



Florida Office of Insurance Regulation

SMALL EMPLOYER CARRIER'S APPLICATION TO BECOME A RISK ASSUMING CARRIER OR A REINSURING CARRIER, AS REQUIRED BY SECTION 627.6699(9), FLORIDA STATUTES

CARRIER NAME _____

ADDRESS (CITY ST ZIP) _____

FEIN: _____ NAIC GROUP CODE: _____ NAIC COMPANY CODE: _____

As required under the provisions of Section 627.6699(11), Florida Statutes, we hereby apply to elect the following status. (Select one block only.)

A. Reinsuring Carrier

A reinsuring carrier, as the term is used in Section 627.6699, Florida Statutes, is a direct writer of small employer health benefit plans and participates in the small employer health reinsurance program created by Section 627.6699 (11). If reinsuring carrier status is elected, nothing further is required except completion of the signature line on page 2 and submission to the Office.

B. Risk Assuming Carrier

If risk-assuming carrier status is elected, attach information showing that the carrier is financially capable of assuming that status pursuant to the criteria in items 1 through 4, below; then complete the signature line at the bottom of the page and send to the Office, Bureau of Life and Health Forms and Rates.

1. The carrier's financial ability to support the assumption of risk of small employer groups. The carrier shall demonstrate that its surplus is adequate to support the fair marketing required by the act and that the planned premium volume after becoming a risk- assuming carrier does not endanger the financial condition of the carrier or endanger the interest of the carrier's policyholder.

2. The carrier's history of rating and underwriting small employers' groups. The carrier shall demonstrate that it has successfully engaged in the business of transacting rating and underwriting of small employer groups or is the wholly owned subsidiary of such a company and that its condition and methods of operation in connection with small employer group contracts will not be such as to render its operation hazardous to the public or its policyholders in this state.

3. The carrier's commitment to market fairly to all small employers in the state or its service area, as applicable. The carrier shall include a statement that the applicant has read and will comply with Section 627.6699 (13), Florida Statutes, Standards to Assure Fair Marketing. The Office shall consider the character, responsibility and general fitness of the officers and directors and the past market conduct of the carrier or its representatives.

4. The carrier's ability to assume and manage the risk of enrolling without the protection of the reinsurance program provided by Section 627.6699 (11), Florida Statutes. The Office shall consider the history and financial condition of the company. It should be demonstrated that the financial condition of the carrier is adequate to assume the risk of marketing or their employees' health status to comply with the purpose and intent of the law as stated in Section 627.6699 (2) without the benefit of the special reinsurance program created by Section 627.6699 (11) for reinsuring carriers. If part of the response is that your existing reinsurance program will be depended upon to cover such risks that you may be required to assume, include a copy of the reinsurance treaty with a summary of how it applies to these risks. The requirement of a copy of the reinsurance treaty does not apply to carriers that have a policyholder surplus in excess of \$100,000,000.

5. Not Applicable: The carrier will not issue health benefit plans or products to Florida small employer groups as defined in Section 627.6699, Florida Statutes.

Signature of Officer

Date

Name of Officer

Position or Title

PLEASE TYPE OR PRINT DATE, POSITION OR TITLE, AND NAME OF OFFICER



Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

Affiant Signature: _____ Date: _____
Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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Affiant Signature: _____ Date: _____
Page ____ of ____



Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

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

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

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

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

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

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

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

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

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

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

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

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

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

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

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

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

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

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

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____



Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

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

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

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

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

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

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

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

Affiant Signature: _____ Date: _____

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Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Question #:

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

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Affiant Signature: _____

Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Affiant Signature: _____ Date: _____

Page ____ of ____



Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____



Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

List of memberships in professional societies and associations:

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

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

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

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____



Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

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

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

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

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

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

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

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____



Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

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

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

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

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____



Florida Office of Insurance Regulation

Applicant Name: _____ NAIC No. _____
FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
AFFIDAVIT OF LOST CERTIFICATE OF AUTHORITY**

STATE OF _____)

COUNTY OF _____)

BEFORE ME, the undersigned authority, on this day personally appeared _____,
who after being by me duly sworn upon oath deposes and states:

That he/she is the _____ of
(Position with Company)

(Name of Company)

_____, _____,
(City of Domicile) (State of Domicile)

and that he/she has custody and control of the minutes and other records of said corporation and that diligent search has been made for the current Certificate of Authority issued to said corporation by the _____ (State Department of Insurance).

This said Certificate of Authority, issued in _____, cannot be located and is considered lost, misplaced or destroyed, and (Year)

it is therefore impossible to surrender said Certificate to the _____ (State Department of Insurance).

In the event that the original Certificate of Authority is located, the Company will immediately return the Certificate of Authority to the _____ (State Department of Insurance).

DATED this _____ day of _____, 20_____

(Signature)

STATE OF _____)

COUNTY OF _____)

This instrument was acknowledged before me by means of physical presence or online notarization, the above named _____, personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein, are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20_____

(Notary Public)

(SEAL) My commission expires:



Florida Office of Insurance Regulation

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

Affiant Name: _____

Group Name: _____

Group Code: _____

Purpose of Affidavit: _____

Applicant Company: _____

Insurers listed under group code:

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

Applicant Company Representative Contact Information:

Name: _____

Title: _____

Phone: _____

Email: _____

Signature: _____

Signature Date: _____



Florida Office of Insurance Regulation

Applicant Name: _____

NAIC No. _____

FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
Corporate Amendments Application
Application to Amend Certificate of Authority**

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

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

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

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

The Uniform Certificate of Authority Corporate Amendments Application can be used to file more than one change in the same submission. The Applicant Company should mark all changes being filed on the application form and submit all items required for those changes in one package.

(Check the type of transaction for which the Applicant Company is applying.)

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

- Name Change
- Delete Lines of Business
- Redomestication of a Foreign Insurer
- Change of Statutory Home Office Address
- Merger of Two or More Foreign Insurers

Name of Non-Surviving Insurer and Cocode

- Pre-notification of Change of Control of Foreign Insurer
- Notification of Change of Control of Foreign Insurer
- Amended Articles of Incorporation
- Amended Bylaws

Applicant Company Name: _____

NAIC No. _____
FEIN: _____

Effective Date of Name Change: _____

Previous Name of Applicant Company:

New Name of Applicant Company:

Did the Applicant Company experience a merger or an owner change prior to the name change?

Yes No

If yes, please be sure an application is also submitted for the merger and/or ownership change transaction.

Effective Date of Change of Control of Foreign Insurer: _____

Previous Group Name: _____ Group Code: _____

New Group Name: _____ Group Code: _____

Has the Applicant Company's designee to appoint and remove agents changed as a result of this corporate amendment?

Yes No

If yes, please note the new designee (name natural persons only): _____

Effective Date of Redomestication: _____ Previous State: _____ New State: _____

Effective Date of Statutory Home Office Address Change: _____

Previous Statutory Home Office Address: _____

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

New Statutory Home Office Address: _____

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

Previous Administrative Office Address: _____

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

New Administrative Office Address: _____

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

Previous Mailing Address: _____

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

New Mailing Address: _____

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

If a merger of two or more foreign insurers:

Effective Date of Merger: _____

Current Name of Surviving Applicant Company: _____ NAIC No.: _____ Group Code: _____

Proposed New Name of Surviving Applicant Company: _____ NAIC No.: _____ Group Code: _____

Name of Non-Surviving Insurer: _____ NAIC No.: _____ Group Code: _____

Applicant Company Name: _____

NAIC No. _____
FEIN: _____

Name of Surviving Insurer: _____ NAIC No.: _____ Group Code: _____

Surviving Applicant Company's Home Office Address:

Surviving Applicant Company's Administrative Office Address:

Surviving Applicant Company's Mailing Address:

Surviving Applicant Company's Telephone: _____ Fax: _____

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

Yes No

If not, indicate why: _____

Date of Last Market Conduct Examination: _____

Has the Applicant Company had an application for these lines of business refused by this or any other state prior to the date of this application?

Yes No

If yes, give full explanation in an attached letter.

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

Name: _____

Title: _____

Mailing Address: _____

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

If the representative is not employed by the Applicant Company, please provide a company contact person in order to facilitate requests for detailed financial information.

Name _____

Title _____

Mailing Address _____

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

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

A Certificate of Compliance from the Applicant Company's state of domicile (for foreign applicants) and the Applicant Company's original Certificate of Authority or an Affidavit of Lost Certificate of Authority must accompany this application. (not applicable for Change of Control, Amended Articles of Incorporation or Amended Bylaws.)

Applicant Company Officers' Certification and Attestation

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

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

Date	Signature of President
	Full Legal Name of President
Date	Signature of Secretary
	Full Legal Name of Secretary
Date	Signature of Treasurer
	Full Legal Name of Treasurer

Applicant Company

Date	Signature of Witness
	Full Legal Name of Witness



Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Uniform Certificate of Authority Application (UCAA) Corporate Amendments Application Checklist For Corporate Amendments Application Only

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

Regulator Use Only

1. **Application Form (pursuant to Sections I-VIII, Filing Requirements Item 1), containing:**
 - Completed UCAA Corporate Amendments Application Checklist (Form 1C)
 - Original UCAA Corporate Amendments Application Form executed, signed and Attachments (Form 2C)
 - Original Certificate of Authority or an Affidavit of Lost Certificate of Authority (Form 15) (not applicable for Sections VI-XII)
 - Cover Letter (Optional)

2. **Filing Fee (pursuant to Sections I-VIII and Sections IX-XII (if applicable), Filing Requirements Item 2), containing:**
 - Payment of required filing fee
 - Copy of check

3. **Articles of Incorporation/Articles of Merger (pursuant to Sections I-VII, Filing Requirements Item 3)**
 - Submit documentation as listed.

4. **Bylaws (pursuant to Sections I-VI, Filing Requirements Item 4; Section VIII, Filing Requirements Item 3)**
 - Submit documentation as listed.

5. **Lines of Insurance (pursuant to Section I, Filing Requirements Item 1)**
 - Include all lines of insurance the Applicant Company is licensed to transact, currently transacting and requesting authority to transact in all jurisdictions (Form 3)

6. **Minimum Capital and Surplus Requirements (pursuant to Sections I and V, Filing Requirements Item 5)**
 - Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared

7. **Certificate of Deposit for Statutory Deposit Requirements (pursuant to Sections I and V, Filing Requirements Item 6; Section III, Filing Requirements Item 5)**
 - An original Certificate of Deposit prepared by state of domicile (Form 7)

8. **Plan of Operation (pursuant to Sections I, V and VI, Filing Requirements Item 7)**
 - Completed Questionnaire (Form 8C) (per Section I, Filing Requirements Item 7)
 - Pro Forma (Form 13)
 - Narrative

9. **Deleting Lines of Business (pursuant to Section I, Filing Requirements Item 11)**
 - Questionnaire (Form 8C), complete Section I, questions 22-25

- 10. **Statutory Membership(s) (pursuant to Sections I and V, Filing Requirements Item 8)**

Submit documentation as listed.
- 11. **Certificate of Compliance (pursuant to Section I, Filing Requirements Item 9)**

Original Certificate of Compliance completed by domiciliary state insurance regulatory agency (Form 6)
- 12. **State-Specific Information (pursuant to Section I, Filing Requirements Item 10; Sections II and IV, Filing Requirements Item 7; Section III, Filing Requirements Item 8; Section V, Filing Requirements Item 12; Section VI, Filing Requirements Item 9; Section VII, Filing Requirements Item 6; Section VIII, Filing Requirements Item 5; and Section X, Filing Requirements Item 4)**

Some jurisdictions may have additional requirements that must be met before approval can be granted or the amended Certificate of Authority can be issued. The Applicant Company should review the list of requirements for the state to which they are applying. That listing can be found at http://www.naic.org/industry_ucaa.htm
- 13. **Uniform Consent to Service of Process (pursuant to Sections II – IV, Filing Requirements Item 5; Section V, Filing Requirements Item 10; and Section VI Filing Requirements Item 7)**

Original executed Service of Process form (Form 12)
- 14. **State of Domicile Approval (pursuant to Sections II and IV, Filing Requirements Item 6; Section V, Filing Requirements Item 11; Section VI, Filing Requirements Item 8; Section III, Filing Requirement Item 7; Section VII, Filing Requirements Item 5; and Section VIII, Filing Requirements Item 4)**

Submit documentation of domiciliary notification.
- 15. **NAIC Biographical Affidavit (Form 11), (pursuant to Section V, Filing Requirement Item 9 and Section VI, Filing Requirement Item 6), for the following:**

 - Officers (as listed on Jurat Page of most recent or upcoming financial statement.)
 - Directors (as listed on Jurat Page of most recent or upcoming financial statement.)
 - Key managerial personnel (including heads of risk management, compliance, internal audit or other individuals who will control the operations of the Applicant Company or have binding authority over the Applicant Company.)
 - Any individual (including management not represented of the Jurat Page or not in key managerial positions) with 10% or greater ownership of the Applicant Company and/or the Applicant Company’s ultimate controlling entity. If applicable, a copy of a disclaimer of control and approval from the domiciliary regulator may be submitted in lieu of a biographical affidavit for those states that deem acceptable
 - Affidavit originally signed and notarized within six months of application date
 - Affidavit certified by independent third-party
- 16. **Name Approval (pursuant to Section II, Filing Requirements Item 8)**

Evidence of name approval request
- 17. **Statement of Withdrawal (pursuant to Section X, Filing Requirements Item 3)**

Completed Form 17

Submit documentation, if applicable, for:

 - Reinsurance Agreement
 - Assumption Agreement
 - Outstanding Liabilities or Law suits
 - Pending Regulatory Actions



Florida Office of Insurance Regulation

Applicant Name: _____

NAIC No. _____

FEIN: _____

Uniform Certificate of Authority Application QUESTIONNAIRE

For Adding or Deleting Lines of Business to an Existing Certificate of Authority

Directions: Complete **Section I** (questions 1 – 21) for adding new lines of business. Complete **Section II** (questions 22 through 25) for deleting lines of business. Each "Yes" or "No" question is to be answered by marking an "X" in the appropriate space. All questions should be answered. If the Applicant Company denotes a question as "Not Applicable" (N/A) an explanation must be provided. Other answers and additional explanations or details may be provided in writing attached to the affidavit. Please complete this form and file it with the Applicant Company's application to change lines of business to its Certificate of Authority.

Section I

1. Has the Applicant Company merged or consolidated with any other company within the last five years?
Yes ___ No ___

2. Have any of the following taken place since the date of the Applicant Company's most recent Annual Statement?
 - A. Is the Applicant Company presently negotiating for or inviting negotiations for any transaction as described in question 1 above?
Yes ___ No ___

 - B. A change of management or control?
Yes ___ No ___

 - C. Does the Applicant Company contemplate a change in management or any transaction which would normally result in a change of management within the next 12 months?
Yes ___ No ___

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

3.
 - A. Has the Applicant Company's certificate of authority to do business in any state been suspended or revoked within the last five years?
Yes ___ No ___

 - B. Has the Applicant Company's application for admission to any state been denied within the last five years?
Yes ___ No ___

 - C. Has the Applicant Company's application to add lines of business to its Certificate of Authority in any state been denied within the last five years?
Yes ___ No ___

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

4. Since the date of the most recent Annual Statement, has any person who is presently an officer, director, or shareholder of the Applicant Company, been convicted of, or pleaded guilty, or nolo contendere to, a felony charge for theft, larceny or mail fraud, or of violating any corporate securities statute or any insurance statute?
Yes ___ No ___

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

5. Is the Applicant Company presently engaged in a dispute with any state or federal regulatory agency?
Yes ___ No ___
If yes, provide the details in writing and attach to the Questionnaire.
6. Is the Applicant Company a plaintiff or defendant in any legal action other than one arising out of policy claims?
Yes ___ No ___
If yes, provide a summary of each case and attach to the Questionnaire.
7. Has the Applicant Company, within 18 months last preceding the date of this affidavit, entered into any material transactions, as defined in the NAIC Model Law on Material Transactions, with any affiliate, officer, director, trustee, or shareholder which has not been approved in writing by the state of domicile? Material transactions include: loans, transfers of assets, purchases of assets, reductions of liabilities, or reinsurance transactions.
Yes ___ No ___
If yes, provide the details in writing and attach to the Questionnaire.
8. Please explain the Applicant Company's experience, expertise or background regarding the requested lines of business. This explanation should be specific and include documentation which shows the amount of time the Applicant Company has written this product, premium volumes, profitability of the Applicant Company, applicable managerial experience and other information which demonstrates that the Applicant Company has experience in writing the requested line of business sufficient to satisfy the seasoning or experience requirements of the state in which the application is being submitted.
9. Provide a list of any affiliated parties that will be involved in the marketing, underwriting, servicing, administration, premium financing, claims adjustment or claims payment for the requested lines of business.
10. Provide a detailed description of the Applicant Company's sales techniques for the requested lines of business. The description should include:
- A. Information regarding recruitment and training of sales representatives.
 - B. Identification as to whether the Applicant Company will be a direct writer or will use agents, brokers, or a combination thereof.
 - C. Explanation of the compensation and control to be provided by the Applicant Company to its agents, brokers or sales personnel.
 - D. Identification of any specific agency, third party administrator, or managing general agent, and a copy of the agreement.
11. For each state in which the Applicant Company is filing, provide the following for the requested lines of business:
- A. The product lines to be sold by the Applicant Company,
 - B. The Applicant Company's marketing plan, including a description of the financial, corporate, or other connections productive of insurance,
 - C. The Applicant Company's current and expected competition (both regionally and nationally) and
 - D. Include a detailed explanation as to how the Applicant Company will develop, purchase, control and supervise its advertising.

A general description of the classes to be transacted is not an adequate response. For example, if the Applicant Company plans to market credit life and disability products tailored for use by credit unions, simply stating that it will transact credit life and disability is inadequate.

12. If a parent, subsidiary, and/or affiliated insurer is already admitted for the classes of insurance requested in the pending application, differentiate the products and/or markets of the Applicant Company from those of the admitted insurer(s).
13. Explain in detail how (a) the Applicant Company's policies will be underwritten, including the issuance of policies and endorsements (b) policies will be cancelled and (c) premiums and other funds will be handled, including:
 - A. Identify the entity that will perform each of these functions.
 - B. If personnel performing these functions will be shared with another entity, or if another entity will be performing these functions, provide an explanation of this arrangement.
14. Explain in detail how the Applicant Company will adjust and pay claims.
 - A. Identify the entity that will perform the Applicant Company's claims adjusting and claims payment functions.
 - B. If personnel for claims adjusting or claims payment will be shared with another entity, or another entity will be performing the Applicant Company's claims adjusting and claims payment, please explain this arrangement, including any affiliation with the Applicant Company.
 - C. Provide detailed information as to how and by whom claim reserves will be set and modified.
 - D. Does the Applicant Company pay any representative given discretion as to the settlement or adjustment of claims under life or disability policies, whether in direct negotiation with the claimant or in supervision of the person negotiating, a compensation which is in any way contingent upon the amount of settlement of such claims?
Yes ___ No ___

If yes, please provide a detailed explanation and attach to Questionnaire.
15. Is the Applicant Company a member of a group of companies that shares any of the following:
 - A. Common facilities with another company or companies
Yes ___ No ___
 - B. Services (e.g. accounting personnel for financial statement preparation)
Yes ___ No ___

If the answer to any of the above is yes please provide a detailed explanation and attach to Questionnaire.

16. Provide a company-wide, three-year pro forma balance sheet and income statement. For the lines being requested, provide (3) year premium and loss projections by line for the state in which additional lines of business have been requested. Projections should support all aspects of the proposed plan of operation, including reinsurance arrangements and any delegated function agreements. Include the assumptions used to arrive at these projections.
17. Provide an explanation of any reinsurance that will be entered into, or that is currently in place covering the requested lines of business. Provide details and attach to the Questionnaire.

18. Are any of the Applicant Company's policies being sold in connection with mutual funds or investments in securities?
Yes ____ No ____ Not Applicable ____
- If yes, supply details including all sales literature which refers to the insurance and mutual fund or other investment plan connection.
19. If the Applicant Company is applying for authority to write Variable Annuities, provide the following:
- A. Copy of any third party management or service contracts
 - B. Commission schedules
 - C. Five-year sales and expense projections
 - D. A statement from the Applicant Company's actuary describing reserving procedures including the mortality and expense risks which the Applicant Company will bear under the contract
 - E. Statement of the investment policy of the separate account
 - F. Copy of the variable annuity prospectus properly filed with the SEC
 - G. Copies of the variable annuity laws and regulations of the state of domicile
 - H. Copy of the variable annuity contract and application
 - I. A description of any investment advisory services contemplated relating to Separate Accounts
 - J. Board of Directors resolution authorizing the creation of the separate account.
20. If the Applicant Company is applying for authority to write Variable Life Insurance, provide the following:
- A. Copy(ies) of variable life policy(ies) the Applicant Company intends to issue
 - B. Name and experience of person(s) or firm(s) proposed to supply consulting, investments, administrative, custodial or distribution services to the Applicant Company
 - C. Disclose whether each investment advisor, 1) is registered under the Investment Advisers Act of 1940, or 2) is an investment manager under the Employee Retirement Income Security Act of 1974, or 3) whether the Applicant Company will annually file required information and statements concerning each investment advisor as required by its domiciliary state.
 - D. Copy of the variable life prospectus properly filed with the SEC
 - E. Statement of the investment policy of any separate account, and the procedures for changing such policy
 - F. Copies of the variable life insurance laws and regulations of the state of domicile
 - G. A statement from the Applicant Company's actuary describing reserving procedures including the mortality and expense risks which the Applicant Company will bear under the contract.
 - H. Standards of suitability or conduct regarding sales to policyholders
 - I. Statement authorizing the creation of the separate account (i.e. Board resolution)
 - J. Statement specifying the standards of conduct with respect to the purchase or sale of investments of separate accounts (i.e. Board resolution)

21. If the Applicant Company is applying for authority to write Life Insurance, has the Applicant Company at any time within the last five years, irrespective of changes in management, taught or permitted its agents to sell insurance by using any of the following devices, or representations resembling any of the following:
- A. "Centers of influence" and "advisory board"
Yes ___ No ___
 - B. Charter or founder's policy
Yes ___ No ___
 - C. Profit sharing plan
Yes ___ No ___
 - D. Only a limited number of a certain policies will be sold in any given geographical area
Yes ___ No ___
 - E. "Profits" will accrue or be derived from mortality savings, lapses and surrenders, investment earnings, savings in administration
Yes ___ No ___
 - F. Printed list of several large American or Canadian insurers showing the dollar amounts of "savings", "profits" or "earnings" they have made in such categories
Yes ___ No ___

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

Section II

- 22. Utilizing the information contained in Form 3, list all of the lines of business that the Applicant Company requests to be deleted from its Certificate of Authority.
- 23. Provide a detailed explanation for the Applicant Company's request to delete these lines of business.
- 24. For each state, indicate the number of policyholders by line of business that will be non-renewed or cancelled if the Applicant Company's request to delete lines of business is approved.
- 25. Provide documentation that the Applicant Company has complied with all requirements for removal of lines of business from its Certificate of Authority, and withdrawal from the specified state.



APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

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 at the following link:

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

Any questions concerning this application packet may be directed to pcappcoord@floir.com.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

Part A

1a. Name of the Risk Retention Group as it appears on its Certificate of Authority:

1b. Address of the Risk Retention Group:

1c. NAIC Company Code:

1d. FEIN:

1e. State of domicile, date licensed and date chartered:

1f. Primary contact person for state of domicile to whom questions regarding the Risk Retention Group should be addressed (include name, phone number and email address):

2. List any other name(s) by which the Risk Retention Group is known or may be doing business in this State or any other state:

3. The Risk Retention Group is authorized to engage in the following lines and/or classifications of liability insurance under the laws of its chartering State:

a) Applicant must a Certificate of Compliance from its domiciliary jurisdiction dated within the last year.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

4. Give a general description of the liability insurance coverages the Risk Retention Group plans to write in the state it is registering to do business in.

5. Has the Risk Retention Group's domiciliary state approved the Risk Retention Group to register and expand its writings in the state it is seeking to become registered in?

6. Ownership of the Risk Retention Group consists of one or the other of the following (check one):

a) the owners of the Group are only persons who comprise the membership of the Group and who are provided insurance by the Group.

b) the sole owner of the Group is: _____

(Name and Address of Organization)

an organization which has as its members only persons who comprise the membership of the Group and which has as its owners only persons who comprise the membership of the Group and who are provided insurance by the Group.

7. The Risk Retention Group members are engaged in businesses or activities similar or related with respect to the liability to which such members are exposed by virtue of any related, similar or common business (whether profit or nonprofit), trade, product, services (including professional services), premises or operations. Give a general description of businesses or activities engaged in by the Group's members:

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

8. (a) List the name, position with the Risk Retention Group, and address of each officer and director of the Risk Retention Group: (Attach additional pages, if necessary.)

(b) Identify and give the telephone number of the officer or director of the Risk Retention Group who can be contacted for any information regarding the management of the insurance activities of the Group:

Name: _____ Telephone #: _____

9. List the name, address, and telephone number of the company responsible for managing the insurance operations of the Risk Retention Group and the company contact person's name, telephone number and email. (If none, answer none.)

Contact Person: _____ Telephone # _____

Email: _____

10. List the name(s) NPR#, and address(es) of the Florida licensed insurance agents or brokers (or soon to be Florida licensed) who will be responsible for marketing the Risk Retention Group's insurance policies in the State of Florida and the current licensing status in the State of Florida: (If none, answer none. Attach additional pages, if necessary.)

<u>Name</u>	<u>NPR#</u>	<u>Address</u>	<u>License Status in State Registering</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

11. In accordance with the Liability Risk Retention Act, we verify the following:

- a) The Risk Retention Group is a corporation or other limited liability association whose primary activity consists of assuming and spreading all, or any portion, of the liability exposure of its members.
 - i. Applicant must attach a copy of its Articles of Incorporation or equivalent document certified within the last year by its domiciliary jurisdiction.
- b) The Risk Retention Group is organized for the primary purpose of conducting the activity described under Item "A" above.
- c) The Risk Retention Group does not exclude any person from membership in the Group solely to provide for members of the Group a competitive advantage over such a person.
- d) The activities of the Risk Retention Group do not include the provision of insurance other than:
 - i. liability insurance for assuming and spreading all or any portion of the similar or related liability exposure of its Group members; and
 - ii. reinsurance with respect to the similar or related liability exposure of another Risk Retention Group (or a member of such other Risk Retention Group) engaged in business or activities so that such Risk Retention Group or member meets the requirement under Item #7 above for membership in the Risk Retention Group which provides such reinsurance.

12. In accordance with the LRRRA, the RRG agrees to the following:

- a) The Risk Retention Group will comply with the unfair claim settlement practices laws of this State.
- b) The Risk Retention Group will pay, on a non-discriminatory basis, applicable premium and other taxes which are levied on admitted insurers, surplus line insurers, brokers, or policyholders under the laws of this State.
 - i. List the name, address, and phone number of the company or individual responsible for payment of these fees.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

- c) The Risk Retention Group will participate, on a nondiscriminatory basis, in any mechanism established or authorized under the law of the State for the equitable apportionment among insurers of liability insurance losses and expenses incurred on policies written through such mechanism.
- d) The Risk Retention Group will designate the Chief Financial Officer of this State as its agent solely for the purpose of receiving service of legal documents or process by executing Part B of this form, attached hereto.
- e) The Risk Retention Group will submit to examination by the Insurance Commissioner of this State to determine the Group's financial condition, if:
 - i. the Insurance Commissioner [Director, Superintendent] of the Group's chartering State has not begun or has refused to initiate an examination of the Group; and
 - ii. any such examination by the Insurance Commissioner shall be coordinated to avoid unjustified duplication and unjustified repetition.
- f) The Risk Retention Group will comply with a lawful order issued in a delinquency proceeding commenced by the Insurance Commissioner of this State upon a finding of financial impairment, or in a voluntary dissolution proceeding.
- g) The Risk Retention Group will comply with the laws of this State regarding deceptive, false or fraudulent acts or practices, including any injunctions regarding such conduct obtained from a court of competent jurisdiction.
- h) The Risk Retention Group will comply with an injunction issued by a court of competent jurisdiction upon petition by the Insurance Commissioner of this State alleging that the Group is in hazardous financial condition or is financially impaired.
- i) The Risk Retention Group will provide the following notice, in at least 10-point type, in any insurance policy issued by the Group:

NOTICE

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

13. In accordance with the LRRRA, the Risk Retention Group affirms that it has submitted to the Insurance Commissioner as part of this filing and before it has offered any insurance in this State, a copy of the plan of operation or feasibility study which it has filed with the Insurance Commissioner [Director, Superintendent] of its state of domicile. This plan or study includes the name of the State in which the Group is chartered, as well as the Group's principal place of business, and such plan of operation or feasibility study further includes the coverages, deductibles, coverage limits, rates, and rating classification systems for each line of liability insurance the Group intends to offer. The Group has also submitted to the Insurance Commissioner of this State any revisions of such plan of operation or feasibility study to reflect any changes if the Group intends to offer any additional lines of liability insurance or change in the designation of the State in which it is chartered.
14. The Risk Retention Group will submit a copy of its annual financial statement as submitted to its chartering state, to the Insurance Commissioner of this State by March 1st. The annual financial statement shall be certified by an independent public accountant and include a statement of opinion on loss and loss adjustment expense reserves made by a member of the American Academy of Actuaries or a qualified loss reserve specialist. The annual financial statement, certification and statement of opinion on loss and loss adjustment expense reserves will be submitted to the Insurance Commissioner of this State by the date it is required to be submitted to its chartering state.
15. The Risk Retention Group will not solicit or sell insurance to any person in this State who is not eligible for membership in the Group.
16. The Risk Retention Group will not solicit or sell insurance in this State, or otherwise operate in this State, if the Group is in hazardous financial condition or is financially impaired.
17. In accordance with the LRRRA, the terms of any insurance policy provided by the Risk Retention Group shall not provide or be construed to provide insurance policy coverage prohibited generally by State statute or declared unlawful by the highest court of the State whose law applies to such policy.
18. To the extent required by the LRRRA, the Risk Retention Group will comply with all other applicable state laws.
19. The Risk Retention Group will notify the Insurance Commissioner as to any subsequent changes in any of the items included in this form (except for items #1f, #8 and #10).
20. Applicant must submit a copy each examination of the risk retention group as certified by the insurance commissioner of the public official conducting the examination.
21. Applicant must submit a copy of any audit performed with respect to the risk retention group.

OIR-C1-513

Rev.: 7/23

Rule 690-136.100

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

CHECKLIST

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. Submit the completed checklist with the application.

- 1. Items 1-21 requiring a response are answered completely and correctly.
- 2. A Certificate of Compliance from its domiciliary jurisdiction dated within the last year.
- 3. A copy of its Articles of Incorporation or equivalent document certified within the last year by its domiciliary jurisdiction.
- 4. A copy each examination of the risk retention group as certified by the insurance commissioner of the public official conducting the examination.
- 5. A copy of any audit performed with respect to the risk retention group.
- 6. Application Certification and Checklist (pages 8-9)
- 7. Appointment of Attorney to Accept Service and Designation (page 10)
- 8. Board Resolution (page 11)

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

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 registration as a Risk Retention Group in Florida; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this application; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further 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 REGISTRATION AS A RISK RETENTION GROUP

Part B

APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE AND DESIGNATION

The _____ (“the Group”), a risk retention group which is chartered and licensed as a liability insurance company under the laws of the State of _____, having notified the Insurance Commissioner of the State of Florida of its intention to do business in this State as a risk retention group pursuant to the federal Liability Risk Retention Act of 1986, hereby appoints the Chief Financial Officer of the State of Florida, any successor in office, and any authorized deputy its true and lawful attorney, in and for the State of Florida, upon whom all legal documents or process in any proceeding against it may be served. Such service of legal documents or process shall be of the same legal force and validity as if served personally upon the Group.

This appointment may be withdrawn only upon a written notice of termination and, in any event, shall not be terminated by the Group or its successor so long as any contracts or liabilities or duties arising out of contracts entered into by the Group while it was doing business in this State are in effect.

The Group designates:

(Name)

(Email Address)

(Street Address)

(State and ZIP Code)

as its officer, agent, or other person to whom shall be forwarded all legal documents or process served upon the Chief Financial Officer of the State of Florida, any successors in office, or any authorized deputy, for the Group. This designation shall continue in full force and effect until superseded by a new written designation filed with the Insurance Commissioner.

This appointment and designation is made pursuant to a resolution by the Group’s governing body authorizing it. This appointment shall be binding upon any person or corporation which as successor acquires the Group’s assets or assumes its liabilities, by merger or consolidation or otherwise.

IN WITNESS OF THIS APPOINTMENT, said Group, pursuant to a resolution duly adopted by its Board of Directors, has caused this instrument to be executed in this manner by its President/CEO and Secretary, and its corporate seal to be affixed at the City of _____, State of _____, this ___ day of _____, 20 ____ .

President or CEO of Risk Retention Group

(Print Name)

[Corporate Seal]

Secretary of Risk Retention Group

(Print Name)

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

Board Resolution:

I HEREBY CERTIFY that the following resolution was adopted by the entire Board of Directors of:

at a meeting held by the Board of Directors of the Company on this ____ day of _____, 20__.

"RESOLVED, that the President or Chief Executive Officer and Secretary of this corporation are hereby authorized to execute, for and on behalf of this corporation, the attached Appointment of Attorney to Accept Service and Designation under the Laws of Florida."

Name of Risk Retention Group

[Corporate Seal]

President or CEO of Risk Retention Group

(Print Name)

Secretary of Risk Retention Group

(Print Name)



Florida Office of Insurance Regulation

**APPLICATION FOR REGISTRATION AS A
RISK PURCHASING GROUP**

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 at the following link:

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

Any questions concerning this application packet may be directed to pcappcoord@floir.com.

APPLICATION FOR REGISTRATION AS A RISK PURCHASING GROUP

CHECKLIST

NAME OF PURCHASING GROUP: _____

COMPLETION CHECKLIST

1. _____ Notice and Registration as a Purchasing Group (Pages 5-8)
 - (a) _____ All information provided
 - (b) _____ Signed by President or CEO and Secretary
2. _____ Service of Process Consent & Agreement, Form OIR-C1-144
 - (a) _____ Signed and dated by the President or CEO and Secretary
 - (b) _____ Sealed by purchasing group (corporate seal)
 - (c) _____ Signed by designee
 - (d) _____ Form with all information provided
3. _____ For purchasing groups domiciled in the state of Florida, Articles of Incorporation, Charter, or equivalent certified within the last year by the Florida Secretary of State, and Bylaws or equivalent certified with the last year by Applicant's Secretary. Any amendments must also be submitted.
4. _____ For purchasing groups which collect premiums or pay claims, the following are submitted:
 - (a) _____ Completed Biographical Affidavits, signed, dated, and notarized. See Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11)
 - (b) _____ Background investigative reports. See Instructions for Furnishing Background Investigative Reports, Form OIR-C1-905
 - (c) _____ Completed Fingerprint cards. See Fingerprint Payment and Submission Procedure, Form OIR-C1-938
5. _____ Completed Checklist (page 2) filed with application

APPLICATION FOR REGISTRATION AS A RISK PURCHASING GROUP

INSTRUCTIONS

1. Submit the Purchasing Group - Notice and Registration (pages 6-8). All questions must be answered. Signatures by the Purchasing Group's President or Chief Executive Officer and the Secretary must be notarized and appear on this form.
2. Submit the Service of Process Consent & Agreement Form OIR-C1-144.
3. For purchasing groups domiciled in the state of Florida, Articles of Incorporation or equivalent certified within the last year by the Florida Secretary of State, and Bylaws or equivalent certified with the last year by Applicant's Secretary. Any amendments must also be submitted.

4. Florida Licensed Agents

The Notice and Registration must state the name and license number of each of the Florida licensed agents of the purchasing group. Surplus lines agents should refer to Section 627.952(l)(b), Florida Statutes, for licensure and appointment requirements. For specific licensing and appointment requirements for Florida licensed agent(s) of purchasing groups, contact the Bureau of Agent and Agency Licensing at:

<http://www.myfloridacfo.com/Division/Agents/Licensure/default.htm>

5. Purchasing Groups Using Admitted Insurance Carriers

If the Purchasing Group intends to purchase liability insurance coverage from an insurance carrier admitted in the state of Florida, the insurance carrier is subject to the policy form and rate filing requirements of Sections 627.410 and 627.062, Florida Statutes. For questions regarding policy forms and rates, contact Property and Casualty Product Review at (850) 413-3146.

6. Purchasing Groups Using Eligible Surplus Lines Carriers

Florida's Surplus Lines law will apply if the purchasing group intends to purchase liability insurance coverage from a Florida eligible surplus lines carrier. For specific guidelines regarding coverages eligible for export, refer to Section 626.916, Florida Statutes.

7. Background Requirements of Management

For each officer, director, organizer, and administrator of the purchasing group whose duties of the purchasing group include premium collection or claims payments, background information shall be submitted as below. Note: If all premiums are collected by the insurer(s) of the purchasing group, the background requirements should be omitted.

(a) Biographical Statement and Affidavit (Form OIR C1-1423).

A Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) must be completed for each individual indicated above. All questions must be answered. All "Yes" answers must be explained.

APPLICATION FOR REGISTRATION AS A RISK PURCHASING GROUP

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 ensure 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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

(b) 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

(c) 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.

You will receive written notification when the registration of the purchasing group is complete and the group has been added to the official list of registered purchasing groups. It is unlawful for a purchasing group to conduct or transact business in this state until the group is properly registered. The failure to comply with Florida's requirements regarding the registration and operation of a purchasing group in Florida shall subject you to the penalties set forth in Section 627.951, Florida Statutes. See Part XIX of Chapter 627, Florida Statutes and the applicable Florida Administrative Code Rules.

APPLICATION FOR REGISTRATION AS A RISK PURCHASING GROUP

PURCHASING GROUP - NOTICE AND REGISTRATION

(All information must be typed or printed. Attach additional pages if necessary)

1. List the exact name of the Purchasing Group.

2. Indicate the form of organization (i.e. corporation, partnership, association, trust, etc.).

3. The Purchasing Group is domiciled in the State of:

4. The Federal Employers Identification Number (FEIN) of the Purchasing Group is:

5. List any other names under which the Purchasing Group is or may be doing business in this state or any other state, if different from above.

6. List the complete physical address of the Purchasing Group.

- 6b. List the complete mailing address of the Purchasing Group, if different from above.

7. List all other states in which the Purchasing Group is currently registered.

8. List the state in which the majority of the Purchasing Group's business, based upon the aggregate of premiums written, is being conducted.

APPLICATION FOR REGISTRATION AS A RISK PURCHASING GROUP

9. Give a general description of business or activities engaged in by the purchasing group members.

10. The Purchasing Group's membership will consist of (list specific examples of members, i.e., dentists, attorneys, etc.):

11. List the name, address, telephone number, and title of the contact person for the Purchasing Group who has knowledge of its insurance program, including membership criteria, coverages, and key personnel of the group's administrator and insurance carrier.

12. List the name address, email, and telephone number of the firm that acts as the administrator of the Purchasing Group. (If none, answer none.)

13. List the names, addresses, telephone number, and occupations of the principal officers and directors of the Purchasing Group.

Principal Officers

Principal Directors

_____	_____
_____	_____
_____	_____

14. The Purchasing Group intends to purchase the following lines and classifications of liability insurance:

15. The Purchasing Group intends to purchase the liability insurance described in item (14) above from the following insurance company or companies. Give full name of company, FEIN, and state of domicile.

NAME

FEIN

STATE OF
DOMICILE

_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICATION FOR REGISTRATION AS A RISK PURCHASING GROUP

16. The names and license numbers of Florida licensed agents (or names of those persons who will, in the near future, become Florida licensed agents) of the Purchasing Group are as follows:

Name	License Number
_____	_____
_____	_____
_____	_____
_____	_____

17. Specify the method by which, and the person or persons, if any, through whom insurance will be offered to its member whose risks are resident or located in this state.

18. Has any person transacting business on behalf of this Purchasing Group ever:

- (A) been arrested, indicted, and/or convicted of a felony, or is a felony charge currently pending against any such person? _____
- (B) been denied any application for a professional, vocational or business license? _____
- (C) had suspended or revoked any such license? _____
- (D) had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee? _____

If the answer to any part of these questions is yes, attach a supplementary statement explaining in full each such occurrence.

APPLICATION FOR REGISTRATION AS A RISK PURCHASING GROUP

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 registration as a Purchasing Group in Florida; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this application; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further 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.



Applicant Company Name: _____

NAIC No. _____

FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
Primary Application Checklist
For Primary Application Only**

The application checklist is intended to help guide the insurer (herein after referred to as “Applicant Company”) with the assembly of a complete Primary Uniform Certificate of Authority Application (UCAA). Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting the application for review. The completed checklist should be attached to the top of the application.

Regulator Use Only

- 1. **Application Form, containing:**
 - Completed UCAA Primary Application Checklist (Form 1P)
 - Original UCAA Primary Application executed and signed (Form 2P)
 - Include all lines of insurance the Applicant Company is licensed to transact, currently transacting, and requesting authority to transact in all jurisdictions (Form 3).

- 2. **Filing Fee (pursuant to Section II Filing Requirements Item 2), containing:**
 - Payment of required filing fee
 - Copy of check

- 3. **Minimum Capital and Surplus Requirements (pursuant to Section II Filing Requirements Item 3)**
 - Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared

- 4. **Statutory Deposit Requirements (pursuant to Section II Filing Requirements Item 4)**
 - An original Certificate of Deposit prepared by state of domicile (Form 7)

- 5. **Name Approval (pursuant to Section II Filing Requirements Item 5)**
 - Evidence of name approval request

- 6. **Plan of Operation (pursuant to Section II Filing Requirements Item 6)**
 - Completed questionnaire (Form 8)
 - Pro Forma
 - Narrative

- 7. **Holding Company Act Filings (pursuant to Section II Filing Requirements Item 7)**
 - Include Holding Company Act Filings, including Form B, Form F or substantially similar statement
 - Include Corporate Governance Annual Disclosure and any updates (if applicable)

- 8. **Statutory Membership(s)**
 - Submit documentation as listed in Section II Filing Requirements Item 8

- 9. **SEC Filings or Consolidated GAAP Financial Statement**
 - Submit documentation as listed in Section II Filing Requirements Item 9

- 10. **Debt-to-Equity Ratio Statement**
 - Submit documentation as listed in Section II Filing Requirements Item 10

- 11. **Custody Agreements**
 - Submit documentation as listed in Section II Filing Requirements Item 11

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Regulator Use Only

12. **Public Records Package – Submit ALL items in chart in Section II Item 12, including:**

a. **Articles of Incorporation, including:**

Original certification by domiciliary state

b. **Bylaws, including:**

Original certification by the Applicant Company’s corporate assistant

c. **Statement with attachments, including:**

Current year annual statement*, verified and signed, including actuarial opinion

Current year quarterly statements (one copy for each quarter), verified and signed

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

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

d. **Independent CPA Audit Report**

13. **NAIC Biographical Affidavit (Form 11) for the following:**

Officers (as listed on Jurat Page of most recent or upcoming financial statement)

Directors (as listed on Jurat Page of most recent or upcoming financial statement)

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

Any individual (including management not represented of the Jurat Page or not in key managerial positions) with 10% or greater ownership of the Applicant Company and/or the Applicant Company’s ultimate controlling entity

Affidavit originally signed and notarized within six months of application date

Affidavit certified by independent third party

14. **State-Specific Information**

Some jurisdictions may have additional requirements that must be met before a Certificate of Authority can be issued. Before completing a UCAA Primary Application, the Applicant Company should review a listing of requirements for the state to which it is applying.

Filing Requirements – Redomestications Only

The requirements of this section are only for those Applicant Company’s seeking to redomesticate from one state to another and are in addition to the requirements of Section II, items 1-14 of the Primary Checklist. A Redomestication is defined as the process where any insurer organized under the laws of any other state may become a domestic insurer that transfers its domicile to another state by merger or consolidation or any other lawful method. The Primary Application when used for a redomestication is filed with the Applicant Company’s new state of domicile.

15. **Annual Statement with Attachments**

Submit documentation as listed in Section III Filing Requirements Item 1

16. **Quarterly Statements**

Submit documentation as listed in Section III Filing Requirements Item 2

17. **Risk-Based Capital Report**

Submit documentation as listed in Section III Filing Requirements Item 3

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Regulator Use Only

18. **Independent CPA Audit Report** Submit documentation as listed in Section III Filing Requirements Item 4
19. **Reports of Examination** Includes a copy of the most recent Report of Financial Examination from its domiciliary state and a note of all more recent examinations, completed by any state, including market conduct examinations along with a description of each examination.
20. **Certificate of Compliance (pursuant to Section III Filing Requirements Item 6)** Original certification of compliance (Form 6) completed by domiciliary state insurance regulatory agency
21. **Corporate Governance Annual Disclosure** Include Corporate Governance Annual Disclosure and any updates (if applicable)

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION (UCAA)
Management Information Form
Complete Listing of Incorporators*, Officers
Directors and Shareholders (10% or more)

Incorporators*

Titles:

Ownership Percentage:

Officers:

Directors:

Shareholders:

* Primary Application Only



Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
Primary Application**

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

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

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

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

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

Home Office Address: _____

Administrative Office Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

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

Yes No

If not, indicate why:

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Date Incorporated: _____ Form of Organization: _____

Billing Address: _____

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

Premium Tax Statement Address: _____

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

Producer Licensing Address: _____

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

Rate/Form Filing Address: _____

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

Consumer Affairs Address: _____

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

State or Country of Domicile: _____ Date Organized: _____

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

Date of Last Financial Examination: _____

Date of Last Market Conduct Examination: _____

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

Certificate of Deposit (Home State): \$ _____

Ultimate Owner/Holding Company: _____

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

Yes No

If yes, give full explanation in an attached letter.

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

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

The following information is required of the individual who is authorized to represent the Applicant Company before the department.

Name: _____

Title: _____

Mailing Address: _____

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

If the representative is not employed by the Applicant Company, please provide a company contact person in order to facilitate requests for detailed financial information.

Name: _____

Title: _____

Mailing Address: _____

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

Applicant Company Officers' Certification and Attestation

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

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

Date

Signature of President

Full Legal Name of President

Date

Signature of Secretary

Full Legal Name of Secretary

Date

Signature of Treasurer

Full Legal Name of Treasurer

Name of Applicant Company

Date

Signature of Witness

Full Legal Name of Witness



Florida Office of Insurance Regulation

NAIC No. _____

Applicant Company Name: _____

FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
CHANGE OF MAILING ADDRESS/CONTACT NOTIFICATION FORM**

NAME CHANGE If there has been a name change, please complete the following:

Previous Applicant Company Name: _____

Current Applicant Company Name: _____

MAILING ADDRESS/CONTACT CHANGE

If there has been a mailing address or contact person change, please complete the following:

This form will notify regulatory officials of mailing address changes or contact person changes applicable to the Applicant Company or it may be completed as a supplemental filing in conjunction with other corporate amendment filings. Additional corporate amendment filings are required for Statutory Home Office, changes to articles or by-laws or for changes in the addresses related to the person authorized to receive Service of Process. These changes require a Corporate Amendment Application or a Uniform Consent to Service of Process. Check state specific requirements. For each change, please indicate the one or more areas for which the change is applicable:

	Catastrophe/Disaster Coordination Contact	A contact person for state departments to contact for information if there is a catastrophe or disaster.
	Claim Information Contact	A contact person for the public to contact for claim information.
	Consumer Complaints Contact	A contact person for state consumer complaint staff to contact for resolution of complaints filed with the state department.
	Cybersecurity Contact	A contact person for the state departments to contact regarding data security and data breaches.
	External Healthcare Review Contact	A contact person for state departments to initiate the external healthcare review process.
	Form and/or Rate Filings Contact	A person for state departments to contact regarding issues on policy forms filings or rate filings.
	Fraud Assessment Invoice Contact	A person for state departments to contact regarding issues of payment of fraud assessments.
	Local Office in Domestic/Foreign State Contact	A person for the public or state departments to contact.
	Managing General Agent	A person for the public or state departments to contact.
	Market Conduct Contact	A person for state departments to contact regarding market conduct issues.
	Policyholder Information Contact	A person for the public to contact.
	Producer Licensing Contact (Appointment)	A person for state departments to contact regarding issues of producer licensing or appointments of agents.
	Regulatory Compliance/Government Relations Contact	A person for state departments to contact on matters related to regulation but unrelated to public complaints filed with the state department.)
	Premium Tax Contact	A person for state departments to contact regarding issues of payment of premium tax.
	Company Licenses/Fees Contact	A person for state departments to contact regarding issues of payment of license fees.
	Deposits Contact	A person for state departments to contact regarding statutory deposits.
	U.S. Legal Counsel (for aliens)	A person for state departments to contact.
	Annual Statement Contact	A contact person responsible for answering questions in the completion of the annual statement.
	Company Mailing Address	A change to the mailing address of the company.

Applicant Company Name: _____

NAIC No. _____
FEIN: _____

NEW CONTACT

Contact Name: _____

Title: _____

Address: _____

Phone #: _____ Fax #: _____ Toll Free/Instate Phone #: _____

E-Mail Address: _____

Previous Contact Name (if changed): _____

Entity Name of MGA (if contact or address changed): _____

Note: If there are multiple contacts in different locations, please attach a separate sheet with all pertinent information for each.

NEW MAILING ADDRESS

Address: _____

Address 2: _____ Suite/Mail Stop: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Toll Free/Instate Phone #: _____

Main Administrative Office Phone Number: _____ Fax: _____

Signature of Preparer

Date of Preparation

Typed or Printed Name

Title of Preparer

Phone Number of Preparer

Email Address of Preparer



Florida Office of Insurance Regulation

**APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND**

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 following the link:

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

Any questions concerning this application packet may be directed to pcappcoord@floir.com.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND**

INSTRUCTIONS

SECTION I - APPLICATION FORM & FEES

Section I-1 Application Fees

Applicants must pay an application filing fee of \$1,500 USD and a company license tax of \$1,000 USD. These fees are due at the time the application package is filed, and the filing fee is non-refundable.

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 I-3 Application Checklist and Certification

Applicant should have pages 9-12 completed and returned with its application.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND**

SECTION II - LEGAL

Section II-1 Service of Process Consent and Agreement

Provide an executed Uniform Consent to Service of Process, Form OIR-C1-1524.

Section II-2 Constitution, Bylaws and/or Trust Agreement

Submit an unexecuted copy of the proposed constitution, bylaws, or trust agreement. The constitution, bylaws, or trust agreement shall contain a provision prohibiting any distribution of surplus or profit except to members of the Fund, as approved by the Office, pursuant to Section 624.473, Florida Statutes.

Section II-3 Indemnity Agreement

Submit copies of properly executed indemnity agreements binding each Fund member to individual, several, and proportionate liability as set forth in Sections 624.472 and 624.474, Florida Statutes.

Section II-4 Sponsoring Organization

Submit the following documents from the sponsoring organization:

- (a) Articles of Incorporation certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile
- (b) Florida Certificate of Status from the Florida Secretary of State dated within the last year
- (c) Certificate of Status from domiciliary jurisdiction dated within the last year
- (d) Copy of the bylaws or equivalent document. This document should be certified by the corporate 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..
- (e) A brief history of the sponsoring organization including: the type of association or entity (trade association, professional association, industry association, or self-insurance trust fund), the address and phone number of the sponsoring organization, the date the sponsor was incorporated, and whether or not the sponsor has been in continuous operation since the date of organization.

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.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND**

SECTION III - FINANCIAL

Section III-1 Statutory Deposit

Pursuant to Section 624.466(9), Florida Statutes, a Commercial Self-Insurance Fund shall be required to make a statutory deposit with the Bureau of Collateral Management for the protection of the insurer's policyholders and creditors. This deposit shall have at all times a value of not less than \$100,000 USD. In lieu of a deposit, a Fund may file with the Office a surety bond in a like amount.

Contact the Bureau of Collateral Management, Insurance Deposits Section, (850) 413-3164 for the procedures involved in establishing a deposit. Include a verification from the Bureau of Collateral Management that the funds have been deposited or the surety bond.

Section III-2 Verification of Funds

At least 10 days prior to the proposed effective date of the issuance of any policy, the trustees shall submit proof that the members have paid into a common claims fund in a designated depository cash premiums in an amount not less than \$50,000 or 10% of the estimated annual premium of the members at the inception, whichever is greater.

The funds must be verified by a letter from an officer of the financial institution where the funds are being held and should include the following:

- a. Name of depositor and Federal ID Number
- b. Account numbers and amounts of funds in each account
- c. Form of funds on deposit
- d. Any restrictions on the withdrawal of the funds

Section III-3 Plan of Operation

It is important for the Office to have a clear understanding of the proposed operations of the Fund and the goals it seeks to achieve. To meet this requirement, the Fund shall furnish a three-year Plan of Operation. If Applicant is owned or controlled by a Financial Institution as defined in Section 626.9885, Florida Statutes, please refer to restrictions outlined in this statute when developing the Plan of Operation. The Plan must include all major areas of the proposed operations including but not limited to the following:

- a. 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, Investments, and Managing General Agents.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND**

- b.** Submit Form OIR-C1-1416, Uniform Certificate of Authority Application (UCAA) Lines of Insurance, reflecting the lines of insurance Applicant intends to write in Florida
- c.** Description of each line of insurance products to be marketed and planned dates of initial marketing of each line.
- d.** A three-year plan of marketing, including commission rates, use of brokering agents, third-party administrators, and other administrative expenses.
- e.** Provide planned use of reinsurance including the purpose of the reinsurance and the degree to which it is to be used in relation to the amount of insurance in force. Include copies of policies and agreements. These should detail retentions and limits of liability for the proposed reinsurance, as well as catastrophe coverage, and the largest amount retained on one risk.
- f.** Submit a statement regarding any planned changes in operations during the next three years. If no changes are planned, a statement to that effect.
- g.** Provide a list of all assumptions used in construction of the pro forma financial statements and disclose how these assumptions were derived. The assumptions should at least address how the premium levels have been derived, commission rates, investment income yields, expense levels, and benefits payable under policies and contracts.
- h.** Provide pro forma financial statements utilizing Form OIR-DO-896, UCAA Proforma Financial Statements, Property and Casualty Insurance Company for three years, excluding any spreadsheet that requires Nationwide only data. Projections must be provided for each line of insurance proposed to be written. If you should have any questions concerning individual line items, please refer to the National Association of Insurance Commissioners (“NAIC”) instructions to the annual statement.
- i.** Furnish a list of all consultant and expert services in use or proposed during the three-year period.
- j.** Provide planned premium volume for Florida premium by line of insurance for a three-year period from initial marketing date for each line of insurance.

The Plan of Operation should also include a statement prepared by an actuary who is a member of the American Academy of Actuaries or the Casualty Actuarial Society establishing that the Fund has prepared a Plan of Operation which is based on sound actuarial principles.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND**

Section III-4 Membership Applications

Submit a membership application for each member applying for coverage with the Fund. Each of the charter members must submit a completed application.

Section III-5 Financial Statements

Submit a current financial statement for each of the charter members of the Fund. Each of the charter members must submit a financial statement.

Section III-6 Previous Florida Business History of Parent Company

In this section, the parent company (if applicable) should detail any history that it has had in withdrawing from Florida as a whole or in discontinuing a particular line of insurance in this state.

Section III-7 Fidelity Bond

Pursuant to Section 624.466(11), Florida Statutes, submit a bond (or insurance policy) in the amount of no less than 10% of the funds handled annually and issued in the name of the Fund covering its trustees, employees, administrator, or other individuals managing or handling the funds or assets of the Fund.

Section III-8 Contract Between Fund and Agent

Submit a complete copy of any proposed contracts between the Fund and any agents.

Section III-9 Administrator Agreements

Submit a complete copy of any proposed contracts or agreements between the Fund and any administrators.

Section III-10 Policies, Endorsements, and Rates

You are not required to have your policy forms and rates approved as a condition precedent to receiving a Certificate of Authority. These forms and rates may be submitted any time after filing for the Certificate of Authority and must be approved prior to transacting any business.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND**

SECTION IV - MANAGEMENT

Section IV-1 Trustees and Administrator Listing

Submit Form OIR-C1-2221, Management Information Form, listing the names of all trustees, officers, and directors of the administrator and their relationship (owner, partner, officer, director, or employee) to the Fund. If the administrator is a partnership, then information should be submitted for all partners.

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

A Uniform Certificate of Authority Application (UCAA) Biographical Affidavit, Form OIR-C1-1423, must be completed for each person listed in Section IV-1. 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 ensure 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
COMMERCIAL SELF-INSURANCE FUND**

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 NAIC-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 fingerprinting results dated within 5 years of the date of the Application filing on file with the Office, a fingerprint card need not be submitted for that individual.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND**

CHECKLIST

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.

SECTION I - APPLICATION FORM & FEES

- 1. Application filing and license tax fee paid
- 2. All fingerprint fees paid electronically
 - a. Copies of online payment confirmation
- 3. Checklist & Certification

SECTION II – LEGAL

- 1. Service of Process, Form-C1-1524
- 2. Unexecuted Constitution, Bylaws, and/or Trust Agreement
- 3. Indemnity Agreement
- 4. Sponsoring Organization
 - a. Articles of Incorporation
 - b. Florida Certificate of Status
 - c. Certificate of Status from domiciliary state (if applicable)
 - d. Bylaws
 - e. History
- 5. Authorization Letter

**APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND**

SECTION III – FINANCIAL

1. Verification of statutory deposit

2. Verification of Funds

a. Letter from financial institution

i. Amount of deposit

ii. Name of depositor and Federal ID Number

iii. Account numbers and amounts of funds in each account

iv. Form of funds on deposit

v. Any restrictions on the withdrawal of the funds

3. Plan of operation

a. Management experience

b. Lines of insurance, Form OIR-C1-1416

c. Description of products

d. 3-year plan of marketing

e. Planned use of reinsurance

f. Statement of planned changes

g. List of consultant and expert services

h. Pro forma financial statements

i. List of assumptions

ii. Planned premium volume for Florida

i. Statement from actuary regarding plan of operations.

4. Membership applications

5. Financial statements

6. Previous Florida business history of parent

7. Fidelity bond

8. Contract between fund and agent

9. Administrator agreements

**APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND**

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
 - All information completed (no blanks)
 - a. "Yes" answers explained
 - b. Signed
 - c. Notarized
- 3. Background investigative reports for all required individuals, Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports. 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 (Form OIR-C1-938)
 - a. All information completed (no blanks)
 - b. Signed

**APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND**

APPLICATION CERTIFICATION

The undersigned state that they have personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ (“Applicant”) to seek a Certificate of Authority as a Commercial Self-Insurance Fund; 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: Chairman, Board of Trustees

Date: _____

By: _____

Print Name: _____

Title: Secretary

Date: _____



Florida Office of Insurance Regulation

**APPLICATION FOR PERMIT
DOMESTIC RECIPROCAL 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 following the link:

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

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

APPLICATION FOR PERMIT DOMESTIC RECIPROCAL INSURER

INSTRUCTIONS

SECTION I - APPLICATION FORM & FEES

Section I-1 Application and License Fees

Applicants must pay a license fee of \$1,000 USD and an application fee of \$1,500 USD, pursuant to Section 624.501, Florida Statutes. These fees are due at the time the application packet is filed and are nonrefundable.

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 I-3 Application Checklist and Certification

Applicant should have pages 10-13 completed and returned with its application.

APPLICATION FOR PERMIT DOMESTIC RECIPROCAL INSURER

SECTION II – LEGAL

Section II-1 Attorney-in-Fact Declaration

Pursuant to Section 629.081, Florida Statutes, the following declaration must be submitted by the Attorney-in-Fact:

1. The name of the insurer;
2. The location of the insurer's principal office, which shall be the same as that of the Attorney-in-Fact and shall be located in this state;
3. The lines of insurance proposed to be transacted;
4. The names and addresses of the original subscribers;
5. A copy of the designation and appointment of the proposed Attorney-in-Fact and a copy of the Power of Attorney;
6. The names and addresses of the officers and directors of the Attorney-in-Fact, if a corporation, or its members, if other than a corporation;
7. The powers of the subscribers' advisory committee, and the names and terms of the members thereof;
8. A statement that all moneys paid to the reciprocal shall, after deducting therefrom any sum payable to the attorney, be held in the name of the insurer and for the purposes specified in the subscribers' agreement;
9. A copy of the subscribers' agreement;
10. A statement that each of the original subscribers has in good faith applied for insurance of a kind proposed to be transacted, and that the insurer has received from each such subscriber the full premium or premium deposit required for the policy applied for, for a term of not less than 6 months at an adequate rate theretofore filed with and approved by the Office;
11. A statement of the financial condition of the insurer, a schedule of its assets, and a statement that the surplus as required by Section 629.071, Florida Statutes, is on hand; and
12. A copy of each policy, endorsement, and application form it then proposes to issue or use.

Such declaration shall be acknowledged by the Attorney-in-Fact before an officer authorized to take acknowledgements.

Section II-2 Foreign Certificate of Status (Attorney-in-Fact)

If the Attorney-in-Fact 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 business entities in the Attorney-in-Fact's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows that the Attorney-in-Fact is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

APPLICATION FOR PERMIT DOMESTIC RECIPROCAL INSURER

Section II-3 Florida Certificate of Status (Attorney-in-Fact)

Submit a certificate of status for the Attorney-in-Fact from the Florida Secretary of State dated within the last year.

Section II-4 Articles of Incorporation (Attorney-in-Fact)

Submit a copy of the Attorney-in-Fact'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-5 Bylaws (Attorney-in-Fact)

Submit a copy of the Attorney-in-Fact'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 unless the Attorney-in-Fact does not have this position.

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.

APPLICATION FOR PERMIT DOMESTIC RECIPROCAL INSURER

SECTION III - FINANCIAL

Section III-1 Plan of Operation

It is important for the Office to have a clear understanding of the proposed operations of the new insurer and the goals it seeks to achieve. To meet this requirement, Applicant must furnish a three-year Plan of Operation. If Applicant's Attorney-in-Fact is owned or controlled by a financial institution as defined in Section 626.9885, Florida Statutes, please refer to restrictions outlined in this statute when developing the Plan of Operation. The Plan must include all major areas of the proposed operations including but not limited to the following:

1. A brief history of Applicant and its Attorney-in-Fact.
2. 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, Investments, and Managing General Agents.
3. Submit Form OIR-C1-1416, Uniform Certificate of Authority Application (UCAA) Lines of Insurance, reflecting the lines of insurance Applicant intends to write in Florida.
4. Description of insurance products to be marketed in each line of insurance and planned dates of initial marketing of each line.
5. A three-year plan of marketing, including commission rates, use of brokering agents, third-party administrators, and other administrative expenses.
6. Provide planned use of reinsurance including the purpose of the reinsurance and the degree to which it is to be used in relation to the amount of insurance in force. Include retentions and limits of liability for the proposed reinsurance as well as catastrophe coverage and the largest amount retained on one risk.
7. Submit a statement regarding any planned changes in operations during the next three years. If no changes are planned, a statement to that effect.
8. Provide a list of all assumptions used in construction of the pro forma financial statements and disclose how these assumptions were derived. The assumptions should at least address how the premium levels have been derived, commission rates, investment income yields, expense levels, and benefits payable under policies and contracts.
9. Provide pro forma financial statements utilizing Form OIR-D0-896, UCAA Proforma Financial Statements, Property and Casualty Insurance Company; Form OIR-D0-2119, UCAA Proforma Financial Statements, Title Insurance Company; or Form OIR-D0-2165, UCAA Proforma Financial Statements, Health, as relevant, for three years, excluding any spreadsheet that requires nationwide only data. Projections must be provided for each line of insurance proposed to be written. If you should have any questions concerning individual line items, please refer to the National Association of Insurance Commissioner ("NAIC") instructions to the annual statement.

APPLICATION FOR PERMIT DOMESTIC RECIPROCAL INSURER

10. Furnish a list of all consultant and expert services proposed to be used during the three-year period.
11. Provide planned premium volume for nationwide premium and Florida premium by line of insurance for a three-year period from initial marketing date for each line of insurance.

Section III-2 Statement of Method Used in Financing Insurer

Provide a statement of method to be used in the financing of the proposed insurer. This statement shall include the following:

1. The amount of surplus as to policyholders to be funded.
 - (a) By source (contributed by whom)
 - (b) Amounts funded by each source
 - (c) The form in which the funding will be made, i.e., state specific dollar amounts of specific stocks, bonds, certificates of deposit, cash, etc.
2. Residence addresses, business background, and qualifications of all individuals named in 1 above.
3. Copies of all syndicate, association, firm, partnership, organization, or other similar agreements involved in the formation or financing of proposed insurer.
4. Copies of any securities or of any proposed document evidencing any right or interest proposed to be offered.

Section III-3 Previous Florida Business History of Attorney-in-Fact and Parent Company

In this section, the Attorney-in-Fact and any parent company (if applicable) should detail any history that it has had in withdrawing from Florida as a whole or in discontinuing a particular line of insurance in this state.

Section III-4 Holding Company Registration Statement

If the Attorney-in-Fact is part of a foreign insurance holding company system, provide a copy of the most recent insurance Holding Company Registration Statement filed with the insurer's domiciliary state.

APPLICATION FOR PERMIT DOMESTIC RECIPROCAL INSURER

SECTION IV - MANAGEMENT

Section IV-1 Management Information Forms

Using OIR-C1-2221, Management Information Form, provide the full names of all members of the Subscribers' Advisory Committee, and the officers, directors, and shareholders/owners of the Attorney-in-Fact up through and including the ultimate parent corporation or holding company, with their respective titles and ownership percentages. A separate form should be used for each entity.

If any 10% or greater shareholder/owner is an entity, please complete a Management Information Form (Form OIR-C1-2221) for each shareholder/owner entity and include its officers, directors or managing members. A separate form should be used for each entity.

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

Provide a Uniform Certificate of Authority Application (UCAA) Biographical Affidavit, 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 of the Attorney-in-Fact 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 ensure 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 PERMIT DOMESTIC RECIPROCAL INSURER

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 conducted by an NAIC-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 fingerprinting results dated within 5 years of the date of the Application filing, a fingerprint card need not be submitted for that individual.

APPLICATION FOR PERMIT DOMESTIC RECIPROCAL INSURER

The below items will be required once Applicant has been granted a Permit, but before a Certificate of Authority will be issued. They are **not** required as part of this Application and are included here only to assist Applicant in the preparation process.

Uniform Consent to Service of Process

Executed Uniform Consent to Service of Process, Form OIR-C1-1524. NO other signature will be accepted other than that of the Chairman of the Subscribers' Advisory Committee and Secretary, which must be under seal.

Attorney-in-Fact Bond

Pursuant to Section 629.121, Florida Statutes, a bond in the amount of \$100,000, with an authorized corporate surety subject to the approval of the Office must be filed with this section of the application. A deposit may be maintained with the Bureau of Collateral Management in lieu of the bond, as provided for in Section 629.131, Florida Statutes.

Statutory Deposit

Pursuant to Section 624.411, Florida Statutes, every domestic insurer shall be required to make a statutory deposit with the Office for the protection of the insurer's policyholders and creditors. This deposit shall have at all times a value of not less than \$250,000 to transact casualty insurance, \$100,000 to transact all other kinds of insurance, per kind of insurance, and a maximum of \$300,000 for any insurer authorized to write more than one kind of insurance. Contact the Bureau of Collateral Management, Insurance Deposits Section, (850) 413-3164 for the procedures involved in establishing a deposit. Verification from the Bureau of Collateral Management that the funds have been deposited will be required.

Verification of Funds

A domestic reciprocal is required to have a minimum of \$1 million in surplus as to policyholders. These funds should be held in a financial institution pursuant to Section 625.306, Florida Statutes. The funds must be verified by a letter from an officer of the financial institution where the funds are being held and should include the name of depositor and Federal ID Number; account numbers and amounts of funds in each account; form of funds on deposit; if funds are in the form of a certificate of deposit, include certificate numbers and maturity dates; and any restrictions on the withdrawal of the funds.

APPLICATION FOR PERMIT DOMESTIC RECIPROCAL INSURER

CHECKLIST

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.

SECTION I - APPLICATION FORM & FEES

- 1. Application and license fees paid
- 2. All fingerprint fees paid electronically
 - a. Copies of online payment confirmation
- 3. Checklist & Certification

SECTION II – LEGAL

- 1. Attorney-in-Fact declaration
 - a. Name of insurer
 - b. Location
 - c. Lines of insurance
 - d. Subscriber names and addresses
 - e. Appointment and Power of Attorney for Attorney-in-Fact
 - f. Names and addresses for management of Attorney-in-Fact
 - g. Powers of subscriber's advisory committee, and names and terms of members
 - h. Statement regarding monies paid to the reciprocal
 - i. Subscribers' agreement
 - j. Statement of original subscribers
 - k. Statement regarding financial condition, schedule of assets, and surplus
 - l. Copy of each policy, endorsement, and application form
- 2. Foreign certificate of Status (Attorney-in-Fact)
- 3. Florida certificate of status (Attorney-in-Fact - if applicable)
- 4. Articles of Incorporation (Attorney-in-Fact)
- 5. Bylaws (Attorney-in-Fact)
 - a. Certified by Secretary
- 6. Authorization Letter

APPLICATION FOR PERMIT DOMESTIC RECIPROCAL INSURER

Applicant Name: _____

SECTION IV – MANAGEMENT

- 1. Management Information Form (Form OIR-C1-2221) submitted for all required entities
- 2. Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
 - All information completed (no blanks)
 - a. "Yes" answers explained
 - b. Signed
 - c. Notarized
- 3. Background investigative reports for all required individuals, Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports. 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 (Form OIR-C1-938)
 - a. All information completed (no blanks)
 - b. Signed

APPLICATION FOR PERMIT DOMESTIC RECIPROCAL INSURER

APPLICATION CERTIFICATION

The undersigned state that they are the Chairman of the Subscribers' Advisory Committee and have personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to seek a Permit to form a Domestic Reciprocal Insurer; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this application; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further represents that they have the authority to bind the Applicant, and that by their signature here below the Applicant has executed the instrument.

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

By: _____

Print Name: _____

Title: Chairman, Subscribers' Advisory Committee

Date: _____



APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES 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 following the link:

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

Any questions concerning this application packet may be directed to pcappcoord@floir.com.

APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER

INSTRUCTIONS

SECTION I - APPLICATION & FEES

Section I-1 **Written Request for Eligible Surplus Lines Status**

A written request must be submitted requesting the eligibility of the insurer. The request must detail the lines of insurance the insurer intends to offer (refer to Form OIR-C1-1416, Uniform Certificate of Authority Application (UCAA) Lines of Insurance) and a projection of how much premium will be written on an annual basis. If the insurer is made eligible to write surplus lines coverages, it will be only for those lines requested.

Additionally, the request must state the number of surplus lines agents to be used, and the agent who will be responsible for the payment of premium tax.

The request should indicate the name of the appropriate individual with the insurer and the surplus lines agent, whom the Office should contact with any questions.

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 I-3 **Checklist and Certification**

Applicant should have pages 7-10 filled out and returned with the application.

SECTION II - LEGAL

Section II-1 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-2 Certificate of Compliance

A certificate of compliance from its state of domicile dated within the last year showing the lines of business the insurer is authorized to write.

Section II-3 United States Trust Fund (Alien Insurers only)

An Alien Applicant must submit evidence of a United States trust fund in an amount not less than \$5.4 million USD. This document should be from the trustee of the fund, showing both the amount and nature of the fund, Alien insurers seeking approval for ocean marine and/or aviation risks ONLY are not required to have a United States trust fund (Section 626.918 (2)(g), Florida Statutes).

APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER

SECTION III - FINANCIAL

NOTE: THE INSURER MUST HAVE BEEN AN INSURER FOR NOT LESS THAN THREE YEARS NEXT PRECEDING OR QUALIFY FOR EXEMPTION UNDER SECTION 626.918(2)(b), FLORIDA STATUTES. THE INSURER MUST HAVE A SURPLUS AS TO POLICYHOLDERS NOT LESS THAN \$15 MILLION.

Section III-1 Annual Statement

Applicant must file the most recent year end annual statement in the National Association of Insurance Commissioners ("NAIC") format. It must contain signatures of the signing corporate officers. All schedules must be complete. (Pay special attention to the general interrogatories, notes to financial statements and the organization charts as these schedules are often filed as separate attachments when the annual statement is prepared).

Section III-2 Quarterly Statements

Applicant must file all quarterly financial statements in NAIC format covering the current year-to-date. These statements do not have to be certified by the state of domicile. However, they must be signed by the company's officers, and they must be embossed with the insurer's corporate seal. Supplemental loss developmental schedules (also in NAIC format) must be included for each quarter.

Section III-3 Statutory Mandated Examination Reports

Applicant must file its most recent report of examination performed by its state of domicile. In lieu of such examination, Applicant may submit an audited certified public accountant's report prepared on a basis consistent with the insurance laws of the state of domicile, certified by the state of domicile. The report must be statutory, stand-alone. Consolidated reports are not acceptable.

Section III-4 Statutory Financial Statements Audited by Certified Public Accountants

Applicant must provide a copy of the latest Audited Certified Public Accountant's report on the insurer prepared on a basis consistent with the insurance laws of the insurer's state of domicile. If such report does not exist, a statement that no such audit has ever been performed signed by at least two executive officers and embossed with the insurer's corporate seal must be provided.

Section III-5 Previous Florida Business History

In this section the Applicant should detail any history that it has had in withdrawing from Florida as a whole or in discontinuing a particular line of business in this state. his statement should include any parent companies or subsidiaries.

Section III-6 History of Company

A brief history of the company since its incorporation. Include date of incorporation, date commenced business and any changes of ownership or changes in operations, Indicate the number of states licensed, actions taken by governmental agencies that have jurisdiction over the insurer.

OIR-C1-916

Rev.: 07/23

Rule 690-136.100

APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER

SECTION IV - MANAGEMENT

Section IV-1 Management Information Form

Provide a listing of all company officers, directors, and shareholders with their respective titles and ownership percentages using Form OIR-C1-2221, Management Information Form. If Applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related entities, including the ownership percentages.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit, Form OIR-C1-1423, for each officer, director and shareholder listed in Section IV-1. 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 ensure 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 ELIGIBILITY AS A SURPLUS LINES INSURER

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.

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 ELIGIBILITY AS A SURPLUS LINES INSURER

CHECKLIST

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.

SECTION I - APPLICATION & FEES

- 1. Written request
 - a. All classes of insurance to be transacted listed by code number
 - b. Number of Surplus Lines agents to be used
 - c. Agent responsible for paying premium tax
 - d. Contact persons and phone numbers
- 2. All fingerprint fees paid electronically
 - a. Copies of online payment confirmation
- 3. Checklist & Certification

SECTION II - LEGAL

- 1. Service of Process Consent and Agreement Form OIR-C1-144
- 2. Certificate of Compliance from domiciliary state
 - a. Must show lines of business Applicant is authorized to write
 - b. Dated within the last year
- 3. Evidence of United States trust fund; OR
Explanation as to why this does not apply

APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER

Company Name: _____

SECTION III - FINANCIAL

- 1. Annual Statement
 - a. Most current year
 - i. Signed by two executive officers
 - ii. Sealed by corporation
 - iii. Supplemental schedules included
- 2. Quarterly Statements
 - a. All quarterly statements year to date
 - b. Statements in NAIC format
 - i. Signed by two executive officers
 - ii. Sealed by corporation
- 3. Statutory examination by state of domicile
- 4. Statutory Financial Statements audited by Certified Public Accountants; OR
Statement by the company that no such audit has ever been performed
 - a. Signed by executive officer
 - b. Sealed by the company
- 5. Previous Florida business history
- 6. History of the company

APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER

Company Name: _____

SECTION IV - MANAGEMENT

- 1. Management Information (Form OIR-C1-2221) submitted
- 2. Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
 - b. All information completed (no blanks)
 - a. "Yes" answers explained
 - b. Signed
 - c. Notarized
- 3. Background investigative reports for all required individuals (Form OIR-C1-905). 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 (Form OIR-C1-938)
 - a. All information completed (no blanks)
 - b. Signed

APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER

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 eligibility as a Surplus Lines insurer in Florida; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this application; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further 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.



Florida Office of Insurance Regulation

Applicant Company Name: _____ NAIC No.: _____
FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
Expansion Application**

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

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

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

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

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

Home Office Address: _____

Administrative Office Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

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

Yes No

If not, indicate why: _____

Applicant Company Name: _____ NAIC No.: _____
FEIN: _____

Date Incorporated: _____ Form of Organization: _____

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

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

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

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

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

State or Country of Domicile: _____ Date Organized: _____

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

Date of Last Financial Examination: _____

Date of Last Market Conduct Examination: _____

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

Certificate of Deposit (Home State): \$ _____

Ultimate Owner/Holding Company: _____

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

Yes No

If yes, give full explanation in an attached letter.

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

Yes No

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

Yes No

If yes to either ORSA question, please provide:

Lead State: _____ Lead State Contact Name: _____

E-mail Address _____ Phone: _____

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

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

OIR-C1-1413

Rev.: 07/23

Rule: 690-136.002

Applicant Company Name: _____ NAIC No.: _____
 FEIN: _____

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

Name: _____

Title: _____

Mailing Address: _____

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

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

Applicant Company Officers' Certification and Attestation

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

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

Date	Signature of President
	Full Legal Name of President
Date	Signature of Secretary
	Full Legal Name of Secretary
Date	Signature of Treasurer
	Full Legal Name of Treasurer
	Name of Applicant Company
Date	Signature of Witness
	Full Legal Name of Witness



Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
Expansion Application Checklist For Expansion Application Only**

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

Regulator Use Only

- 1. **Application Form and Supporting Documents, containing:**
 - Completed UCAA Expansion Application Checklist (Form 1E)
 - Original UCAA Expansion Form executed and signed (Form 2E)
 - Include all lines of insurance the Applicant Company is licensed to transact, currently transacting and requesting authority to transact in all jurisdictions. (Form 3)
 - Notification to state of domicile of planned expansion
 - Cover letter (optional)

- 2. **Filing Fee (pursuant to Section II Filing Requirements Item 2), containing:**
 - Payment of required filing fee
 - Copy of check

- 3. **Minimum Paid-in Capital and Surplus Requirements (pursuant to Section II Filing Requirements Item 3)**
 - Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared

- 4. **Certificate of Deposit for Statutory Deposit Requirements (pursuant to Section II Filing Requirements Item 4)**
 - An original Certificate of Deposit prepared by state of domicile (Form 7)

- 5. **Name Approval (pursuant to Section II Filing Requirements Item 5)**
 - Evidence of name approval request

- 6. **Plan of Operation (pursuant to Section II Filing Requirements Item 6)**
 - Completed questionnaire (Form 8)
 - Pro Forma (Form 13)
 - Narrative

- 7. **Holding Company Act Filings (pursuant to Section II Filing Requirements Item 7)**
 - Include Holding Company Act Filings, including Form B, Form F or substantially similar statement.

- 8. **Certificate of Compliance (pursuant to Section II Filing Requirements Item 8)**
 - Original Certificate of Compliance (Form 6) completed by domiciliary state insurance regulatory agency

- 9. **Report of Examination (pursuant to Section II Filing Requirements Item 9)**
 - Includes a copy of the most recent Report of Financial Examination from its domiciliary state and a note of all more recent examinations, completed by any state, including market conduct examinations along with a description of each examination.

- 10. **Statutory Membership(s)**
 - Submit documentation as listed in Section II Filing Requirements Item 10

Regulator Use Only

11. **Public Records Package – Submit ALL items in chart in Section II Item 11, including:**

a. Articles of Incorporation, including:

Original certification by domiciliary state

b. Bylaws, including:

Original certification by the Applicant Company’s corporate assistant

c. Statement with attachments, including:

Current year annual statement*, verified and signed, including actuarial opinion, and NAIC Management’s Discussion and Analysis

Current year quarterly statements (one copy for each quarter), verified and signed

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

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

d. Independent CPA Audit Report

12. **NAIC Biographical Affidavit (Form 11) for the following:**

Officers (as listed on Jurat Page of most recent or upcoming financial statement)

Directors (as listed on Jurat Page of most recent or upcoming financial statement)

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

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

Affidavit originally signed and notarized within six months of application date

Affidavit certified by independent third party

13. **Uniform Consent to Service of Process**

Original executed Service of Process form (Form 12)

14. **State-Specific Information**

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



Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
Lines of Insurance**

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

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

ARIZONA (continued)	Authorized to Transact	Currently Transacting	Applying for
Marine and Transportation A.R.S. § 20-255			
Mortgage Guaranty A.R.S. § 20-1541			
Prepaid Legal A.R.S. § 20-1097			
Property A.R.S. § 20-256			
Surety A.R.S. § 20-257			
Vehicle A.R.S. § 20-259			
Recognized Surplus Lines A.R.S. § 20-407.01 & 20-409			
Title A.R.S. § 20-1562			
Life (Includes Annuities A.R.S. § 20-254.01) A.R.S. § 20-254			
Variable Annuity A.R.S. § 20-2631(2)			
Variable Life A.R.S. § 20-2601(15)			
Life & Disability Reinsurer A.R.S. § 20-1082			
Disability A.R.S. § 20-253			
Health Care Services Organization A.R.S. § 20-1051			
Health, Medical, Dental, Optometric Service Corporations A.R.S. § 20-824			
Prepaid Dental Plan Organization A.R.S. § 20-1001			

ARKANSAS	Authorized to Transact	Currently Transacting	Applying for
Property (ACA 23-62-104)			
Casualty (ACA 23-62-105)			
Surety (ACA 23-62-106)			
Workers' Compensation (ACA 23-62-105)			
Marine (ACA 23-62-107)			
Mortgage Guaranty (ACA 23-62-110)			
Title (ACA 23-62-108)			
Life (ACA 23-62-102)			
Variable Contracts (ACA 23-81-404)			
Accident & Health (ACA 23-62-103)			
Health Maintenance Organization (23-76-102)			

CALIFORNIA	Authorized to Transact	Currently Transacting	Applying for
Fire (CIC 102)			
Marine (CIC 103)			
Surety (CIC 105)			
Plate Glass (CIC 107)			
Liability (CIC 108)			
Workers' Compensation (CIC 109)			
Common Carrier Liability (CIC 110)			
Boiler and Machinery (CIC 111)			
Burglary (CIC 112)			
Credit (CIC 113)			
Sprinkler (CIC 114)			
Team and Vehicle (CIC 115)			
Automobile (CIC 116)			
Aircraft (CIC 118)			
Mortgage Guaranty (CIC 119)			
Insolvency (119.5)			
Legal (CIC 119.6)			
Miscellaneous (CIC 120)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

DISTRICT OF COLUMBIA (continued)	Authorized to Transact	Currently Transacting	Applying for
(19.1) Private Passenger Auto No-Fault (personal injury protection) (Sec. 31-2502.11)			
(19.2) Other Private Passenger Auto Liability (Sec. 31-2502.11)			
(19.3) Commercial Auto No-Fault (personal injury protection) (Sec. 31-2502.11)			
(19.4) Other Commercial Auto Liability (Sec. 31-2502.11)			
(20) Glass (Sec. 31-2502.11)			
(21.1) Private Passenger Auto Physical Damage (Sec. 31-2502.11)			
(21.2) Commercial Auto Physical Damage (Sec. 31-2502.11)			
(22) Aircraft (all perils) (Sec. 31-2502.11)			
(23) Fidelity (Sec. 31-2502.11)			
(24) Surety (Sec. 31-2502.11)			
(26) Burglary and Theft (Sec. 31-2502.11)			
(27) Boiler and Machinery (Sec. 31-2502.11)			
(28) Credit (Sec. 31-2502.11)			
(30) Warranty (Sec. 31-2502.11)			
(31) Reinsurance – Nonproportional Assumed Property (Sec. 31-2502.11)			
(32) Reinsurance – Nonproportional Assumed Liability (Sec. 31-2502.11)			
(33) Reinsurance – Nonproportional Assumed Financial Lines (Sec. 31-2502.11)			
(34) Aggregate Write-Ins for Other Lines of Business (Sec. 31-2502.11)			
Title [Sec. 315031.01-31-5031.24]			
Individual Life			
Group Life			
Variable Life (26 DCMR Chapter 27)			
Individual Annuities (Variable) (Sec 31-4442)			
Individual Annuities (Fixed) (Sec 31-4442)			
Group Annuities (Variable) (Sec 31-4442)			
Group Annuities (Fixed) (Sec 31-4442)			
Health Maintenance Organizations (Sec. 31 – Chapter 34)			
Individual Accident and Health			
Group Accident and Health			

FLORIDA	Authorized to Transact	Currently Transacting	Applying for
0010 Fire**			
0020 Allied Lines**			
0030 Farmowners Multi Peril**			
0040 Homeowners Multi Peril**			
0050 Commercial Multi Peril**			
0080 Ocean Marine**			
0090 Inland Marine**			
0100 Financial Guaranty**			
* 0106 Auto Warranties**			
0110 Medical Malpractice**			
0120 Earthquake**			
0160 Workers' Compensation**			
0170 Other Liability**			
* 0173 Prepaid Legal**			
FLORIDA (continued)	Authorized to	Currently	Applying

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

	Transact	Transacting	for
0192 Private Passenger Auto Liability**			
0194 Commercial Auto Liability**			
0211 Private Passenger Auto Physical Damage**			
0212 Commercial Auto Physical Damage**			
0220 Aircraft**			
0230 Fidelity**			
0240 Surety**			
* 0245 Bail Bonds**			
0250 Glass**			
0260 Burglary and Theft**			
0270 Boiler and Machinery**			
0280 Credit**			
* 0290 Livestock**			
0300 Industrial Fire**			
* 0310 Mortgage Guaranty**			
* 0520 Industrial Extended Coverage**			
* 0540 Mobile Home Multi Peril**			
* 0550 Mobile Home Physical Damage**			
* 0570 Multi Peril Crop (Crop Hail) **			
* 0607 Home Warranties**			
* 0608 Service Warranties**			
* 0610 Other Warranty**			
* 0620 Miscellaneous Casualty**			
R010 Fire (Reinsurance Only)**			
R020 Allied Lines (Reinsurance Only)**			
R030 Farmowners Multi Peril (Reinsurance Only)**			
R040 Homeowners Multi Peril (Reinsurance Only)**			
R050 Commercial Multi Peril (Reinsurance Only)**			
R080 Ocean Marine (Reinsurance Only)**			
R090 Inland Marine (Reinsurance Only)**			
R100 Financial Guaranty (Reinsurance Only)**			
* R106 Auto Warranties (Reinsurance Only)**			
R110 Medical Malpractice (Reinsurance Only)**			
R120 Earthquake (Reinsurance Only)**			
R160 Workers' Compensation (Reinsurance Only)**			
R170 Other Liability (Reinsurance Only)**			
* R173 Prepaid Legal (Reinsurance Only)**			
R192 Private Passenger Auto Liability (Reinsurance Only)**			
R194 Commercial Auto Liability (Reinsurance Only)**			
R211 Private Passenger Auto Physical Damage (Reinsurance Only)**			
R212 Commercial Auto Physical Damage (Reinsurance Only)**			
R220 Aircraft (Reinsurance Only)**			
R230 Fidelity (Reinsurance Only)**			
R240 Surety (Reinsurance Only)**			
* R245 Bail Bonds (Reinsurance Only)**			
R250 Glass (Reinsurance Only)**			
R260 Burglary and Theft (Reinsurance Only)**			
R270 Boiler and Machinery (Reinsurance Only)**			
R280 Credit (Reinsurance Only)**			
* R290 Livestock (Reinsurance Only)**			
R300 Industrial Fire (Reinsurance Only)**			
FLORIDA (continued)	Authorized to	Currently	Applying

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

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

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

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

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

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

** Local Claims and Sales Office(s) and membership of Hawaii Joint Underwriting Plan are required for all insurers authorized to write *and engage* in writing vehicle insurance.

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

*Including Credit Life and Fixed Annuities

^ Monoline issued only

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

MASSACHUSETTS (continued)	Authorized to Transact	Currently Transacting	Applying for
(9) Elevator Property Damage and Collision (M.G.L. 175 § 47)			
(10) Credit (M.G.L. 175 § 47)			
(12) Burglary, Robbery, Theft, Forgery, Larceny (M.G.L. 175 § 47)			
(13) Livestock (M.G.L. 175 § 47)			
(15) Reinsurance (M.G.L. 175 § 47)			
(17) Repair – Replacement (M.G.L. 175 § 47)			
(19) Legal Services (M.G.L. 175 § 47)			
(20) Credit Involuntary Unemployment (M.G.L. 175 § 47)			
(51) Stock Companies Extension of Coverage- M.G.L. 175 §51(g)			
(54) Mutual Companies (specified in Section 47) - M.G.L.175 § 54(g)			
(54BX) Reinsurance except Life - M.G.L. 175 § 54B			
(54BY) Nuclear Energy - M.G.L. 175 § 54B			
(54BZ) Special Hazards - Radioactive Contamination M.G.L. 175 § 54B			
(54C) Comprehensive Motor Vehicle and Aircraft - M.G.L. 175 § 54C			
(54D) Personal Property Floater - M.G.L. 175 § 54D			
(54E) Dwellings - M.G.L. 175 § 54E			
(54F) Commercial Property (Multiple Peril) - M.G.L. 175 §54F			
(11) Title (Title Companies Only) (M.G.L. 175 § 47)			
(16A) Life - All Kinds (M.G.L. 175 § 47)			
(16B) Group Life Only (M.G.L. 175 § 47)			
(16C) Variable Annuity Authorization (M.G.L. 175 § 47)			
(16D) Annuities Only (M.G.L. 175 § 47)			
(16E) Variable Life Authorization (M.G.L. 175 § 47)			
(54G) Reinsurance - Life Companies Only - M.G.L. 175 § 54G			
(6A) Accident - All Kinds (M.G.L. 175 § 47)			
(6B) Health - All Kinds (M.G.L. 175 § 47)			
(6C) Group Accident and Health Only (M.G.L. 175 § 47)			
(6D) Non-Cancelable Accident and Health Only (M.G.L. 175 § 47)			

MICHIGAN	Authorized to Transact	Currently Transacting	Applying for
Property (MCL 500.610)			
Ocean Marine (MCL 500.614)			
Inland Marine (MCL 500.616)			
Automobile Insurance - Limited (MCL 500.620)			
Legal Expense (MCL 500.618)			
Casualty–Steam Boiler, Flywheel and Machinery (MCL 500.624(1)a)			
Casualty–Liability (MCL 500.624(1)b)			
Casualty–Automobile, including Section 500.625, disability coverage supplemental to automobile insurance (MCL 500.624(1)b)			
Casualty–Workers’ Compensation (MCL 500.624(1)b)			
Casualty–Plate Glass (MCL 500.624(1)c)			
Casualty–Sprinkler and Water Damage (MCL 500.624(1)d)			
MICHIGAN (continued)	Authorized to	Currently	Applying

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

	Transact	Transacting	for
Casualty–Credit (MCL 500.624(1)e)			
Casualty–Burglary and Theft (MCL 500.624(1)f)			
Casualty–Livestock (MCL 500.624(1)g)			
Casualty–Malpractice (MCL 500.624(1)h)			
Casualty–Miscellaneous (MCL 500.624(1)i)			
Surety and Fidelity (MCL 500.628)			
Limited Liability (MCL 500 Chapter 65)			
Title (MCL 500 Chapter 73)			
Life and Annuity - Other than Variable Contracts (MCL 500.602)			
Separate Account - Variable Annuities (MCL 500.925)			
Separate Account - Variable Life (MCL 500.925)			
Separate Accounts - Modified Guaranteed Annuities (MCL 500.4101)			
Fraternal (MCL 500 Chapter 81a)			
Disability (MCL 500.606)			

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

*(includes Workers' Compensation)

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

NEBRASKA	Authorized to	Currently	Applying
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Applicant Company Name: _____

NAIC No. _____

FEIN: _____

	Transact	Transacting	for
Property (5)			
Credit Property (6)			
Glass (7)			
Burglary & Theft (8)			
Boiler & Machinery (9)			
Liability (10)			
Workers' Compensation & Employers Liability (11)			
Vehicle (12)			
Fidelity (13)			
Surety (14)			
Credit (16)			
Mortgage Guaranty (17)			
Marine (18)			
Financial Guaranty (19)			
Miscellaneous (20)			
Title (15)			
Life (1)			
Variable Life (2)			
Variable Annuities (3)			
Sickness & Accident (4)			

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

NEW HAMPSHIRE	Authorized to Transact	Currently Transacting	Applying for
Fire and Allied Lines (RSA 401.1, I)			
Marine Coverages (RSA 401.1, II)			
Liability/Casualty Coverages, Including Workers' Compensation (RSA 401.1, V)			
Casualty Coverages (RSA 401.1, VI)			
Fidelity, Surety, Credit Insurance, Mortgage Guaranty, Bonds, and Financial Guaranty (RSA 401.1, VII)			
Other Casualty Risks. Insurance against any other casualty risk not otherwise specified under paragraph V. (RSA 401.1, VIII)			
Title (RSA 416-A)			
NEW HAMPSHIRE (continued)	Authorized to Transact	Currently Transacting	Applying for

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

NEW JERSEY	Authorized to Transact	Currently Transacting	Applying for
(1) Fire (N.J.S.A. 17:17-1a)			
(2) Earthquake (N.J.S.A. 17:17-1a)			
(3) Growing Crops (N.J.S.A. 17:17-1a)			
(4) Ocean Marine (N.J.S.A. 17:17-1b)			
(5) Inland Marine (N.J.S.A. 17:17-1b)			
(6) Workers' Compensation and Employers Liability (N.J.S.A. 17:17-1e)			
(7) Automobile Liability (BI) (N.J.S.A. 17:17-1e)			
(8) Automobile Liability (PD) (N.J.S.A. 17:17-1e)			
(9) Automobile Physical Damage (N.J.S.A. 17:17-1b)			
(10) Aircraft Physical Damage (N.J.S.A. 17:17-1b)			
(11) Other Liability (N.J.S.A. 17:17-1e)			
(12) Boiler & Machinery (N.J.S.A. 17:17-1f)			
(13) Fidelity & Surety (N.J.S.A. 17:17-1g)			
(14) Credit (N.J.S.A. 17:17-1i)			
(15) Burglary & Theft (N.J.S.A. 17:17-1j)			
(16) Glass (N.J.S.A. 17:17-1k)			
(17) Sprinkler Leakage (N.J.S.A. 17:17-1l)			
(18) Livestock (N.J.S.A. 17:17-1m)			
(19) Smoke & Smudge (N.J.S.A. 17:17-1n)			
(20) Physical Loss to Buildings (N.J.S.A. 17:17-1o)			
(21) Radioactive Contamination (N.J.S.A. 17:17-1o)			
(22) Mechanical Breakdown/Power Failure (N.J.S.A. 17:17-1o)			
(23) Other (must be pre-approved by the Commissioner) (N.J.S.A. 17:17-1o)			
(26) Accident and Health (Property/Casualty Companies) (N.J.S.A. 17B:17-4)			
(27) Municipal Bond (N.J.A.C. 11:7)			
(35) Residential Mortgage Guaranty (N.J.S.A. 46A-3)			
(36) Commercial Mortgage Guaranty (N.J.S.A. 46A-3)			
(33) Title (N.J.S.A. 17:46B-7)			
(28) Life (N.J.S.A. 17B:17-3)			
(30) Annuities (N.J.S.A. 17B:17-5)			
(31) Variable Contracts (N.J.S.A. 17B:28-1 et seq.)			
(34) Fraternal Benefit Society (N.J.S.A. 17:44B)			
(29) Accident and Health (Life/Health Companies) (N.J.S.A. 17B:17-4)			

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

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

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

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

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

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

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

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

**Credit includes GAP Insurance.

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

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

OREGON	Authorized to Transact	Currently Transacting	Applying for
Property (ORS 731.182)			
Casualty, Excluding Workers' Comp (ORS 731.158)			
Casualty, Including Workers' Comp (ORS 731.158)			
Marine & Transportation (ORS 731.174)			
Wet Marine and Transportation (ORS 731.194)			
Surety (ORS 731.186)			
Home Protection (only) (ORS 731.164)			
Mortgage (only) (ORS 731.178)			
Title (only) (ORS 731.190)			
Life (ORS 731.170)			
Annuity (ORS 731.154)			
Variable Life Insurance, Variable Annuity (ORS 731.156)			
Credit Life and Credit Health (ORS 743.371)			
Industrial Life Insurance (ORS 731.166)			
Health (ORS 731.162)			
Health Care Service Contractor (ORS 750.005)			
Health Care Service Contractor (Complementary Health Services) (ORS 750.005)			

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

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

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

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

Note 3: The Department of Labor and Industry requires all insurers that are applying to write workers’ compensation to complete and file an Initial Report of Accident and Illness Prevention Services. The Insurance Department will not issue a Certificate of Authority to an insurer to write workers’ compensation insurance until the Department of Labor and Industry has indicated the company has made the necessary filing as required by the Workers’ Compensation Act. The necessary form with instructions can be obtained at: http://www.insurance.pa.gov/Companies/DoingBusiness/Documents/LIBC_211I.pdf.

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

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

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

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

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

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

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

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

SOUTH CAROLINA	Authorized to Transact	Currently Transacting	Applying for
Property (SC 38-5-30)			
Casualty (SC 38-5-30)			
Surety (SC 38-5-30)			
Marine (SC 38-5-30)			
Title (SC 38-5-30)			
Life and Annuities (SC 38-5-30)			
Variable Contracts (SC 38-67-10, et seq.)			
Accident and Health (SC 38-5-30)			

SOUTH DAKOTA	Authorized to Transact	Currently Transacting	Applying for
(3) Fire & Allied Lines			
(4) Inland & Ocean Marine			
(5) Workers’ Compensation			
(6) Bodily Injury (No Auto)			
(7) Property Damage (No Auto)			
(8) Bodily Injury (Auto)			
(9) Property Damage (Auto)			
(10) Physical Damage (Auto)			
(11) Fidelity & Surety Bonds			
(12) Glass			
(13) Burglary & Theft			
(14) Boiler & Machinery			
(15) Aircraft			

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

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

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

(b) Includes Fire and Extended Coverage, Other Allied Lines, Homeowners Multiple Peril, Commercial Multiple Peril, Earthquake, Growing Crops, Water Damage – Sprinkler Leakage, Ocean Marine and Inland Marine, Vehicle [physical damage and liability].

(c) Includes Credit [lender], Fidelity, Performance Contracts and Bonds, Indemnification Insurance and Mortgage Guaranty.

TEXAS	Authorized to Transact	Currently Transacting	Applying for
Fire			
Allied Coverages (a)			
Hail, growing crops only			
Rain			
Inland Marine (b)			
Ocean Marine			
Aircraft Liability			
Aircraft Physical Damage			
Workers' Comp & Emp. Liability			
Employer's Liability			
Automobile Liability (c)			
Automobile Physical Damage (d)			
Liability other than Automobile (e)			
Fidelity and Surety			
Glass			
Burglary and Theft			
Forgery			
Boiler and Machinery			
Credit (f)			

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

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

(a) Includes, but not limited to, Extended Coverage, Windstorm, Lightning, Hurricane, Hail (except growing crops), Explosion, Riot, Civil Commotion, Smoke, Aircraft, Land Vehicles, Physical Loss Form, Additional Extended Coverage, Vandalism, Malicious Misc

(b) Includes Personal Property Floater.

(c) Includes Bodily Injury, Medical Payments, Property Damage, and other Automobile Liability.

(d) Includes Fire, Theft, Collision, Comprehensive and other Automobile Physical Damage.

(e) Includes Bodily Injury, Medical Payments and Property Damage with regards to Comprehensive Personal Liability, Owners, Landlords and Tenants, Manufacturers and Contractors, Product, Contractual, Elevator (including Elevator Collision), Employers' Liability, Professional Liability for Physicians, Podiatrists, Certified Anesthetists, and Hospitals, and other Liability other than Automobile.

(f) Includes Credit Involuntary Unemployment; excludes Mortgage Guaranty.

(g) Mortality.

(h) May be written only by Title insurance companies except those companies transacting title insurance prior to October 1, 1967. Includes Attorney's Title insurance companies as authorized by Texas Insurance Code, Chapter 2551.

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

VERMONT	Authorized to Transact	Currently Transacting	Applying for
Casualty (Section 3301(a)(3))			
Marine and Transportation (Section 3301(a)(4))			
Marine Protection and Indemnity (Section 3301(a)(5))			
Wet Marine and Transportation (Section 3301(a)(6))			
Property (Section 3301(a)(7))			
Surety (Section 3301(a)(8))			
Multiple Line (Section 3301(a)(10))			
Title (Section 3301(a)(9))			
Life (Section 3301(a)(1))			
Variable Annuity (Section 3301(a)(1) and (Section 3857))			
Variable Life (Section 3301(a)(1) and (Section 3857))			
Health (Section 3301(a)(2))			

VIRGINIA	Authorized to Transact	Currently Transacting	Applying for
09 Fire			
10 Miscellaneous Property and Casualty			
11 Farmowners MultiPeril			
12 Homeowners MultiPeril			
13 Commercial MultiPeril			
14 Ocean Marine			
15 Inland Marine			
16 Workers' Comp-Emp Liability			
17 Liability Other Than Auto			
18 Auto Liability			
19 Auto Physical Damage			
20 Aircraft Liability			
21 Aircraft Physical Damage			
23 Fidelity			
24 Surety			
25 Glass			
26 Burglary and Theft			
27 Boiler and Machinery			
28 Credit			
29 Animal			
30 Water Damage			
32 Legal Services Insurance			
55 Home Protection			
56 Mortgage Guaranty			
74 Credit Involuntary Unemployment			
75 Credit Property			
33 Title			
01 Life (§ 38.2 101 through 134)			
71 Modified Guaranteed Life Insurance (§ 38.2 101 through 134)			
02 Industrial Life (§ 38.2 101 through 134)			
03 Credit Life (§ 38.2 101 through 134)			
04 Variable Life (§ 38.2 101 through 134)			
05 Annuities (§ 38.2 101 through 134)			
72 Modified Guaranteed Annuities (§ 38.2 101 through 134)			

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

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

WASHINGTON	Authorized to Transact	Currently Transacting	Applying for
Property (RCW 48.11.040)			
Marine and Transportation (RCW 48.11.050)			
Vehicle (RCW 48.11.060)			
General Casualty (RCW 48.11.070)			
Surety (RCW 48.11.080)			
Ocean Marine (RCW 48.11.105)			
Title (RCW 48.11.100)			
Life (RCW 48.11.020)			
Disability (RCW 48.11.030)			
Health Maintenance Organization (RCW 48.46)			
Health Care Service Contractor (RCW 48.44)			
Limited Health Care Service Contractor (RCW 48.44)			

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

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

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

WYOMING	Authorized to Transact	Currently Transacting	Applying for
Property (WS 26-5-104)			
Surety (WS 26-5-105)			
Casualty (WS 26-5-106)			
Marine and Transportation (WS 26-5-107)			
Multiple Lines (WS 26-5-108)			
Title (WS 26-5-109)			
Life, including annuities (WS 26-5-102)			
Variable Contracts (WS 26-5-102)			
Disability (WS 26-5-103)			



Florida Office of Insurance Regulation

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

**Uniform Certificate of Authority Application
QUESTIONNAIRE**

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

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

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

- 3. Is the Applicant Company presently negotiating for or inviting negotiations for any transaction described above?
Yes ___ No ___

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

- 4. Has the Applicant Company ever changed its name?
Yes ___ No ___

If yes, attach copies of the instruments effecting such transaction certified by the Secretary over corporate seal as a true copy of the originals, including any official state regulatory approvals and filing data.

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

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

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

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

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

Yes ___ No ___

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

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

Yes ___ No ___

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

Yes ___ No ___

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

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

Yes ___ No ___

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

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

Yes ___ No ___

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

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

Yes ___ No ___

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

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

Yes ___ No ___

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

13. Is the Applicant Company a,

A. Bank

Yes ___ No ___

B. Bank holding company, subsidiary or affiliate

Yes ___ No ___

C. Financial holding company

Yes ___ No ___

D. Other financial institution

Yes ____ No ____

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

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

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

Yes ____ No ____

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

Yes ____ No ____

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

Yes ____ No ____

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

Yes ____ No ____

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

Yes ____ No ____

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

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

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

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

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

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

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

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

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

- A. Information regarding recruitment and training of sales representatives.
 - B. Identification as to whether the Applicant Company will be a direct writer or will use agents, brokers or a combination thereof.
 - C. Explanation of the compensation and control to be provided by the Applicant Company to its agents, brokers or sales personnel.
 - D. Sample copies of any agreements entered into between the Applicant Company and its agents or brokers.
 - E. If the Applicant Company will use a specific agency or managing general agent, identification of the agency or managing general agent and a copy of the agreement for this arrangement.
 - F. Sample contract forms of all types used and remuneration schedule, including those for general agents, if any.
17. For each state in which the Applicant Company is filing, explain:
- A. The product lines currently sold or planned by the Applicant Company,
 - B. Specialty line or lines currently sold and planned,
 - C. Captive business,
 - D. The Applicant Company's marketing plan, including a description of the financial, corporate or other connections productive of insurance,
 - E. The Applicant Company's current and expected competition (both regionally and nationally), and
 - F. How each state in which admission has been requested fits into the marketing plan. General description of the classes to be transacted is not an adequate response. For example, if the Applicant Company plans to market credit life and disability products tailored for use by credit unions, simply stating that it will transact credit life and disability is inadequate.
18. If a parent, subsidiary and/or affiliated insurer is admitted for the classes of insurance requested in the pending application, please differentiate the products and/or markets of the Applicant Company from those of the admitted insurer(s).
19. Provide a detailed description of the advertising that will be used by the Applicant Company to market its products in each state. Include a detailed explanation as to how the Applicant Company will develop, purchase, control and supervise its advertising.
20. For each State, explain in detail the following:
- A. How the Applicant Company's policies will be underwritten, including the issuance of policies and endorsements,
 - B. How policies will be cancelled,
 - C. How premiums and other funds will be handled, and
 - D. How personnel will be trained, supervised, and compensated.
21. Explain in detail how the Applicant Company will adjust and pay claims.
- A. Describe how the Applicant Company will train, supervise and compensate the personnel handling claims adjusting and claims payment.

- B. Provide detailed information as to how and by whom claim reserves will be set and modified.
- C. Does the Applicant Company pay any representative given discretion as to the settlement or adjustment of claims whether in direct negotiation with the claimant or in supervision of the person negotiating, a compensation which is in any way contingent upon the amount of settlement of such claims?
Yes ___ No ___

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

- A. Common facilities with another company or companies
Yes ___ No ___
- B. Services (e.g. accounting personnel for financial statement preparation)
Yes ___ No ___
- C. Or, is a party to a tax allocation agreement in common with another company
Yes ___ No ___

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

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

Yes ___ No ___

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

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

(Name of Application State)

Yes ___ No ___

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

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

Yes ___ No ___

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

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

Yes ___ No ___ Not Applicable ___

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

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

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

- B. Commission schedules
 - C. Five-year sales and expense projections
 - D. A statement from the Applicant Company's actuary describing reserving procedures including the mortality and expense risks which the Applicant Company will bear under the contract
 - E. Statement of the investment policy of the separate account
 - F. Copy of the variable annuity prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law
 - G. Copies of the variable annuity laws and regulations of the state of domicile
 - H. Copy(ies) of the variable annuity contract(s) and application(s)
 - I. A description of any investment advisory services contemplated relating to Separate Accounts
 - J. Board of Directors resolution authorizing the creation of the separate account
28. If the Applicant Company is applying for authority to write Variable Life Insurance, provide the following:
- A. Copy(ies) of variable life policy(ies) the Applicant Company intends to issue
 - B. Name and experience of person(s) or firm(s) proposed to supply consulting, investments, administrative, custodial or distribution services to the Applicant Company
 - C. Disclose whether each investment advisor i) is registered under the Investment Advisers Act of 1940, or ii) is an investment manager under the Employee Retirement Income Security Act of 1974, or iii) whether the Applicant Company will annually file required information and statements concerning each investment advisor as required by its domiciliary state
 - D. Copy of the variable life prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law
 - E. Statement of the investment policy of any separate account, and the procedures for changing such policy
 - F. Copies of the variable life insurance laws and regulations of the state of domicile
 - G. A statement from the Applicant Company's actuary describing reserving procedures including the mortality and expense risks which the Applicant Company will bear under the contract
 - H. Standards of suitability or conduct regarding sales to policyholders
 - I. Statement specifying the standards of conduct with respect to the purchase or sale of investments of separate accounts (i.e. Board resolution)
 - J. Board of Directors resolution authorizing the creation of the separate account
29. If the Applicant Company is applying for authority to write Life Insurance, has the Applicant Company at any time in any jurisdiction while operating under its present management, or at any time within the last five years irrespective of changes in management, taught or permitted its agents to sell insurance by using any of the following devices, or representations resembling any of the following:
- A. "Centers of influence" and "advisory board,"
Yes ___ No ___

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

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

30. Does the Applicant Company pay, directly or indirectly, any commission to any officer, director, actuary, medical director or any other physician charged with the duty of examining risks or applications?
Yes ___ No ___ Not Applicable ___

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

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

31. Does the Applicant Company have any permitted practices allowed by its current state of domicile?
Yes ___ No ___ Not Applicable ___
If yes, provide the details in writing and attach a copy of the state of domicile's approval to the Questionnaire.
32. Does the Applicant Company's current state of domicile prescribe any practices of the Applicant Company that are not in accordance with,
- A. Laws, regulations or bulletins of proposed state of domicile;
Yes ___ No ___ Not Applicable ___
If yes, provide the details in writing and attach to the Questionnaire.
- B. Reserving requirements of proposed state of domicile; or
Yes ___ No ___ Not Applicable ___
If yes, provide the details in writing and attach to the Questionnaire.
- C. NAIC guidelines
Yes ___ No ___ Not Applicable ___
If yes, provide the details in writing and attach to the Questionnaire.

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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

Yes _____ No _____ Not Applicable _____

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

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

Yes _____ No _____ Not Applicable _____

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

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:

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

College/University (C/U) C/U City/State MM/YY-MM/YY Degree Obtained

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

Graduate Studies (GS) GS College/University GS City/State MM/YY-MM/YY GS Degree Obtained

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

Other Training: Name (OT) OT City/State MM/YY-MM/YY OT Degree/Certification Obtained

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

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

FEIN: FEIN

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Name of Soc./Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc./Assoc.</u>	<u>Telephone No. of Soc./Assoc.</u>
<u>Name of Soc./Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc./Assoc.</u>	<u>Telephone No. of Soc./Assoc.</u>
<u>Name of Soc./Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc./Assoc.</u>	<u>Telephone No. of Soc./Assoc.</u>

7. Present or proposed position with the Applicant Company: Present or proposed position with the Applicant Company

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

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

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

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

Type of Business: Type of Business Supervisor/Contact: Supervisor/Contact

Beginning/Ending

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

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

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

Type of Business: Type of Business Supervisor/Contact: Supervisor/Contact

Beginning/Ending

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

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

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

Type of Business: Type of Business Supervisor/Contact: Supervisor/Contact

Beginning/Ending

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

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

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

Type of Business: Type of Business Supervisor/Contact: Supervisor/Contact

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

FEIN: FEIN

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

Yes No

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

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Give Details

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Question 10, Give Details

Organization/Issuer of License: Org/Issuer License

Address: Address

City: City

State/Province: State/Province

Country: Country

Postal Code: Postal Code

License Type: License Type

License #: License #

Date Issued (MM/YY): MM/YY

Date Expired (MM/YY): MM/YY

Reason for Termination: Reason for Termination

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

Organization/Issuer of License: Org/Issuer License

Address: Address

City: City

State/Province: State/Province

Country: Country

Postal Code: Postal Code

License Type: License Type

License #: License #

Date Issued (MM/YY): MM/YY

Date Expired (MM/YY): MM/YY

Reason for Termination: Reason for Termination

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

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

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

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

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

FEIN: FEIN

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

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

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Provide Details.

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

If shares are pledged or hypothecated, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

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

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

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

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

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

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

FEIN: FEIN

Dated and signed this Day day of Month 20Year at Click or tap here to enter text.. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

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

(Signature of Affiant)

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

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

Produced the following identification..

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

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

FEIN: FEIN

BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

(Print or Type)

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

Specify Purpose for Completion:

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

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Applicant Company Name

Address: Applicant Company Address

City: Applicant Company City

State/Province: State/Province

Postal Code: Postal Code

Phone: Phone

1. Affiant's Full Name (Initials Not Acceptable): First: First Name Middle: Middle Name Last: Last Name
IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS
COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if NONE indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) 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.

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION



EXPANSION APPLICATION FLORIDA SPECIFIC INFORMATION

1. Florida requires fingerprinting of all individuals for which biographical affidavits or business character reports are being submitted. To print or download a copy of the fingerprint card instructions including instructions for submitting fingerprint fees ([click here](#)). To request blank fingerprint cards email FPRequest@floir.com.

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION



PRIMARY APPLICATION FLORIDA SPECIFIC INFORMATION

1. Insurers are required to provide a copy of the Articles of Incorporation of any firm involved in the financing or formation of the insurer certified by the public official with whom the originals are on file in the state of domicile.
2. Florida requires a statement of the method to be used in the financing of the insurer and verification of funds. To print or download the items to be included ([click here](#)). There are additional financial requirements for mutual insurers. To print or download a copy of Section 628.161, Florida Statutes ([click here](#)).
3. For mutual insurers only, provide a copy of a fidelity bond or insurance policy per Section 628.171, Florida Statutes. To print or download a copy of Section 628.171, Florida Statutes ([click here](#)).
4. Florida requires fingerprinting of all individuals for which biographical affidavits or business character reports are being submitted. To print or download a copy of the fingerprint card instructions including instructions for submitting fingerprint fees ([click here](#)). To request blank fingerprint cards email FPRequest@flor.com.



Florida Office of Insurance Regulation

**DETERMINATION OF ELIGIBILITY TO OPERATE AS AN ALIEN INSURER IN FLORIDA
PURSUANT TO SECTION 624.402(9), FLORIDA STATUTES**

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 at the following link:

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

Any questions concerning this application packet may be directed to lhappcoord@floir.com.

**DETERMINATION OF ELIGIBILITY TO OPERATE AS AN ALIEN INSURER IN FLORIDA
PURSUANT TO SECTION 624.402(9), FLORIDA STATUTES**

Name of Company			
Home Office Address			
City, Country, Zip Code			
Country of Domicile if Different			
Telephone Number	() - ext.	Fax Number	() - ext.
E-mail Address			
License Number Issued by Country of Domicile			
Administrative Office Address, FAX, and Telephone Number (format) if different from above:			
CONTACT PERSON FOR POLICYHOLDER RELATIONS:			
E-mail Address			
Telephone Number	() - ext.	Fax Number	() - ext.
Contact Person for Matters Concerning this Application:			
Name			
Title			
Address			
Telephone Number	() - ext.	Fax Number	() - ext.
E-mail Address			
REGULATORY AUTHORITY EXERCISING OVERSIGHT OF THE INSURER IN COUNTRY OF DOMICILE:			
Name			
Title			
Address			
Telephone Number	() - ext.	Fax Number	() - ext.
E-mail Address			

DETERMINATION OF ELIGIBILITY TO OPERATE AS AN ALIEN INSURER IN FLORIDA PURSUANT TO SECTION 624.402(9), FLORIDA STATUTES

A. Pursuant to Section 624.402(9)(a), Florida Statutes, the insurer's operations in Florida must be limited to:

- The solicitation, sale, or issuance of life insurance policies or annuity contracts only.
- Life insurance policies or annuity contracts covering only persons who, at the time of issuance, are nonresidents of the United States.

Enclosed is a Statement of Understanding that confirms knowledge of the requirements and conditions of eligibility and other specific statutory provisions. Please complete the enclosed Statement of Understanding and return it to the Office with the other materials requested.

B. Pursuant to Section 624.402(9)(a)1., Florida Statutes, the insurer must meet one of following conditions:

- The insurer is currently an authorized insurer in its country of domicile as to the kind or kinds of insurance proposed to be offered and has been such an insurer for not less than the immediately preceding 3 years.*

If the insurer falls within this category, attach an original certification or other proof from the country of domicile showing that the company is an authorized insurer in that country, the date the insurer commenced operations in that country, and the lines of business the company is authorized to write in that country.

- The insurer is a wholly owned subsidiary of an insurer that is authorized insurer in its country of domicile as to the kind or kinds of insurance proposed to be offered and has been such an authorized insurer for not less than the immediately preceding 3 years.*

If the insurer falls within this category, provide the details regarding the authorized insurer. Details should include certification from the country of domicile showing that the company is an authorized insurer in that country, the date the insurer commenced operations in that country, and the lines of business the company is authorized to write in that country.

- If the insurer is a wholly owned subsidiary of an eligible insurer that is authorized in its country of domicile as to the kind or kinds of insurance proposed to be offered and has been such an authorized insurer for not less than the immediately preceding 3 years.*

*NOTE: If the authorized insurer has operated for less than three years, the Office may waive the three-year requirement if that insurer has operated successfully for a period of at least the preceding year and has capital and surplus of not less than \$25 million. If you desire to request a waiver of three-year requirement, please attach the following for the Office's consideration: an audited financial statement of the authorized insurer from the most recent calendar year and a certification from the country of domicile showing that the company is an authorized insurer in that country, the date the insurer commenced operations in that country, and the lines of business the company is authorized to write in that country.

**DETERMINATION OF ELIGIBILITY TO OPERATE AS AN ALIEN INSURER IN
FLORIDA PURSUANT TO SECTION 624.402(9), FLORIDA STATUTES**

C. Pursuant to Sections 624.402(9)(a)2. and 624.402(9)(a)3. Florida Statutes:

The insurer must have and maintain a surplus as to policyholders of not less than \$15 million U.S. dollars. The admitted assets of the company must consist of eligible investments as described in Part II of Chapter 625, Florida Statutes, or must be permitted under the laws of the country of domicile and substantially similar to those described in Part II of Chapter 625 in terms of quality, liquidity, and security. Supporting documentation must be included to request an evaluation of investments not described in Part II of Chapter 625. Note that investment limitations and diversification as required in Part II of Chapter 625 are considered in determining quality, liquidity, and security of an investment portfolio.

Attach an authenticated copy of the requesting insurer's current annual financial statement and subsequent quarterly statement(s), in English, with all monetary values therein expressed in United States dollars, at an exchange rate then-current and shown in the statement, in the case of statements originally made in currencies of other countries, and with such additional information relative to the insurer as the Office may request. If the company investments differ from those described in Part II of Chapter 625, provide documentation that the investments are permitted by the laws of the country of domicile and that the investments are substantially similar in terms of quality, liquidity, and security to eligible investments under Part II of Chapter 625.

D. Pursuant to Section 624.402(9)(a)4., Florida Statutes, the insurer must have a good reputation as to providing service to its policyholders and the payment of losses and claims:

Include evidence that the insurer has a good reputation as to providing service to its policyholders and the payment of losses and claims. Such evidence may consist of:

- A statement from the chief insurance regulator in the insurer's country of domicile to the effect that the regulator is aware of no regulatory problems in regard to the insurer, the insurer's service to policyholders, or the insurer's payment of losses or claims; or
- Other evidence acceptable to the Office of the insurer's good reputation as to providing service to its policyholders and the payment of losses and claims.

**DETERMINATION OF ELIGIBILITY TO OPERATE AS AN ALIEN INSURER IN FLORIDA
PURSUANT TO SECTION 624.402(9), FLORIDA STATUTES**

**STATEMENT OF UNDERSTANDING OF REQUIREMENTS TO OPERATE AS AN ALIEN
INSURER IN FLORIDA PURSUANT TO SECTION 624.402(9), FLORIDA STATUTES**

Pursuant to the provisions of Section 624.402(9), Florida Statutes, _____
 (“INSURER”) of _____ (country of domicile) does
 hereby apply to the Florida Office of Insurance Regulation (“OFFICE”) for eligibility to operate
 as an alien insurer in Florida subject to the following conditions:

Operations in and from Florida will be limited to the solicitation, sale, or issuance of life insurance policies or annuity contracts covering only persons who, at the time of issuance, are not residents of the United States and are not nonresidents illegally residing in the United States.

The INSURER understands that it must have and maintain surplus as to policyholders of not less than \$15 million U.S. dollars to receive and continue eligibility. The INSURER understands that admitted assets for eligibility to operate under Section 624.402(9), Florida Statutes, will be determined by Section 624.402(9)(a)3., Florida Statutes.

If eligibility is granted, the INSURER understands that, to maintain eligibility, it must furnish a duly authenticated copy of its current annual and quarterly financial statements, in English, and with all monetary values therein expressed in United States dollars, at an exchange rate then current and shown in the statement, in the case of statements originally made in the currencies of other countries, and with such additional information relative to INSURER as the OFFICE may request. Pursuant to Section 624.424(1)(a), Florida Statutes, the annual statement must be filed on or before March 1 for the preceding year end, and quarterly statements covering the periods ending on March 31, June 30, or September 30 shall be filed within 45 days after such date.

If eligibility is granted, the INSURER agrees to make its books and records pertaining to its operations in and from this state available for inspection during normal business hours upon request of the OFFICE.

The INSURER understands that Section 624.402(9)(a)7., Florida Statutes, requires that the INSURER shall provide to the applicant for the policy or contract in clear and conspicuous language:

- a. The date of organization of the INSURER.
- b. The identity of and rating assigned by each recognized insurance company rating organization that has rated the INSURER or, if applicable, that the INSURER is unrated.
- c. That the INSURER does not hold a certificate of authority issued in this state and that the OFFICE does not exercise regulatory oversight over the INSURER.
- d. The identity and address of the regulatory authority exercising oversight of the INSURER.

DETERMINATION OF ELIGIBILITY TO OPERATE AS AN ALIEN INSURER IN FLORIDA PURSUANT TO SECTION 624.402(9), FLORIDA STATUTES

The INSURER understands that if at any time the OFFICE has reason to believe that an insurer issuing policies or contracts pursuant to Section 624.402(9), Florida Statutes, is insolvent or is in unsound financial condition, does not make reasonable prompt payment of benefits, or is no longer eligible under the conditions specified in Section 624.402(9), Florida Statutes, the OFFICE may conduct an examination or investigation in accordance with Sections 624.316, 624.3161, or 624.320, Florida Statutes, and if the findings of such examination or investigation warrant, may withdraw the eligibility of the insurer to issue policies or contracts pursuant to Section 624.402(9), Florida Statutes.

The INSURER understands that eligibility under Section 624.402(9), Florida Statutes, does not provide an exception to the agent licensure requirements of Chapter 626, Florida Statutes. Any insurer issuing policies or contracts pursuant to Section 624.402(9), Florida Statutes shall appoint the agents that the insurer uses to sell such policies or contracts as provided in Chapter 626, Florida Statutes.

The INSURER acknowledges that issuing policies or contracts pursuant to subsection (9) is subject to Part IX of Chapter 626, Florida Statutes, and the OFFICE may take such actions against the INSURER for a violation as are provided in that part.

The INSURER acknowledges that applications for life insurance coverage offered under subsection (9) must contain, in contrasting color and not less than 12-point type, the following statement on the same page as the applicant's signature:

“This policy is primarily governed by the laws of a foreign country. As a result, all of the rating and underwriting laws applicable to policies filed in this state do not apply to this coverage, which may result in your premiums being higher than would be permissible under a Florida-approved policy. Any purchase of individual life insurance should be considered carefully, as future medical conditions may make it impossible to qualify for another individual life policy. If the insurer issuing your policy becomes insolvent, this policy is not covered by the Florida Life and Health Insurance Guaranty Association. For information concerning individual life coverage under a Florida-approved policy, consult your agent or the Florida Department of Financial Services.”

The INSURER acknowledges that all life insurance policies and annuity contracts issued pursuant to subsection (9) must contain on the first page of the policy or contract, in contrasting color and not less than 10-point type, the following statement:

“The benefits of the policy providing your coverage are governed primarily by the law of a country other than the United States.”

The INSURER acknowledges that all single-premium life insurance policies and single-premium annuity contracts issued to persons who are not residents of the United States and are not nonresidents illegally residing in the United States pursuant to this subsection shall be subject to the provisions of Chapter 896, Florida Statutes.

**DETERMINATION OF ELIGIBILITY TO OPERATE AS AN ALIEN INSURER IN FLORIDA
PURSUANT TO SECTION 624.402(9), FLORIDA STATUTES**

INSURER affirms that all explanations, representations, and documents provided to the OFFICE in connection with INSURER's application pursuant to Section 624.402(9), Florida Statutes, are accurate and true and are material to the OFFICE'S determination of the INSURER's eligibility.

By execution hereof, _____(INSURER) agrees without reservation that it understands and acknowledges all of the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to execute this document on behalf of _____(INSURER) and therefore bind the INSURER to the terms and conditions herein.

(Insurer Name)

By: _____

Print Name: _____

Title: _____

Date: _____



Florida Office of Insurance Regulation

Letter of Notification

This letter serves as notification of the acquisition, merger, or consolidation of the below named entity, pursuant to the requirements of the Florida Insurance Code.

Work Log Number:

Date of Notification:

Contact Person

Name:

Email:

Address:

Acquiring Entity or Person

Name:

Email:

Address:

Telephone:

Expected Date of Transaction:

Company/Licensee Being Acquired

Name:

Address:

NAIC Code:

FEIN:

Florida Company Code:

Contact Name:

Telephone:

Contact Email:

Request for Waiver:

Request for Disclaimer in lieu of filing:

FLORIDA OFFICE OF INSURANCE REGULATION
200 EAST GAINES STREET
TALLAHASSEE, FL 32399-0332 · Email: iapply@flor.com

OIR-C1-2069
New: 07/23
Rule: 69O-136.100



Florida Office of Insurance Regulation

**LETTER OF NOTIFICATION/REGISTRATION
TO OPERATE AS A NON-U.S. BASED (ALIEN) INSURER (ALSO REFERRED TO AS
“OFFSHORE INSURER”) IN FLORIDA
PURSUANT TO SECTION 624.402(8), FLORIDA STATUTES**

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 at the following link:

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

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

**LETTER OF NOTIFICATION/REGISTRATION
TO OPERATE AS A NON-U.S. BASED (ALIEN) INSURER (ALSO REFERRED TO AS
“OFFSHORE INSURER”) IN FLORIDA
PURSUANT TO SECTION 624.402(8), FLORIDA STATUTES**

APPLICATION FORM

Statutory Authority

S. 624.402(8)

Pursuant to Chapter 624, Part III, Florida Statutes, application is hereby made to register as an Offshore Insurer

Name of Offshore Insurer:

Company Name: _____

Country of Domicile: _____

Home/Principal Address: _____

Home Office Phone: _____

Home Office Email: _____

Home Office Fax Number: _____

Florida Office Address: _____

Florida Office Phone: _____

Florida Office Email: _____

Florida Office Fax Number: _____

Florida Office Contact Person: _____

Contact Person Concerning This Application: _____

Contact Persons' Address: _____

Contact Persons' Phone: _____

Contact Persons' Email: _____

**LETTER OF NOTIFICATION/REGISTRATION
TO OPERATE AS A NON-U.S. BASED (ALIEN) INSURER (ALSO REFERRED TO AS
“OFFSHORE INSURER”) IN FLORIDA
PURSUANT TO SECTION 624.402(8), FLORIDA STATUTES**

INSTRUCTIONS/CHECKLIST

Statutory Authority

- | | | |
|----------|----------------------|---|
| _____ 1. | S. 624.402(8)(a)2. | Provide a statement indicating the commenced business date for Florida. Attach as a component in iApply under the component titled “Commenced Business Date”. |
| _____ 2. | S. 624.402(8)(a)3.a. | Provide a Management Information Form, OIR-C1-2221, reflecting the names of the owners of the insurer, their percentage of ownership and the officers and directors of the insurer. Attach as a component in iApply under the component titled “Management Information Form (Applicant)”. |
| _____ 3. | S. 624.402(8)(a)3.a. | Provide a statement regarding number of individuals employed by insurer or its affiliates in this state. Attach as a component in iApply under the component titled “Number of Employees”. |
| _____ 4. | S. 624.402(8)(a)3.b. | Submit a completed Form OIR-C1-1416, Uniform Certificate of Authority (UCAA) Lines of Insurance. Attach as a component in iApply under the component titled “Lines of Insurance Form”. |
| _____ 5. | S. 624.402(8)(a)3.c | Provide a statement from the regulatory body of the insurer’s domicile certifying that the insurer is licensed or registered for the lines of insurance and types of products in that domicile. Attach as a component in iApply under the component titled “Certificate of Financial Compliance”. |
| _____ 6. | S. 624.402(8)(a)3.d | Provide a copy of the current filings required by the regulatory body of the insurer’s country of domicile in that country’s language or in English, if available. Attach as a component in iApply under the component titled “Regulatory Filings”. |

**LETTER OF NOTIFICATION/REGISTRATION
TO OPERATE AS A NON-U.S. BASED (ALIEN) INSURER (ALSO REFERRED TO AS
“OFFSHORE INSURER”) IN FLORIDA
PURSUANT TO SECTION 624.402(8), FLORIDA STATUTES**

- _____7. S. 624.402(8)(a)4. Provide a statement acknowledging mandatory policy language; “The policy providing your coverage and the insurer providing this policy have not been approved by the Florida Office of Insurance Regulation”. Attach as a component in iApply under the component titled “Mandatory Policy Language”.
- _____8. S. 624.402(8)(a)5. Provide a statement acknowledging notification will be provided to the Florida Office of Insurance Regulation in the event the insurer ceases to do business from this state. Attach as a component in iApply under the component titled “Cessation of Business”.
- _____9. Provide a copy of the Application form, including the completed Check List and Application Certification. Attach as a component in iApply under the component titled “Application Form For Offshore Insurer”.
- _____10. Provide an authorization letter from the insurer if someone other than company personnel are representing the insurer with this application. Attach as a component in iApply under the component titled “Authorization Letter”.

**LETTER OF NOTIFICATION/REGISTRATION
TO OPERATE AS A NON-U.S. BASED (ALIEN) INSURER (ALSO REFERRED TO AS
“OFFSHORE INSURER”) IN FLORIDA
PURSUANT TO SECTION 624.402(8), FLORIDA STATUTES**

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 registration to operate in Florida as a non-U.S. based (Alien) insurer pursuant to Section 624.402(8), Florida Statutes; 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.

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:

Year 3:

1

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

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

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)

Applicant Company Name

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

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 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)

Applicant Company Name

Authorized Premium by LOB (Aggregate) - Planned Premium Volume By Line of Business

Amounts in Whole Dollars

Authorized Year 1									
0									
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					-			-
34.0	Other					-			-
	Total					-			-

Applicant Company Name:
(Property & Casualty Insurance Company)

Applicant Company Name

Nationwide Incurred Loss Summary By Line of Business

Amounts in Whole Dollars

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 Statement Line	Description	Direct Losses Incurred *	Assumed Losses Incurred *	Ceded Losses Incurred *	Net 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.

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.

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:

Year 3:

_____ 1

_____ 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:
(Life, Accident, and Health Insurance Company)
Pro Forma Statutory Balance Sheet (Nationwide)
(In Whole Numbers)

Applicant Company Name

	0	1	2
<u>Admitted Assets</u>			
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. Separate Account Assets			
8. All Other Assets			
9. Total Assets (1+2+3+4+5+6+7+8)	-	-	-
<u>Liabilities</u>			
10. Reserve for Life Contracts			
11. Reserve for Accident and Health Contracts			
12. Contract Claims (Life and Accident and Health)			
13. Other Amounts Payable on Reinsurance			
14. Payable to Parents, Subsidiaries & Affiliates			
15. All Other Liabilities			
16. Asset Valuation Reserve (AVR)			
17. Separate Account Liabilities			
18. Total Liabilities (10+11+12+13+14+15+16+17)	-	-	-
<u>Capital and Surplus</u>			
19. Capital Stock			
20. Gross Paid In and Contributed Surplus			
21. Surplus Notes			
22. Unassigned Surplus			
23. Aggregate Write-Ins for Other-Than-Special Surplus Funds			
24. Aggregate Write-Ins for Special Surplus Funds			
25. Less Treasury Stock (Common and Preferred)			
26. Surplus (19+20+21+22+23+24-25)	-	-	-
27. Liabilities and Surplus (18+26)	-	-	-
Risk-Based Capital Analysis			
27. Authorized Control Level Risk-Based Capital			
28. Calculated Risk-Based Capital (26+16/27)	0.0%	0.0%	0.0%

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 Reserves			
16. Net Transfer (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)

Applicant Company Name

Nationwide
Year 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)

Applicant Company Name

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

Applicant Company Name

Nationwide
Year 3

	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)	
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	-	-	-	-	

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:

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 |
| <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:
(Title Insurance Company)
Pro Forma Statutory Balance Sheet
(In Whole Numbers)**

Applicant Company Name

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**

	0	1	2
	-	-	-

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	-	-	-
<u>Operating Percentages:</u>			
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%
<u>Other Percentages:</u>			
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)
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	Net Losses Incurred
Title				-
Total	-	-	-	-
Verification from P & L				-

Nationwide
Year 2 1

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

Nationwide
Year 3 2

		Assumed Losses	Ceded Losses	
Description	Direct Losses Incurred	Incurred	Incurred	Net Losses 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	0			1			2		
	Premiums Earned	Losses Incurred	Loss Ratio	Premiums Earned	Losses Incurred	Loss Ratio	Premiums Earned	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>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 Liabilites			
17. Total Liabilities (9+10+11+12+13+14+15+16)	-	-	-
<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)	-	-	-
25. Liabilities and Surplus (17+24)	-	-	-
Risk-Based Capital Analysis			
25. Authorized Control Level Risk-Based Capital			
26. Calculated Risk-Based Capital (24/25)	0.0%	0.0%	0.0%

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)	-	-	-
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)	-	-	-
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)	-	-	-
21. Net underwriting gain or loss (L8 -L20)	-	-	-
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)	-	-	-
29. Capital and Surplus Prior Reporting Year			
30. Net Income or (Loss)	-	-	-
31. Capital Changes			
32. Other Increases (Decreases)			
33. Dividends to Stockholders			
34. Capital and Surplus End of Reporting Year (L29+L30+L31+L32-L33)	-	-	-
*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)
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.