process Consent and Agreement Form OIR-C1-144. No signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted.

Section II-6 Authorization Letter

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

Section II-7 Fictitious Name Filing

If the organization plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

OIR-C1-490

Rev.: 3/21

Rule 69O-199.008

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

INSTRUCTIONS SECTION III – FINANCIAL

Section III-1 **Financial Statements**

Applicant must submit complete financial statements that contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than 12 months old. Applicant should also submit the same for its immediate parent.

Section III-2 **Financial Requirements**

The applicant must comply with one of the following two options:

- a. Supply the Office with a copy of an approved executed contractual liability insurance policy containing the provisions set forth in Section 634.3077(3), Florida Statutes. The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are not acceptable.
- b. Supply the Office with a sworn statement of the applicant's intentions to establish and maintain a 25% reserve as outlined by Section 634.3077(1), Florida Statutes. If the applicant has home warranties on its books at the time of application, provide a list of the assets funding the reserve.

Section III-3 **Deposit**

Pursuant to Section 634.305, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of either:

- a. a securities deposit of \$100,000 USD, or
- b. a securities deposit of \$25,000 USD, as well as a surety bond for \$75,000 USD. See Form OIR-A3-455, Home or Service Warranty Association Surety Bond.

These deposits should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Department of Financial Services
Bureau of Collateral Management
200 East Gaines Street
Tallahassee, FL 32399-0345

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

Section III-4 **Plan of Operations**

It is important for the Office to have a clear understanding of the proposed operations of the specialty insurer and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

- a. History:** Applicant should prepare a brief history of the company since its incorporation. Indicate any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

In this section list all companies or individuals affiliated with the Applicant. If a company, indicate what its principal business is. In addition, provide a list of all d/b/a's, trade names, or fictitious names, plan or contract names, or any other name the general public may recognize.

Provide any names, trademark, or emblem which is distinctive and not similar to the name or trademark of any other association, corporation, or organization already doing business in this State as will tend to mislead or confuse the public, as required by Section 634.304 (3), Florida Statutes.

- b. Organizational Chart:** Furnish complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable.
- c. Management:** Applicant should provide its home warranty experience in the areas of marketing, claims handling, accounting, and investments.
- d. Products:** Applicant should give a description of each product it plans to market.
- e. Marketing and Growth:** Applicant should furnish a plan of marketing including methods, rates, and commissions, projected growth pattern, and other pertinent information affecting marketing plans.

Section III-5 **Financial Projections**

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract. This information should be provided for Florida only, as well as separately for all business.

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

Section III-6 States Where Applicant is Currently Doing Business

Applicant should provide a list of states in which it or affiliated companies conduct home warranty business.

Section III-7 Alphabetical List of Proposed Sales Representatives

Applicant should provide a list of its proposed sales representatives. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Florida Department of Financial Services, Division of Agent & Agency Services, by calling 1-877-MY-FL-CFO (1-877-693-5236), or (850) 413-3089, if calling from out of state.

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

SECTION IV – MANAGEMENT

Section IV-1 Management Information Forms

Submit Management Information Form OIR-C1-2221 fully describing Applicant's management, ownership, and all individuals or entities having direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

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

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

Provide a National Association of Insurance Commissioners ("NAIC") Biographical Affidavit (NAIC Form 11) for each individual listed in Section V-1. Applicant may omit individuals for those companies in the organizational structure between the immediate parent and the ultimate parent. Please note that if an individual has a Biographical Affidavit with an associated background report on file with the Office, and the Biographical Affidavit was signed and notarized within 2 years of the date of the Application being filed, a Biographical Affidavit and associated background report need not be submitted for that individual.

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

Each Biographical Affidavit must be signed and notarized.

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

However, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to the NAIC Biographical Affidavit (NAIC Form 11) that is also included in this packet.

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

Section IV-3 Background Investigative Report

A Background Investigative Report must be provided for each person for whom a Biographical Affidavit is required, as described above. Background reports must be submitted by an approved background investigation vendor directly to the Office. Attach proof of payment confirming that all background reports have been ordered when submitting the application. Please refer to Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports, included in this packet.

The NAIC approved background investigation vendor list can be found at:

https://www.naic.org/documents/industry_ucaa_third_party.pdf

Section IV-4 Fingerprint Cards

Fingerprint cards must be provided to the Office for each person for whom a Biographical Affidavit is required. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions. If an individual has submitted a fingerprint card dated within 5 years of the date of the Application filing, a fingerprint card need not be submitted for that individual.

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

CHECKLIST

SECTION I - APPLICATION FORM & FEES

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

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.

- ☐ 1. Application fee paid
 - ☐ a. Copy of invoice included (page 15 of this form)
 - ☐ b. Copy of check
- ☐ 2. All fingerprint fees paid electronically
 - ☐ a. Copies of online payment confirmation

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

CHECKLIST

SECTION II – LEGAL

- ☐ 1. Articles of Incorporation
 - ☐ a. Certified by public official
- ☐ 2. Certificate of Status from Domiciliary Jurisdiction (if applicable)
- ☐ 3. Certificate of Status from Florida
- ☐ 4. Company Bylaws
 - ☐ a. Certified by Secretary
- ☐ 5. Service of Process Consent and Agreement Form OIR-C1-144
- ☐ 6. Authorization Letter (if applicable)
- ☐ 7. Fictitious Name Filing (if applicable)

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

CHECKLIST

SECTION III – FINANCIAL

1. Financial Statements

- ☐ a. Balance Sheet
- ☐ b. Income Statement
- ☐ c. Statement of Cash Flows
- ☐ d. Certified by 2 Officers
- ☐ e. Not more than 12 months old
- ☐ f. Provided for Parent (as applicable)

2. Financial Requirements (a **or** b)

- ☐ a. Executed Contractual Liability Policy, **or**
- ☐ b. A sworn statement to establish and maintain an unearned premium reserve
 - ☐ i. List of assets funding the reserve (if applicable)

3. Securities Deposit (a **or** b)

- ☐ a. Securities deposit of \$100,000 USD; **or**
- ☐ b. Securities deposit of \$25,000 USD and Surety Bond for \$75,000 USD
 - ☐ i. OIR-A3-455, Home or Service Warranty Association Surety Bond.

☐ 4. Plan of Operations

- ☐ a. History
- ☐ b. Organizational Chart
- ☐ c. Management
- ☐ d. Products
- ☐ e. Marketing and Growth
- ☐ f. Contract Forms

☐ 5. List of states where Applicant and affiliates are currently doing business

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

- ☐ **6. Financial Projections for 3 years**
- ☐ **a. Florida**
- ☐ **b. Nationwide**
- ☐ **7. Alphabetical List of Proposed Sales Representatives**

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

CHECKLIST

SECTION IV – MANAGEMENT

- ☐ 1. Management Information (Form OIR-C1-2221) submitted for all required entities
- ☐ 2. Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
 - ☐ a. All information completed (no blanks)
 - ☐ b. "Yes" answers explained
 - ☐ c. Signed
 - ☐ d. Notarized
- ☐ 3. Background investigative reports for all required individuals. The reports must be based on the Biographical Affidavits submitted to the Office with this Application.
 - ☐ a. Proof of order and confirmation of payment submitted to the Office
- ☐ 4. Fingerprint cards for all required individuals
 - ☐ a. All information completed (no blanks)
 - ☐ b. Signed

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

APPLICATION CERTIFICATION

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

The undersigned state that they are officers having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to seek licensure as a Home Warranty Association; 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 represent that they have the authority to bind the Applicant, and that by their signatures on the instrument the Applicant has executed the instrument.

The undersigned understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: _____

Print Name: _____

Title: _____

Date: _____

By: _____

Print Name: _____

Title: _____

Date: _____

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

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

INVOICE

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS ABOVE):

(city)

(state)

(zip code)

1. Make payable to the Department of Financial Services and mail check and invoice only to:

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

2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

FOR DEPARTMENT USE ONLY

RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	AMOUNT	SOURCE
	\$200.00	10	31L			
LICENSE NUMBER	Dated			Mailed		
	MO	DAY	YR	MO	DAY	YR



Florida Office of Insurance Regulation

INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package. The background investigative report must be conducted using the same affidavit submitted to the Florida Office of Insurance Regulation ("Office") for each individual as part of the application.
2. For specific information regarding background investigation vendors, please refer to the NAIC website, "Third Party Vendors for Background Reports" at: http://www.naic.org/industry_ucaa.htm
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will submit investigative reports electronically to the Office to this e-mail address:

bkgrnd-inv@flor.com

Submissions should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to, or contemporaneously with, the submission of each application filing, with the exception of acquisition filings.

6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
7. Questions regarding this process may be directed to pcappcoord@flor.com (Property and Casualty applicants) or to lhappcoord@flor.com (Life and Health applicants).



Florida Office of Insurance Regulation

FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE

Each individual subject to the fingerprinting process must be registered through IdentoGO by Idemia, at <https://fl.ibtfingerprint.com/>. For payment, processing, or appointment issues please contact the IdentoGo Customer Service Center at 1-800-528-1358.

DIGITAL PRINTS - Florida Residents only:

Access <https://fl.ibtfingerprint.com/>, select "Schedule a New Appointment" and follow the prompts. Please retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

FINGERPRINT CARD – Non-Florida Residents (and Florida residents who are physically unable to be digitally fingerprinted):

Access <https://fl.ibtfingerprint.com/>, select "Register for Fingerprint Card Processing Service" and follow the prompts. Select "No Cards" on the Shipping Details screen. Retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

Everyone must complete **two** fingerprint cards provided by the Florida Office of Insurance Regulation. Blank fingerprint cards may be requested by emailing FPRequest@floir.com. Fingerprinting must be performed by a technician within a law enforcement agency or other authorized entity. Most law enforcement agencies and many security companies provide civil applicant fingerprinting services.

NOTE: Please print your Payment Confirmation Number from the IdentoGo website on the "REF" line of the fingerprint card. Not including your Payment Confirmation Number will result in a delay of processing your submission.

Mail **ONLY** completed cards with a cover letter to:

Florida Office of Insurance Regulation
Market Research & Technology Unit
Fingerprint Card Processing
Room B-50 Larson Building
200 East Gaines Street
Tallahassee, Florida 32399-0326

Do NOT mail application paperwork with your fingerprint cards. All application materials must be sent directly to the appropriate unit (Property & Casualty Company Admissions or Life & Health Company Admissions) within the Office of Insurance Regulation. Failure to do so will result in a delay to your application.



Florida Office of Insurance Regulation

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



OFFICE OF INSURANCE REGULATION
Company Admissions

LIST OF PROPOSED SALES REPRESENTATIVES

**COMPANY
NAME:** _____

NAME:

ADDRESS:

SSN:

Applicant Company Name: _____

NAIC No. _____

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.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. 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: _____ Middle: _____ Last: _____

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

Yes ☐ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☐

If yes, what country? _____

3. Affiant's occupation or profession: _____

4. Affiant's business address: _____

Business telephone: _____

Business Email: _____

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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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>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>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: _____

NAIC No. _____

FEIN: _____

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
--	---------------------	---	--

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Present or proposed position with the Applicant Company: _____

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

Yes ☐ No ☐

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

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☐

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☐

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

- 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.

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,

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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.

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

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☐

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

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

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☐

If yes, provide details: _____

15. To your knowledge has any company or entity (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. _____

- 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?

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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. _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _____ day of _____, 20____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

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

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____ by _____, and:

☐ who is personally known to me, or

☐ who produced the following identification: _____.

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. 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.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

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

IF ANSWER IS "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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

6. Date of Birth: (MM/DD/YY) : _____ Place of Birth, City: _____
State/Province: _____ Country: _____

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

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>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this ____ day of _____, 20____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

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

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____ by _____, and:

☐ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) 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)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____ by _____, and:

☐ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) 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)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

this ____ day of _____, 20____ by _____, and:

- ☐ who is personally known to me, or
☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of _____ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through _____ [name of CRA, address] (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond 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)

(Signature)

(Date)

State of: _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____ by _____, and:

- ☐ who is personally known to me, or
☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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: _____

NAIC No. _____

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: _____

NAIC No. _____

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

Management Information Form

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

Name of Entity: _____

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

*Additional pages in like format may be attached as necessary

OIR-C1-2221

Rev.: 6/20

Rule: 69O-136.100, 69O-199.008

M E M O R A N D U M

DATE: April 11, 2021

TO: David Altmaier, Commissioner, Office of Insurance Regulation

THROUGH: Anoush Brangaccio, General Counsel

FROM: Michael Lawrence, Jr., Chief Legal Counsel

SUBJECT: Cabinet Agenda for May 4, 2021
Request for Approval to Publish and the Final Approval to Adopt Amendments to
Rules 690-201.005, .008, .012
Assignment # 252632-19

The Office of Insurance Regulation ("Office") requests that these proposed rule amendments be presented to the Cabinet aides on or before April 28, 2021, and to the Financial Services Commission on May 4, 2021, with a request for Final Approval to Adopt the proposed rule.

The notice of development of rulemaking was published on November 5, 2020, in Volume 46, No. 217, of the *Register*. The Office did not receive a request to hold a workshop. The notice of proposed rule was published on February 8, 2021, in Volume 47, No. 25, of the *Register*. The Office did not receive a request to hold a hearing. A notice of change was published prior to the Cabinet meeting.

P&C and legal reviewed all the rules in Chapter 201, F.A.C., to determine if any rules should be amended or repealed. Rule 690-201.005, F.A.C., is amended to update the financial requirements and the definition of "Gross Written Premiums" is amended in response to comments received from JAPC.

Rule 690-201.008, F.A.C, is being amended to combine all application requirements in a single rule and some forms were amended in response to comments received from JAPC. This rule will later be transferred to Chapter 136, F.A.C., as part of the ongoing applications project.

Rule 690-201.012, F.A.C., is amended to update the annual statement requirements and paragraph (5)(e) is deleted in response to a comment received from JAPC.

Sections 624.307(1), 624.308(1), 624.404, 624.416, 625.051, 642.019, 642.023, 642.021, 642.0301, and 642.032, F.S., are the rulemaking authority and laws implemented for this rule.

Attached are the proposed rules.

Approved for signature:

Anoush Brangaccio, General Counsel

Approved for submission to Financial Services
Commission:

David Altmaier, Commissioner
Office of Insurance Regulation

CHAPTER 69O-201
LEGAL EXPENSE INSURANCE CORPORATIONS

69O-201.001	Purpose and Scope
69O-201.005	Financial Requirements Regarding the Unearned Premium Reserve Liability Account and the Deposit or Bond
69O-201.008	General Eligibility Requirements
69O-201.010	License Continuance
69O-201.012	Annual Statement and Quarterly Reports
69O-201.015	Forms Incorporated by Reference

69O-201.001 Purpose and Scope.

~~The purpose of this rule chapter is to implement the provisions of chapter 642, F.S., to govern the issuance of a Certificate of Authority and the regulation and operation of Legal Expense Insurance Corporations as provided therein.~~

Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 642 FS. History—New 6-25-90, Formerly 4-115.001, 4-201.001, Repealed.

69O-201.005 Financial Requirements Regarding the Unearned Premium Reserve Liability Account and the Deposit or Bond.

(1) “Gross Written Premiums” means the total amount of premiums paid by the consumer for the entire period of the legal expense insurance contract, including commission. ~~inclusive of commissions for which the corporation is obligated.~~

(2) “Obligated” means outstanding contracts in force which have not expired or been canceled and a refund made to the consumer.

(3) The unearned premium reserve account is calculated as follows:

(a) For all one year policies, the minimum reserve for all legal expense insurance corporations shall be 50% of the gross written premium for which the corporation is obligated on all policies issued in any state.

(b) A legal expense insurance corporation ~~company~~ may count as one-month policies those policies which are paid by the month and can be cancelled by either party with 30 days notice. The reserve amount required on monthly policies is one-half of the total monthly gross written premium. The legal expense insurance corporation ~~company~~ must specify if the reserve is calculated ~~they are calculating the reserve~~ on a monthly basis.

(c)1. For all multiyear policies issued in any state the reserve shall initially be calculated at 50% of the gross written premium for the first year premium, and 100% for each subsequent year’s premium, for all gross written premiums for which the legal expense insurance corporation is obligated.

2. As each subsequent year becomes current, 50 percent of that current year’s premium is earned and shall be subtracted from the reserve.

3. The reserve is maintained until the expiration of the multiyear policy.

(4) For purposes of determining the amount of the required deposit under section 642.023, F.S., the amount of gross written premium in force is the total gross written premium for one full year.

Rulemaking Authority 624.308(1) FS. Law Implemented ~~624.307(1)~~, 625.051, 642.023, 642.032 FS. History—New 6-23-92, Formerly 4-201.005, Amended.

69O-201.008 Application for Certificate Authority and Annual Renewal. ~~General Eligibility Requirements.~~

Substantial rewording of Rule 69O-201.008, F.A.C. follows. See Florida Administrative Code for present text.

(1) Application for Certificate of Authority as a Legal Expense Insurance Corporation

(a) An application for a person applying for a certificate of authority as a legal expense insurance corporation consists of the following:

1. Form OIR-C1-480, “Application for Certificate of Authority Legal Expense Insurance,” effective 3/21, available at www.flrules.org/XXXXX;

2. Form OIR-A3-478, "Legal Expense Insurance Corporation Surety Bond," effective 6/20, available at www.flrules.org/XXXXX;

3. Form OIR-C1-144, "Service of Process Consent & Agreement," effective 6/04, hereby incorporated by reference and available at www.flrules.org/XXXXX;

4. Form OIR-C1-905, "Instructions for Furnishing Background Investigative Reports," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;

5. Form OIR-C1-938, "Fingerprint Payment and Submission Procedures," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;

6. Form OIR-C1-995, "List of Proposed Sales Representatives," effective 10/05, hereby incorporated by reference and available at www.flrules.org/XXXXX;

7. Form OIR-C1-1423, "Biographical Affidavit," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX; and

8. Form OIR-C1-2221, "Management Information Form," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX;

(b) A person applying for a certificate of authority as a legal expense insurance corporation shall submit forms listed in paragraph (1)(a) as directed by the Office electronically at <https://www.flair.com/iportal>.

(2) Annual Renewal

(a)1. A legal expense insurance corporation's certificate of authority shall continue in force as long as the legal expense insurance corporation is in compliance with the provisions of chapter 642, F.S.

2. Failure to submit the application for continuance by June 1 shall result in expiration of the certificate of authority and will require the filing of a new application for licensure.

(b) The qualified certificate of authority holder seeking to continue operating as a legal expense insurance corporation shall submit Form OIR-A3-1077, "Application for Renewal of Certificate of Authority Legal Expense Insurance," effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX, at <https://www.flair.com/iportal>; and

(c) The legal expense insurance corporation shall honor those contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

(1) Biographical statements and character reports on the following persons shall be included in the application for a certificate of authority (COA):

(a) Persons who own or control in excess of five percent of the outstanding stock of the legal expense insurance corporation;

(b) Members of the board of directors of the legal expense insurance corporation;

(c) All officers who are identified by the Office as policy decision-making officers, and any other individuals who have policy decision-making authority;

(d) All officers and directors of any parent corporation or corporations of the legal expense insurance corporation, if applicable; and,

(e) All officers and directors of any external management company contracted with the legal expense insurance corporation, if applicable, pursuant to paragraph (c), above.

(2) This requirement also applies to individuals who, subsequent to the date of application for a COA, become associated with a legal expense insurance corporation and meet any of the qualifications listed in paragraphs (a) through (e), above.

(3) Legal expense insurance corporations are required to notify the Office in writing within 15 days of any new officers, directors, or stockholders owning 5% or more of the outstanding voting securities of the legal expense insurance corporation.

(4) Legal expense insurance corporations shall notify the Office in writing within 15 days of any change in the organization of the corporation, including any change in the corporate or business name of the corporation.

Rulemaking Authority 624.308(1), 642.021(2) FS. Law Implemented 624.307(1), 624.404, 628.4615, 642.019, 642.021, 642.032 FS. History—New 6-23-92, Formerly 4-201.008, Amended _____.

690-201.010 License Continuance.

(1)(a) All legal expense insurance corporation licenses shall continue in force as long as the legal expense insurance corporation is in compliance with the provisions of chapter 642, F.S.

(b) The qualified license holder shall file for continuance of its license on form OIR-A3-1077 adopted in rule 69O-201.015, F.A.C. Forms are available at <https://www.flair.com/portal>. All filings shall be submitted electronically to <https://www.flair.com/portal>.

(c) The renewal notice and application form and a fee of \$300.00 must be received by the Office prior to June 1 of each year.

(d) Failure to submit by June 1 shall result in expiration of the license, and will require filing a new application for licensure.

(2)(a) Any licensee who fails to continue said license shall immediately cease and desist from engaging in the Legal Expense Insurance business in the State of Florida.

(b) The corporation shall honor those contracts in force until date of expiration or date of cancellation and a refund made to the consumer.

Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 624.416, 624.424, 642.0301, 642.032 FS.
History—New 6-23-92, Formerly 4-201.010, Amended 7-30-17, Repealed.

69O-201.012 Annual Statement and Quarterly Statements Reports.

(1)(a) An Annual Statement ~~annual statement~~ and a \$100 filing fee shall be filed with the Office of Insurance Regulation, on or before March 1 of each year on Form ~~form~~ OIR-A3-479, “Annual Statement Legal Expense Insurance Corporation,” effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX, adopted in rule 69O-201.015, F.A.C.

(b) If the Annual Statement ~~statement~~ does not include all information requested in the format provided, it will not be deemed filed until all deficiencies are corrected.

(2) A late filing fee will be assessed in accordance with rule 69O-207.001, F.A.C., for each day after March 1 that a legal expense insurance corporation company has not filed a complete annual statement.

(3)(a) Quarterly Statements ~~reports~~ shall be filed with the Office of Insurance Regulation, on Form ~~form~~ OIR-A3-481, “Quarterly Statement,” effective 6/20, hereby incorporated by reference and available at www.flrules.org/XXXXX, as adopted in rule 69O-201.015, F.A.C.

(b) If the Quarterly Statement ~~quarterly report~~ does not include all information requested in the format provided, it will not be deemed filed until all deficiencies are corrected.

(c) Failure to file the quarterly reports in a timely manner may result in administrative action to suspend or revoke the license.

(4) The Quarterly Statements ~~quarterly reports~~ are due as follows:

Period	Due
First Quarter (March 31)	May 15
Second Quarter (June 30)	August 15
Third Quarter (September 30)	November 15

(5)(a) Any request for an extension of filing the Annual Statement ~~annual report~~ shall be in writing, and the reason(s) for the extension explained in detail.

(b) All requests must be filed with the Office fifteen (15) days prior to the deadline date for filing the Annual Statement ~~annual report~~.

(c) ~~Any extension request received less than fifteen (15) days prior to due date will be denied except for unavoidable circumstances, which include but are not limited to:~~

1. Death of key personnel; or

2. Destruction of records by fire, hurricane, or other natural disasters.

(6) All filings shall be submitted electronically via the Office’s system at ~~to~~ <https://www.flair.com/portal>.

Rulemaking Authority 624.308(1) FS. Law Implemented 624.307(1), 624.416, 624.424, 642.0301, 642.032 FS.
History—New 6-23-92, Formerly 4-201.012, Amended 7-30-17, _____.

69O-201.015 Forms Incorporated by Reference.

(1) The following forms are incorporated into this rule chapter by reference to implement the provisions of Chapter 642, F.S.:

Title	Form Number
(Revision Date)	
(a) Application for Legal Expense Insurance Corporation Certificate of Authority	OIR-480 (05/90)

(b) Annual Report	OIR 479 (03/91)
(c) Consent and Agreement in re Service of Process	OIR 144 (11/90)
(d) Legal Expense Insurance Corporation Bond	OIR 478 (01/89)
(e) Authority to Release Information	OIR 450 (08/91)
(f) Biographical Statement and Affidavit	OIR 422 (11/90)
(g) Abbreviated Biographical Statement	OIR 449 (01/91)
(h) Statement of Acquisition	OIR 448 (05/89)
(i) Quarterly Statement	OIR 481 (03/91)
(j) Resolution Form	OIR 514 (11/90)
(k) Renewal Notice and Application	OIR 1077 (04/92)

~~(2) These forms are effective on the dates referenced above. Copies of the forms may be obtained from the Office of Insurance Regulation, Bureau of Specialty Insurers, Larson Building, Tallahassee, FL 32399-0300.~~

Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 642.021, 642.023, 642.032 FS. History—New 6-25-90, Amended 6-23-92, Formerly 4-201.015, Repealed.

Notice of Change/Withdrawal

DEPARTMENT OF FINANCIAL SERVICES

OIR – Insurance Regulation

RULE NOS.: RULE TITLES:

69O-201.005 Financial Requirements Regarding the Unearned Premium Reserve Liability Account and the Deposit or Bond

69O-201.008 General Eligibility Requirements

69O-201.012 Annual Statement and Quarterly Reports

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 47 No. 25, February 8, 2021 issue of the Florida Administrative Register.

The changes are in response to written comments received from the Joint Administrative Procedures Committee.

69O-201.005 Financial Requirements Regarding the Unearned Premium Reserve Liability Account and the Deposit or Bond.

(1) “Gross Written Premiums” means the total amount of premiums paid by the consumer for the entire period of the legal expense insurance contract, including commission. ~~inclusive of commissions for which the corporation is obligated.~~

(2) through (4) No change.

Rulemaking Authority 624.308(1) FS. Law Implemented ~~624.307(1),~~ 625.051, 642.023, 642.032 FS. History–New 6-23-92, Formerly 4-201.005, Amended _____.

69O-201.008 Application for Certificate Authority and Annual Renewal.

(1) Application for Certificate of Authority as a Legal Expense Insurance Corporation

(a) An application for a person applying for a certificate of authority as a legal expense insurance corporation consists of the following:

1. Form OIR-C1-480, “Application for Certificate of Authority Legal Expense Insurance,” effective 3/21 ~~4/2/18~~, available at www.flrules.org/XXXXX;

2. through 8. No change.

(b) No change.

(2) No change.

Rulemaking Authority 624.308(1), 642.021(2) FS. Law Implemented ~~624.307(1),~~ 624.404, ~~628.4615,~~ 642.019, 642.021, 642.032 FS. History–New 6-23-92, Formerly 4-201.008, Amended _____.

69O-201.012 Annual Statement and Quarterly Statements.

(1) through (4) No change.

(5)(a) through (b) No change.

~~(c) Any extension request received less than fifteen (15) days prior to due date will be denied except for unavoidable circumstances, which include but are not limited to:~~

~~1. Death of key personnel; or~~

~~2. Destruction of records by fire, hurricane, or other natural disasters.~~

(6) No change.

Rulemaking Authority 624.308(1) FS. Law Implemented ~~624.307(1),~~ 624.416, 624.424, 642.0301, 642.032 FS. History–New 6-23-92, Formerly 4-201.012, Amended 7-30-17, _____.



Office of Insurance Regulation
Specialty Product Administration

Bond No: _____

LEGAL EXPENSE INSURANCE CORPORATION SURETY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT _____
_____ AS PRINCIPAL, (Hereinafter referred to as "the Principal")
and _____ AS SURETY, (Hereinafter
referred to as "the Surety") are held and firmly bound unto the Commissioner of the Office of
Insurance Regulation of Florida, and his successors in office, the sum of _____
_____ (\$ _____ .00) lawful money of the United States, to the
payment whereof we hereby bind ourselves, jointly and severally, and our successors, assigns, and
representatives.

This bond will be effective on the _____ day of _____, A.D. 20 __ __, at 12:01 a.m.

THE CONDITION OF THE ABOVE OBLIGATION IS, THAT, WHEREAS, by virtue of
Chapter 642, Florida Statutes, the above bounden, the Principal herein named, is required to make a
deposit of \$ _____ .00 in cash or approved securities with the Commissioner or a
surety bond in the amount of \$ _____ .00 of a surety company authorized to do
business in the State of Florida, said bond and company to be approved of by said Commissioner to
assure the faithful performance of the principal's obligations to its members or subscribers assumed in
the State of Florida while this bond is in effect:

AND WHEREAS, the above bounden, the Principal herein named has elected to give such surety
bond with the Surety above named;

NOW, THEREFORE, if the said Principal named herein shall faithfully perform its obligations to
its members or subscribers, and shall pay each, every and all of its liabilities to its members or
subscribers in the State of Florida after the said liabilities shall have been adjusted between the
Principal and its members or subscribers in the mode prescribed by the contract between the Principal
and its members or subscribers, if a mode be prescribed, or by judgment, order or decree of a Court
having jurisdiction of the subject, and shall fully and faithfully respond to and settle all said
obligations to its members or subscribers arising from contracts effectuated while this bond is in
effect and resting upon it by virtue of its said contracts with its members or subscribers, or imposed
upon it by the laws of the State of Florida, then and in that event this bond shall be null and void.

**IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED BY AND BETWEEN THE
PARTIES HERETO, THAT THIS BOND MAY NOT BE CANCELLED OR RELEASED
UNTIL AFTER 60 DAYS NOTICE IN WRITING TO THE COMMISSIONER PROVIDED
SUCH CANCELLATION SHALL NOT RELEASE SAID SURETY FROM ANY LIABILITY
FOR CLAIMS ARISING OUT OF CONTRACTS ISSUED BEFORE CANCELLATION OF
THE BOND.**

IN WITNESS WHEREOF, the said parties hereunto have caused to be set the hands of their respective proper officers and to be affixed their respective corporate seals this _____ day of _____, 20__ __.

Signed and sealed in the presence of:

_____ WITNESS	By: _____ PRESIDENT
_____ WITNESS	_____ SECRETARY

NOTE: Attach to this bond a properly certified copy of the Agent's Power of Attorney

Executed at _____, Florida
This _____ day of _____, 20__ __.
By: _____
Florida Resident Agent of Surety Company

Office of Insurance Regulation
Specialty Product Administration

**FLORIDA COMPANY
CODE:**

**FEDERAL EMPLOYER
IDENTIFICATION NUMBER:**

**ANNUAL
STATEMENT
LEGAL EXPENSE
INSURANCE
CORPORATION
OF THE**

(Legal Expense Insurance Corporation)

**TO THE
OFFICE OF INSURANCE REGULATION
OF THE
STATE OF FLORIDA**

Specialty Product Administration
200 East Gaines Street
Tallahassee, FL 32399 - 0331

FOR CALENDAR YEAR ENDED

**DUE ON OR BEFORE
MARCH 1 EACH YEAR**

GENERAL INFORMATION AND INSTRUCTIONS

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this statement will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this statement, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the statement page. This will highlight the fields where you may enter data.
7. The statement form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this statement. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your statement form is uploaded as a "Completed" document to your Component List; this does not submit the statement to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

STATEMENT

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name: _____

Company FEIN: _____

Florida Company Code: _____

Period Ending Date: _____

State and Date of Incorporation/Organization: _____

(State/Prov): _____

(Date): _____

Date Licensed by the Office of Insurance Regulation: _____

(Date): _____

Date Commenced Business: _____

(Date): _____

Address of Home Office:

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Phone: _____

Ext: _____

Fax: _____

Address of Main Administrative Office:

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Phone: _____

Ext: _____

Fax: _____

Mailing Address:

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Phone: _____

Ext: _____

Fax: _____

Records Location (if different than Main Office):

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Address of Principle Florida Office:

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Phone: _____

Ext: _____

Fax: _____

Website: _____

Type of entity (check one)

☐ Corporation - For profit

☐ Sole proprietorship

☐ Corporation - Not for profit

☐ Limited liability company

☐ Partnership

☐ Other: _____

Contact Name: _____

Contact Title: _____

Phone: _____

Ext: _____

Fax: _____

Email Address: _____

OFFICERS / DIRECTORS / MEMBERS
Show full name (initials not acceptable)

Chief Executive Officer

President

Vice President

Secretary

Treasurer / Chief Financial Officer

Chairman of the Board

Directors / Members

STATE OF: _____

COUNTY OF: _____

_____, President, _____, Secretary,
and _____, Chief Financial Officer (or corresponding person having charge of the

financial records of the licensee), of the _____ being duly sworn
each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting
period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims
thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein
contained, annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said
licensee as of the reporting period stated above, and of its income and deductions for the period reported.

The foregoing instrument was acknowledged before me
by means of ☐ physical presence or ☐ online
notarization _____ day of _____, 20____

President/Owner

Notary Public: _____

Secretary

Commission Number: _____

Treasurer/CFO

Expiration Date: _____

Print this page

OIR-A3-479 Rev(6/20)
69O-201.012

Page 3 of 16

Click Alt+s to jump to the Save/Submit page

BALANCE SHEET
ASSETS

	Column 1 Total Assets	Column 2 Less Assets Non Admitted	Column 3 Admitted Assets
CURRENT ASSETS:			
1. Cash on Hand and on Deposit (Schedule A, Page 7)			
2. Investments, Short Term (Schedule B, Page 8)			
3. Accounts Receivable, Trade (Schedule C, Page 8)			
4. Other Receivables: (Schedule C, Page 8)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Other Receivables			
e. Less: Reserve for Losses	()	()	()
5. Prepaid Expenses			
6. Other (Identify)			
7. Total Current Assets			
NON-CURRENT ASSETS:			
8. Investments and Securities (Schedule B, Page 8)			
9. Accounts and Notes Receivable: (Schedule C, Page 8)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Less: Reserve for Losses	()	()	()
10. Deferred Expenses			
11. Intangible Assets (Identify)			
12. Other (Identify)			
13. Total Non-Current Assets			
FIXED ASSETS:			
14. Real Estate Owned (Schedule D, Page 9)			
15. Computers [Section 625.012(11), F.S.]			
16. Less: Accumulated Depreciation	()	()	()
17. Other Depreciable Fixed Assets			
a. Office Furniture & Equipment			
b. Automobiles			
c. Leasehold Improvements			
d. Other (Identify)			
e. Less Accumulated Depreciation	()	()	
18. Total Fixed Assets			
19. TOTAL ASSETS:			

BALANCE SHEET
LIABILITIES AND NET WORTH

CURRENT LIABILITIES:		
1. Accounts Payable		
2. Commissions Payable		
3. Notes Payable: (Schedule E, Page 9)		
a. To Affiliates		
b. To Officers, Directors, Owners		
c. To Others (Identify) _____		
Total Current Notes Payable		
4. Taxes Payable:		
a. Premium Tax		
b. Federal and State Taxes		
c. Other Taxes (Identify) _____		
Total Taxes Payable		
5. Accrued Interest		
6. Accrued Expenses		
7. Unpaid Claims		
8. Unearned Premium Reserve (Schedule G, Page 11)		
9. Other (Identify) _____		
10. Total Current Liabilities		
LONG TERM LIABILITIES:		
11. Mortgages Payable (Schedule D, Column 2, Page 9)		
12. Notes Payable (Schedule E, Page 9)		
a. To Affiliates		
b. To Officers, Directors, Owners		
c. To Others (Identify) _____		
Total Long-Term Notes Payable		
13. Unearned Premium Reserve (Schedule G, Page 11)		
14. Other (Identify) _____		
15. Total Long Term Liabilities		
16. Total Liabilities		
NET WORTH:		
17. Capital Stock:		
a. Common		
b. Preferred		
Total Capital Stock		
18. Paid-In Capital		
19. Retained Earnings		
20. Other (Identify) _____		
21. Less: Treasury Stock		
22. Total Net Worth		
23. TOTAL LIABILITIES AND NET WORTH		
24. Net Worth (Per Line 22 above)		
25. Less: Non-Admitted Assets (From Line 19, Column 2, Page 4)		
26. STATUTORY NET WORTH		

STATEMENT OF OPERATIONS AND RETAINED EARNINGS

INCOME	
1. Earned Premiums (From Exhibit I, Line 5, Page 12)	
2. Interest Earned	
3. Other Income (Identify)	
4. Total Income	
EXPENSES	
5. Salaries	
6. Claims Expense	
7. Commissions	
8. General Expenses (Schedule F, Page 10)	
9. Total Expenses	
10. Net Income Before Federal and State Income Taxes And Extraordinary Items (Line 4 - Line 9)	
11. Extraordinary Item (Explain)	
12. Federal and State Income Taxes	
13. Total Taxes & Extraordinary Items (Line 11 + Line 12)	
NET INCOME AND RETAINED EARNINGS	
14. Net Income (Line 10 - Line 13 above)	
15. Retained Earnings, December 31, Previous Year	
16. Less: Distributions/Dividends Paid Out	()
17. Other (Identify)	
18. RETAINED EARNINGS DECEMBER 31, CURRENT YEAR (Enter on Line 19, Page 5)	

Company Name:

Year Ending:

SCHEDULE A
Cash on Hand & On Deposit
(See Note Below)

☐ Check if Not Applicable

Name and Location of Funds	Balance
Other (amounts not listed in detail)	
Total (Should Equal Line 1, Page 4):	

NOTE: List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Year Ending:

SCHEDULE B
Investments
(See Note Below)

☐ Check if Not Applicable

Description	Face Value or Number of Shares	Market Value	Cost (Book)
Other (amounts not listed in detail)			
Total (Should Equal Line 2 + Line 8, Page 4):			

SCHEDULE C
Accounts / Notes Receivable
(See Note Below)

☐ Check if Not Applicable

Description / Name	Security	Balance
Other (amounts not listed in detail)		
Total (Should Equal Sum of Lines 3 + 4(a-d) + Line 9(a-c), Page 4):		

NOTE: List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Year Ending:

SCHEDULE D
Real Estate Owned / Mortgages Payable
(See Note Below)

☐ Check if Not Applicable

Location and Description	Market Value	Cost (Book)	Mortgage Balance
Other (amounts not listed in detail)			
Total (Should Equal Line 14, Page 4 and Line 11, Page 5):			

SCHEDULE E
Notes Payable
(See Note Below)

☐ Check if Not Applicable

Name of Creditor	Collateral	Balance
Other (amounts not listed in detail)		
Total (Should Equal Sum of Lines 3(a-c) + Lines 12(a-c), Page 5):		

NOTE: List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Year Ending:

Description	Amount
Accounting and Auditing	
Advertising and Marketing	
Attorney and Related Legal Fees	
Auto Expenses	
Bank Charges	
Computer Expenses	
Consulting Fee(s)	
Depreciation & Amortization	
Employee Benefits	
Equipment Rental	
Interest Expense	
Insurance	
Licenses and Related Fees	
Office Supplies and Expenses	
Postage and Mailing Services	
Printing	
Rent and Rental Items	
Repairs & Maintenance	
Taxes: Payroll	
Property	
Other Taxes	
Telephone and Telegraph	
Travel and Entertainment	
Utilities	
Other (List Below)	
Total General Expenses (Must Equal Line 8, Page 6):	

SCHEDULE G
Unearned Premium Reserve

Policy Length (Number of Years Remaining)		Number of Policies	Total Premiums \$\$\$	Portion To Reserve	Reserves Required \$\$\$
1 year or less				1/2	
2 years	2			1st year - 3/4	
	1			2nd year - 1/4	
3 years	3			1st year - 5/6	
	2			2nd year - 1/2	
	1			3rd year - 1/6	
4 years	4			1st year - 7/8	
	3			2nd year - 5/8	
	2			3rd year - 3/8	
	1			4th year - 1/8	
5 years	5			1st year - 9/10	
	4			2nd year - 7/10	
	3			3rd year - 1/2	
	2			4th year - 3/10	
	1			5th year - 1/10	
Totals *					

* Reserves Required total must equal the sum of Line 8 + Line 13, Page 5.

INSTRUCTIONS: Policies paid on a monthly basis and prepaid one (1) year policies will use the line "1 year or less", under "Policy Length". For monthly payments, one-half of the payment is required to be placed in reserve. Prepaid multi year policies will be listed on the applicable "Policy Length" line.

EXHIBIT I
Premium Earned

1. Premiums Written as of	_____
2. Other Related Fees and Charges	_____
3. Unearned Premium as of December 31, Prior Year	_____
4. Cancellations & Refunds	(_____)
5. Unearned Premium as of	(_____)
6. Premiums Earned Year to Date (1 + 2 + 3 - 4 - 5 = 6) (Must Agree with Line 1, Page 6)	_____

EXHIBIT II
Legal Expense Plans in Place - Nationwide, Including FLORIDA

	Number of Plans	Total Premiums
1. Plans in Place as of December 31, Prior Year	_____	_____
2. Plans Sold during the Current Year	_____	_____
3. Plans Expired during the Current Year	(_____)	(_____)
4. Plans Cancelled during the Current Year	(_____)	(_____)
5. Plans in Place as of December 31, Current Year (1 + 2 - 3 - 4 = 5) (Must Agree with the Totals Line, Schedule G, Page 11)	_____	_____

EXHIBIT III
Legal Expense Plans in Place - FLORIDA Only

	Number of Plans	Total Premiums
1. Plans in Place as of December 31, Prior Year	_____	_____
2. Plans Sold during the Current Year	_____	_____
3. Plans Expired during the Current Year	(_____)	(_____)
4. Plans Cancelled during the Current Year	(_____)	(_____)
5. Plans in Place as of December 31, Current Year (1 + 2 - 3 - 4 = 5)	_____	_____

EXHIBIT IV
Required Deposit for Legal Expense Plans in Place

Is this the FIRST YEAR of OPERATION for the licensee (check if Yes)?	<input type="checkbox"/>
1. Annualized Premiums for All Plans in Place as of December 31, Current Year	_____
2. Deposit / Surety Bond Required by Section 642.023, Florida Statutes	_____
3. Deposit / Surety Bond in Place	_____
4. Additional Deposit / Surety Bond Increase Required (If Line 3 is LESS THAN Line 2, Enter Difference)	_____
5. If Additional Deposit / Surety Bond Increase Required, Provide Date Deficiency Corrected (Attach Evidence of Correction)	_____

Company Name:

Year Ending:

LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this statement period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.flor.com/siteDocuments/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Year Ending:

LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this statement period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Office of Insurance Regulation

Specialty Product Administration

LEGAL EXPENSE INSURANCE CORPORATION

Licensee: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Florida Company Code: _____

Federal Employer Identification Number: _____

Annual Statement Filing Fee

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$100	10	30	F	3001

STAPLE CHECK FOR \$100.00 HERE

Made Payable to the DEPARTMENT OF FINANCIAL SERVICES

Print this page and mail with the check to:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
REVENUE PROCESSING SECTION
POST OFFICE BOX 6100
TALLAHASSEE, FL 32314-6100

Print this page

SAVE/SUBMIT PAGE

Save - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

Submit Final - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final

Office of Insurance Regulation
Specialty Product Administration

**FLORIDA COMPANY
CODE:**

**FEDERAL EMPLOYER
IDENTIFICATION NUMBER:**

**QUARTERLY STATEMENT
OF THE**

(Legal Expense Insurance Corporation)

**TO THE
OFFICE OF INSURANCE REGULATION
OF THE
STATE OF FLORIDA**

Specialty Product Administration
200 East Gaines Street
Tallahassee, FL 32399 - 0331

FOR PERIOD ENDED

GENERAL INFORMATION AND INSTRUCTIONS

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this report will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this report, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the report page. This will highlight the fields where you may enter data.
7. The report form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this report. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your report form is uploaded as a "Completed" document to your Component List; this does not submit the report to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

STATEMENT

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name: _____

Company FEIN: _____

Florida Company Code: _____

Period Ending Date: _____

State and Date of Incorporation/Organization: _____

(State/Prov): _____

(Date): _____

Date Licensed by the Office of Insurance Regulation: _____

(Date): _____

Date Commenced Business: _____

(Date): _____

Address of Home Office:

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Phone: _____

Ext: _____

Fax: _____

Address of Main Administrative Office:

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Phone: _____

Ext: _____

Fax: _____

Mailing Address:

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Phone: _____

Ext: _____

Fax: _____

Records Location (if different than Main Office):

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Address of Principle Florida Office:

Street: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Phone: _____

Ext: _____

Fax: _____

Website: _____

Type of entity (check one)

☐ Corporation - For profit

☐ Sole proprietorship

☐ Corporation - Not for profit

☐ Limited liability company

☐ Partnership

☐ Other: _____

Contact Name: _____

Contact Title: _____

Phone: _____

Ext: _____

Fax: _____

Email Address: _____

OFFICERS / DIRECTORS / MEMBERS
Show full name (initials not acceptable)

Chief Executive Officer

President

Vice President

Secretary

Treasurer / Chief Financial Officer

Chairman of the Board

Directors / Members

STATE OF: _____

COUNTY OF: _____

_____, President, _____, Secretary,
and _____, Chief Financial Officer (or corresponding person having charge of the

financial records of the licensee), of the _____ being duly sworn
each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting
period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims
thereon, except as herein stated, and that this report, together with related exhibits, schedules and explanations therein contained,
annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said licensee as of
the reporting period stated above, and of its income and deductions for the period reported.

The foregoing instrument was acknowledged before me
by means of ☐ physical presence or ☐ online notarization,

_____ day of _____, 20____

Notary Public: _____

Commission Number: _____

Expiration Date: _____

President/Owner

Secretary

Treasurer/CFO

Print this page

Company Name:

Period Ending:

BALANCE SHEET
ASSETS

	Column 1 Total Assets	Column 2 Less Assets Non Admitted	Column 3 Admitted Assets
CURRENT ASSETS:			
1. Cash on Hand and on Deposit (Schedule A, Page 7)			
2. Investments, Short Term (Schedule B, Page 8)			
3. Accounts Receivable, Trade (Schedule C, Page 8)			
4. Other Receivables: (Schedule C, Page 8)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Other Receivables			
e. Less: Reserve for Losses	()	()	()
5. Prepaid Expenses			
6. Other (Identify)			
7. Total Current Assets			
NON-CURRENT ASSETS:			
8. Investments and Securities (Schedule B, Page 8)			
9. Accounts and Notes Receivable: (Schedule C, Page 8)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Less: Reserve for Losses	()	()	()
10. Deferred Expenses			
11. Intangible Assets (Identify)			
12. Other (Identify)			
13. Total Non-Current Assets			
FIXED ASSETS:			
14. Real Estate Owned (Schedule D, Page 9)			
15. Computers [Section 625.012(11), F.S.]			
16. Less: Accumulated Depreciation	()	()	()
17. Other Depreciable Fixed Assets			
a. Office Furniture & Equipment			
b. Automobiles			
c. Leasehold Improvements			
d. Other (Identify)			
e. Less Accumulated Depreciation	()	()	()
18. Total Fixed Assets			
19. TOTAL ASSETS:			

Company Name:

Period Ending:

BALANCE SHEET
LIABILITIES AND NET WORTH

CURRENT LIABILITIES:		
1. Accounts Payable		
2. Commissions Payable		
3. Notes Payable: (Schedule E, Page 9)		
a. To Affiliates		
b. To Officers, Directors, Owners		
c. To Others (Identify) _____		
Total Current Notes Payable		
4. Taxes Payable:		
a. Premium Tax		
b. Federal and State Taxes		
c. Other Taxes (Identify) _____		
Total Taxes Payable		
5. Accrued Interest		
6. Accrued Expenses		
7. Unpaid Claims		
8. Unearned Premium Reserve (Schedule G, Page 11)		
9. Other Liabilities (Identify) _____		
10. Total Current Liabilities		
LONG TERM LIABILITIES:		
11. Mortgages Payable (Schedule D, Column 2, Page 9)		
12. Notes Payable (Schedule E, Page 9)		
a. To Affiliates		
b. To Officers, Directors, Owners		
c. To Others (Identify) _____		
Total Long-Term Notes Payable		
13. Unearned Premium Reserve (Schedule G, Page 11)		
14. Other (Identify) _____		
15. Total Long Term Liabilities		
16. Total Liabilities		
NET WORTH:		
17. Capital Stock:		
a. Common		
b. Preferred		
Total Capital Stock		
18. Paid-In Capital		
19. Retained Earnings		
20. Other (Identify) _____		
21. Less: Treasury Stock		
22. Total Net Worth		
23. TOTAL LIABILITIES AND NET WORTH		
24. Net Worth (Per Line 22 above)		
25. Less: Non-Admitted Assets (From Line 19, Column 2, Page 4)		
26. STATUTORY NET WORTH		

STATEMENT OF OPERATIONS AND RETAINED EARNINGS

INCOME	
1. Earned Premiums (From Exhibit I, Line 5, Page 12)	
2. Interest Earned	
3. Other Income (Identify)	
4. Total Income	
EXPENSES	
5. Salaries	
6. Claims Expense	
7. Commissions	
8. General Expenses (Schedule F, Page 10)	
9. Total Expenses	
10. Net Income Before Federal and State Income Taxes And Extraordinary Items (Line 4 - Line 9)	
11. Extraordinary Item (Explain)	
12. Federal and State Income Taxes	
13. Total Taxes & Extraordinary Items (Line 11 + Line 12)	
NET INCOME AND RETAINED EARNINGS	
14. Net Income (Line 10 - Line 13 above)	
15. Retained Earnings, December 31, Previous Year	
16. Less: Distributions/Dividends Paid Out	()
17. Other (Identify)	
18. RETAINED EARNINGS DECEMBER 31, CURRENT YEAR (Enter on Line 19, Page 5)	

Company Name:

Period Ending:

SCHEDULE A
Cash on Hand & On Deposit
(See Note Below)

☐ Check if Not Applicable

Name and Location of Funds	Balance
Other (amounts not listed in detail)	
Total (Should Equal Line 1, Page 4):	

NOTE: List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Period Ending:

SCHEDULE B
Investments
(See Note Below)

☐ Check if Not Applicable

Description	Face Value or Number of Shares	Market Value	Cost (Book)
Other (amounts not listed in detail)			
Total (Should Equal Line 2 + Line 8, Page 4):			

SCHEDULE C
Accounts / Notes Receivable
(See Note Below)

☐ Check if Not Applicable

Description / Name	Security	Balance
Other (amounts not listed in detail)		
Total (Should Equal Sum of Lines 3 + 4(a-d) + Line 9(a-c), Page 4):		

NOTE: List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Period Ending:

SCHEDULE D
Real Estate Owned / Mortgages Payable
(See Note Below)

☐ Check if Not Applicable

Location and Description	Market Value	Cost (Book)	Mortgage Balance
Other (amounts not listed in detail)			
Total (Should Equal Line 14, Page 4 and Line 11, Page 5):			

SCHEDULE E
Notes Payable
(See Note Below)

☐ Check if Not Applicable

Name of Creditor	Collateral	Balance
Other (amounts not listed in detail)		
Total (Should Equal Sum of Lines 3(a-c) + Lines 12(a-c), Page 5):		

NOTE: List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Period Ending:

Description	Amount
Accounting and Auditing	
Advertising and Marketing	
Attorney and Related Legal Fees	
Auto Expenses	
Bank Charges	
Computer Expenses	
Consulting Fee(s)	
Depreciation & Amortization	
Employee Benefits	
Equipment Rental	
Interest Expense	
Insurance	
Licenses and Related Fees	
Office Supplies and Expenses	
Postage and Mailing Services	
Printing	
Rent and Rental Items	
Repairs & Maintenance	
Taxes: Payroll	
Property	
Other Taxes	
Telephone and Telegraph	
Travel and Entertainment	
Utilities	
Other (List Below)	
Total General Expenses (Must Equal Line 8, Page 6):	

SCHEDULE G
Unearned Premium Reserve

Policy Length (Number of Years Remaining)		Number of Policies	Total Premiums \$\$\$	Portion To Reserve	Reserves Required \$\$\$
1 year or less				1/2	
2 years	2			1st year - 3/4	
	1			2nd year - 1/4	
3 years	3			1st year - 5/6	
	2			2nd year - 1/2	
	1			3rd year - 1/6	
4 years	4			1st year - 7/8	
	3			2nd year - 5/8	
	2			3rd year - 3/8	
	1			4th year - 1/8	
5 years	5			1st year - 9/10	
	4			2nd year - 7/10	
	3			3rd year - 1/2	
	2			4th year - 3/10	
	1			5th year - 1/10	
Totals *					

* Reserves Required total must equal the sum of Line 8 + Line 13, Page 5.

INSTRUCTIONS: Policies paid on a monthly basis and prepaid one (1) year policies will use the line "1 year or less", under "Policy Length". For monthly payments, one-half of the payment is required to be placed in reserve. Prepaid multi year policies will be listed on the applicable "Policy Length" line.

EXHIBIT I
Premium Earned

1. Premiums Written as of	_____
2. Other Related Fees and Charges	_____
3. Unearned Premium as of December 31, Prior Year	_____
4. Cancellations & Refunds	(_____)
5. Unearned Premium as of	(_____)
6. Premiums Earned Year to Date (1 + 2 + 3 - 4 - 5 = 6) (Must Agree with Line 1, Page 6)	_____

EXHIBIT II
Legal Expense Plans in Place - Nationwide, Including FLORIDA

	Number of Plans	Total Premiums
1. Plans in Place as of December 31, Prior Year	_____	_____
2. Plans Sold as of	_____	_____
3. Plans Expired during the Current Year	(_____)	(_____)
4. Plans Cancelled during the Current Year	(_____)	(_____)
5. Plans in Place as of (1 + 2 - 3 - 4 = 5) (Must Agree with the Totals Line, Schedule G, Page 11)	_____	_____

EXHIBIT III
Legal Expense Plans in Place - FLORIDA Only

	Number of Plans	Total Premiums
1. Plans in Place as of December 31, Prior Year	_____	_____
2. Plans Sold as of	_____	_____
3. Plans Expired during the Current Year	(_____)	(_____)
4. Plans Cancelled during the Current Year	(_____)	(_____)
5. Plans in Place as of (1 + 2 - 3 - 4 = 5)	_____	_____

EXHIBIT IV
Required Deposit for Legal Expense Plans in Place

Is this the FIRST YEAR of OPERATION for the licensee (check if Yes)?	<input type="checkbox"/>
1. Annualized Premiums for All Plans in Place as of	_____
2. Deposit / Surety Bond Required by Section 642.023, Florida Statutes	_____
3. Deposit / Surety Bond in Place	_____
4. Additional Deposit / Surety Bond Increase Required (If Line 3 is LESS THAN Line 2, Enter Difference)	_____
5. If Additional Deposit / Surety Bond Increase Required, Provide Date Deficiency Corrected (Attach Evidence of Correction)	_____

Company Name:

Period Ending:

LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this report period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.floir.com/siteDocuments/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Period Ending:

LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this report period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Company Name:

Period Ending:

Office of Insurance Regulation
Specialty Product Administration

LEGAL EXPENSE INSURANCE CORPORATION

Licensee: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Florida Company Code: _____

Federal Employer Identification Number: _____

Quarterly Report Filing Fee

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$25	10	34	F	3001

STAPLE CHECK FOR \$25.00 HERE

Made Payable to the DEPARTMENT OF FINANCIAL SERVICES

Print this page and mail with the check to:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
REVENUE PROCESSING SECTION
POST OFFICE BOX 6100
TALLAHASSEE, FL 32314-6100

Print this page

SAVE/SUBMIT PAGE

Save - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

Submit Final - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final



Department of Financial Services
Office of Insurance Regulation – Specialty Product Administration

Licensee: _____

Address: _____

City, State Zip _____

APPLICATION for RENEWAL of
CERTIFICATE OF AUTHORITY

LEGAL EXPENSE INSURANCE

For the period: 06/01/20 __ __ to 05/31/20 __ __

Federal Employer ID Number: __ __ - __ __ __ __ __ __

FL Company Code: **7 5** __ __ __

Due by May 31

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS LEGAL EXPENSE INSURANCE CERTIFICATE OF AUTHORITY AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

Name and Title

Signature

Date

Name and Title

Signature

Date

INSTRUCTIONS:

1. If you wish to renew, complete and sign this application and forward it along with your remittance in the amount of \$300.00 made payable to: **Florida Department of Financial Services**.
2. Application must be signed by:
 - a. The owner or authorized representative, if a sole-proprietorship.
 - b. The president and secretary, if a corporation.
 - c. The managing or senior partner(s) or managing director(s), if a partnership or association.
(If necessary, attach additional sheets.)
3. The renewal application and remittance must be received on or before May 31 by:

Florida Department of Financial Services
Revenue Processing Section
Post Office Box 6100
Tallahassee, Florida 32314-6100

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$300.00	10	34	G	3091

SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

☐ Original Designation ☐ Insurer Name Change ☐ Merger / Acquisition ☐ Update Delivery Information

Insurer or Company Name: _____

Previous Name (If applicable): _____

Home Office Address: _____

City, State, Zip _____

FEI # _____

FL Company Code _____

Telephone # _____

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

**Designated Person
to receive process:** _____

E-Mail Address: _____

Phone#: _____ **Fax#:** _____

Mailing Address: _____

Street Address: _____

Signature: _____

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the _____ day of _____, A.D. _____.

President or CEO's Signature

President or CEO's Name (Typed or Printed)

SEAL

Secretary's Signature

Secretary's Name (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.



Florida Office of Insurance Regulation

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

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

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

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

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

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

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

Any questions Applicants have concerning this application packet or iApply may be directed to Property and Casualty at pcappcoord@floir.com.

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-I Application Fees

Applicants must an application fee of \$250 USD and a license fee of \$300 USD, pursuant to Section 642.0301, Florida Statutes. These fees are due at the time the application packet is filed and are nonrefundable.

Secure your check to the Invoice on page 14 of this application and mail to:

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

Include copies of the completed Invoice and check with your application filing submitted via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee payment.

Section I-II Fingerprint Fees

Applicants are required to pay a fee for the processing of the fingerprint cards required in Section IV-4. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions.

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

SECTION II - LEGAL

Section II-1 Articles of Incorporation

Submit a copy of Applicant's Articles of Incorporation, 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-2 Certificate of Status from Florida

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-3 Company Bylaws

Submit a copy of Applicant's Bylaws. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted.

Section II-4 Service of Process Consent and Agreement

Submit the executed Service of Process Consent and Agreement Form OIR-C1-144. No signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted.

Section II-5 Authorization Letter

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

Section II-6 Fictitious Name Filing

If the organization plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

SECTION III – FINANCIAL

Section III-1 **Financial Statements**

Applicant must submit complete financial statements for the 3 most recent years reflecting a net worth of at least \$10,000 USD or 10% of Applicant's total liabilities, whichever is greater, and contain a balance sheet, income statement, retained earnings statement, and statement of cash flows. These statements should be certified as true and correct by two officers and the most recent may not be more than 12 months old.

Applicant should also submit the same for its immediate parent, if applicable.

Section III-2 **Financial Requirements**

The applicant must agree to establish and maintain an unearned premium reserve as outlined by Section 625.051, Florida Statutes, and Rule 69O-201.005, Florida Administrative Code.

Section III-3 **Deposit**

Pursuant to Section 642.023, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of one of the two options below:

- a.** a securities deposit of \$50,000 USD

A securities deposit should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Department of Financial Services
Bureau of Collateral Management
200 East Gaines Street
Tallahassee, FL 32399-0345

- b.** a surety bond for \$75,000 USD

Pursuant to Section 642.023(2), Florida Statutes, and subject to the approval of the Office, a Legal Expense Insurance Corporation may file a surety bond issued by an authorized surety insurer in lieu of the deposit outlined above. See Form OIR-A3-478, Legal Expense Insurance Corporation Surety Bond.

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

Section III-4 Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the specialty insurer and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

- a.** The geographical area in which Applicant intends to conduct business in the first 5 years.
- b.** The types of insurance intended to be written in the first 5 years, including specification as to whether and to what extent indemnity rather than service benefits are to be provided

Additionally, Applicant must provide the following information:

- c.** A complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable.
- d.** A statement of the amount and sources of funds available for organization expenses and the proposed arrangements for reimbursement and compensation of shareholders or other persons.
- e.** A statement of compensation to be provided to officers and directors.
- f.** A copy of each agreement relating to Applicant to which any shareholder, director, or officer is a party.
- g.** A statement signed by two officers attesting that Applicant is knowledgeable of the provisions of Chapter 642, Florida Statutes, and is otherwise in compliance with the law.

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

Section III-5 Financial Projections

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract.

Section III-6 States Where Applicant is Currently Doing Business

In this section, Applicant should provide a list of states in which it or affiliated companies conduct legal expense insurance business.

Section III-7 Alphabetical List of Proposed Sales Representatives

Applicant should provide a list of its proposed sales representatives. It is understood that most Applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Florida Department of Financial Services, Division of Agent & Agency Services, by calling 1-877-MY-FL-CFO (1-877-693-5236), or (850) 413-3089, if calling from out of state.

Section III-8 Forms and Rates

Applicant shall provide the form of all legal service contracts that Applicant proposes to offer showing the rates to be charged for each form of the contract, as well as the forms to be used for any proposed contracts between Applicant and the participating attorneys as well as any proposed contracts between Applicant and corporations which perform administration, marketing, or management services and the forms relating to the provision of services to insureds.

Applicant shall provide evidence that it has filed the information required by Section 642.021(3), Florida Statutes, with the Florida Bar.

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

SECTION IV – MANAGEMENT

Section IV-1 Management Information Forms

Submit Management Information Form OIR-C1-2221 fully describing Applicant's management, ownership, and all individuals or entities having direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

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

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

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

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

Each Biographical Affidavit must be signed and notarized.

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

However, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to the NAIC Biographical Affidavit (NAIC Form 11) that is also included in this packet.

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

Section IV-3 Background Investigative Report

A Background Investigative Report must be provided for each person for whom a Biographical Affidavit is required, as described above. Background reports must be submitted by an approved background investigation vendor directly to the Office. Attach proof of payment confirming that all background reports have been ordered when submitting the application. Please refer to Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports, included in this packet.

The NAIC approved background investigation vendor list can be found at:

https://www.naic.org/documents/industry_ucaa_third_party.pdf

Section IV-4 Fingerprint Cards

Fingerprint cards must be provided to the Office for each person for whom a Biographical Affidavit is required. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions. If an individual has submitted a fingerprint card dated within 5 years of the date of the Application filing, a fingerprint card need not be submitted for that individual.

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

CHECKLIST

SECTION I - APPLICATION FORM & FEES

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

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.

- ☐ 1. Application fee paid
- ☐ a. Copy of invoice included (page 14 of this form)
- ☐ b. Copy of check
- ☐ 2. All fingerprint fees paid electronically
- ☐ a. Copies of online payment confirmation

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

CHECKLIST

SECTION II – LEGAL

- ☐ 1. Articles of Incorporation
 - ☐ a. Certified by public official
- ☐ 2. Certificate of Status from Florida
- ☐ 3. Company Bylaws
 - ☐ a. Certified by Secretary
- ☐ 4. Service of Process Consent and Agreement Form OIR-C1-144
- ☐ 5. Authorization Letter (if applicable)
- ☐ 6. Fictitious Name Filing (if applicable)

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

CHECKLIST

SECTION III – FINANCIAL

- ☐ 1. Financial Statements
 - ☐ a. Balance Sheet
 - ☐ b. Income Statement
 - ☐ c. Retained earnings statement
 - ☐ d. Statement of Cash Flows
 - ☐ e. Certified by 2 Officers
 - ☐ f. Not more than 12 months old
 - ☐ g. Provided for Parent (as applicable)
- ☐ 2. Financial Requirements
 - ☐ a. Statement regarding unearned premium reserves
- ☐ 3. Securities Deposit (a **or** b)
 - ☐ a. Securities deposit of \$50,000 USD; **or**
 - ☐ b. Surety Bond for \$75,000 USD
 - ☐ i. OIR-A3-478, Legal Expense Insurance Corporation Surety Bond
- ☐ 4. Plan of Operations
 - ☐ a. Geographical area
 - ☐ b. Types of insurance
 - ☐ c. Organizational chart
 - ☐ d. Amount and source of funds
 - ☐ e. Statement of compensation
 - ☐ f. Copy of agreements
 - ☐ g. Officer attestation
- ☐ 5. List of states where Applicant and affiliates are currently doing business
- ☐ 6. Financial Projections for 3 years
- ☐ 7. Alphabetical List of Proposed Sales Representatives
- ☐ 8. Forms and Rates
 - ☐ a. Forms for all legal service contracts with rates
 - ☐ b. Forms for any proposed contracts between Applicant and attorneys
 - ☐ c. Forms for any proposed contracts between Applicant and other corporations
 - ☐ d. Evidence that the above has been filed with the Florida Bar

OIR-C1-480

Rev.: 3/21

Rule 69O-201.008

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

CHECKLIST

SECTION IV – MANAGEMENT

- ☐ 1. Management Information Form (OIR-C1-2221) submitted for all required entities
- ☐ 2. Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
 - ☐ a. All information completed (no blanks)
 - ☐ b. “Yes” answers explained
 - ☐ c. Signed
 - ☐ d. Notarized
- ☐ 3. Background investigative reports for all required individuals. The reports must be based on the Biographical Affidavits submitted to the Office with this Application.
 - ☐ a. Proof of order and confirmation of payment submitted to the Office
- ☐ 4. Fingerprint cards for all required individuals
 - ☐ a. All information completed (no blanks)
 - ☐ b. Signed

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

APPLICATION CERTIFICATION

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

The undersigned state that they are officers having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to seek licensure as a Legal Expense Insurance Corporation; 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 represent that they have the authority to bind the Applicant, and that by their signatures on the instrument the Applicant has executed the instrument.

The undersigned understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: _____

Print Name: _____

Title: _____

Date: _____

By: _____

Print Name: _____

Title: _____

Date: _____

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

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

INVOICE

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS ABOVE):

(city)

(state)

(zip code)

1. Make payable to the Department of Financial Services and mail check and invoice only to:

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

2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

FOR DEPARTMENT USE ONLY

RECEIPT#	AMOUNT	TYPE	CLASS	FUND	ACCOUNT	SOURCE
L.F.	\$300.00	10	34g	3	01	1
F.F	\$250.00	10	35f	3	11	1
LICENSE#	Dated		Mailed			
	MO	DAY	YR	MO	DAY	YR
					MAILED BY	



Florida Office of Insurance Regulation

INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package. The background investigative report must be conducted using the same affidavit submitted to the Florida Office of Insurance Regulation ("Office") for each individual as part of the application.
2. For specific information regarding background investigation vendors, please refer to the NAIC website, "Third Party Vendors for Background Reports" at: http://www.naic.org/industry_ucaa.htm
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will submit investigative reports electronically to the Office to this e-mail address:

bkgrnd-inv@flor.com

- Submissions should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to, or contemporaneously with, the submission of each application filing, with the exception of acquisition filings.
6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
 7. Questions regarding this process may be directed to pcappcoord@flor.com (Property and Casualty applicants) or to lhappcoord@flor.com (Life and Health applicants).



Florida Office of Insurance Regulation

FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE

Each individual subject to the fingerprinting process must be registered through IdentoGO by Idemia, at <https://fl.ibtfingerprint.com/>. For payment, processing, or appointment issues please contact the IdentoGo Customer Service Center at 1-800-528-1358.

DIGITAL PRINTS - Florida Residents only:

Access <https://fl.ibtfingerprint.com/>, select "Schedule a New Appointment" and follow the prompts. Please retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

FINGERPRINT CARD – Non-Florida Residents (and Florida residents who are physically unable to be digitally fingerprinted):

Access <https://fl.ibtfingerprint.com/>, select "Register for Fingerprint Card Processing Service" and follow the prompts. Select "No Cards" on the Shipping Details screen. Retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

Everyone must complete **two** fingerprint cards provided by the Florida Office of Insurance Regulation. Blank fingerprint cards may be requested by emailing FPRequest@floir.com. Fingerprinting must be performed by a technician within a law enforcement agency or other authorized entity. Most law enforcement agencies and many security companies provide civil applicant fingerprinting services.

NOTE: Please print your Payment Confirmation Number from the IdentoGo website on the "REF" line of the fingerprint card. Not including your Payment Confirmation Number will result in a delay of processing your submission.

Mail **ONLY** completed cards with a cover letter to:

Florida Office of Insurance Regulation
Market Research & Technology Unit
Fingerprint Card Processing
Room B-50 Larson Building
200 East Gaines Street
Tallahassee, Florida 32399-0326

Do NOT mail application paperwork with your fingerprint cards. All application materials must be sent directly to the appropriate unit (Property & Casualty Company Admissions or Life & Health Company Admissions) within the Office of Insurance Regulation. Failure to do so will result in a delay to your application.



Florida Office of Insurance Regulation

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



OFFICE OF INSURANCE REGULATION
Company Admissions

LIST OF PROPOSED SALES REPRESENTATIVES

**COMPANY
NAME:** _____

NAME:

ADDRESS:

SSN:

Applicant Company Name: _____

NAIC No. _____

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.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. 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: _____ Middle: _____ Last: _____

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

Yes ☐ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☐

If yes, what country? _____

3. Affiant's occupation or profession: _____

4. Affiant's business address: _____

Business telephone: _____ Business Email: _____

5. Education and training:

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

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

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
--	---------------------	---	--

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Present or proposed position with the Applicant Company: _____

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

Yes ☐ No ☐

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

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☐

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☐

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

- 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.

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,

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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.

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

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☐

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

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

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☐

If yes, provide details: _____

15. To your knowledge has any company or entity (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. _____

- 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?

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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. _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _____ day of _____, 20____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

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

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____ by _____, and:

☐ who is personally known to me, or

☐ who produced the following identification: _____.

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. 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.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

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

IF ANSWER IS "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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

6. Date of Birth: (MM/DD/YY) : _____ Place of Birth, City: _____
State/Province: _____ Country: _____

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

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>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this ____ day of _____, 20____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

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

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____ by _____, and:

☐ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) 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)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____ by _____, and:

☐ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) 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)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

this ____ day of _____, 20____ by _____, and:

☐ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of _____ **[company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through _____ **[name of CRA, address]** (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ **[company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond 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)

(Signature)

(Date)

State of: _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____ by _____, and:

- ☐ who is personally known to me, or
☐ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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: _____

NAIC No. _____

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: _____

NAIC No. _____

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

Management Information Form

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

Name of Entity: _____

Name	Title (e.g.: President)	Position (e.g.: Officer)	Ownership %
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*Additional pages in like format may be attached as necessary

OIR-C1-2221

Rev.: 6/20

Rule: 690-201.008