



Office of Insurance Regulation
Company Admissions

APPLICATION FOR ADVISORY ORGANIZATION

The Office receives applications electronically. Please submit your application at <http://www.floir.com/iportal>, using the i-Apply link to Online Company Admissions.

This package is designed to assist individuals in preparing the application with all the information required by statute and to facilitate expeditious processing of the application by this Office.

PLEASE NOTE: THE COMPLETED CHECK LIST MUST BE SUBMITTED WITH THE APPLICATION PACKAGE.

The completed application package must be submitted to the Office by utilizing the following link:

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

and select iApply – Online Company Admissions

If this package requires submission of forms and/or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <http://www.floir.com/iportal> and select "Form & Rate Filing Assembly and Submission" to begin the submission of forms and/or rates.

Any questions concerning this application package may be directed to the Application Coordinator at appcoord@floir.com. For iApply only questions, contact the Application Coordinator at iapply@floir.com

In order for a submission to be considered a complete application, all required information must be included in the filing. Filings that do not include all required information will be disapproved or returned.

APPLICATION FOR ADVISORY ORGANIZATION

INSTRUCTIONS

SECTION I - APPLICATION FEES AND FORM

Section I-1 **Application Fee**

There is no application filing fee.

Section I-2 **Application for Advisory Organization (Official Form Included With This Package)**

This application form must be signed by an officer or authorized representative of the applicant (Form OIR-B1-PCR3).

APPLICATION FOR ADVISORY ORGANIZATION

SECTION II-LEGAL

Section II-1 Articles of Incorporation (or Agreement or Association)

Include in this section the applicant's Articles of Incorporation, Articles of Agreement or Articles of Association, including all amendments. The required filings must be recently certified by the official public records custodian in the applicant's state of domicile. The certification letter must be an original. (This item corresponds to item 10 of the Application for an Advisory Organization.) [s. 627.301(a) F.S.]

Section II-2 Certificate of Status from Florida Secretary of State

Provide a Certificate of Status document issued by the Florida Secretary of State which certifies that the corporation is authorized in this State and that all state taxes and fees have been paid. This certificate must be obtained from the Florida Secretary of State's office and be an original. (This item corresponds to item 11 of the Application for an Advisory Organization.)

If you have any questions concerning filing with the Secretary of State, please contact the Division of Corporations at (850) 245-6052 or <http://www.sunbiz.org/>.

Section II-3 By-Laws, Constitution, or Rules and Regulations

Include a copy of the corporation's By-Laws, Constitution, and/or Rules and Regulations in this section. These documents must be signed and dated by the secretary of the corporation, stating that the documents are a true and correct copy. (This item corresponds to item 10 of the Application for an Advisory Organization.) [s. 627.301(1)(a) F.S.]

Section II-4 Certificate of Compliance (Foreign Applicants Only)

If applicable, provide a Certificate of Compliance issued by the public official having supervision in applicant's state of domicile showing that the company is organized and authorized to transact business. The certificate should be an original under seal by the organization's state of domicile. If not applicable, please state this in the application. (This item corresponds to item 12 of the Application for an Advisory Organization.)

Section II-5 Service of Process Form

Provide an executed Uniform Consent to Service of Process (Form OIR-C1-1524) under corporate seal and signed by the president or chief executive officer

APPLICATION FOR ADVISORY ORGANIZATION

and secretary. (This item corresponds to item 8 of the Application for an Advisory Organization.) [s. 627.301(1)(c) F.S.]

APPLICATION FOR ADVISORY ORGANIZATION

SECTION III - FINANCIAL AND RELATED INFORMATION

Section III-1 List of Members and Subscribers

Attach a list of the applicant's members and subscribers. (This item corresponds to item 15 of the Application for an Advisory Organization.) [s. 627.301(1)(b), F.S.]

Section III-2 Kinds of Insurance

Provide a completed Lines of Insurance form (Form OIR-C1-1416) indicating the kinds of insurance which the applicant is making application. (This item corresponds to item 9 of the Application for an Advisory Organization.)

APPLICATION FOR ADVISORY ORGANIZATION

SECTION IV - MANAGEMENT

NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.

Section IV-1 List of All Officers, Directors and Shareholders

- A. List the names and official positions of each officer, director, any person having direct or indirect control of the organization and each shareholder owning ten percent (10%) or more of voting securities of the applicant or any person having the right to acquire ten percent (10%) or more of the voting securities of the applicant (issued and outstanding warrants/options, etc.) on Form OIR-C1-1298. (This item corresponds to item 13 of the Application for an Advisory Organization.)
- B. If the applicant is a subsidiary of a parent or holding company, provide an organizational chart showing the relationship of all related companies.

Section IV-2 Biographical Affidavits for Officers and Directors

Provide a National Association of Insurance Commissioners (NAIC) biographical affidavit (Form OIR-C1-1423) for each officer and director listed in Section IV-1. All questions must be answered. (This item corresponds to item 14 of the Application for an Advisory Organization.)

Each biographical affidavit must be submitted to the Office containing an original signature and original notary seal. If, however, the biographical affidavits are currently on file with the Office and are not more than two (2) years old, no submission is necessary.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to Sections 119.072(1) and (9), 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, instead of including the SSN on page 6 of the NAIC form, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also please stamp CONFIDENTIAL at the top and bottom of the separate page.

Section 119.072(9), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and

APPLICATION FOR ADVISORY ORGANIZATION

responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office.

APPLICATION FOR ADVISORY ORGANIZATION

**CHECKLIST
SECTION I - APPLICATION FEES AND FORM**

Company Name: _____

<u>Item #</u>	<u>Completion Checklist</u>
1. Application Form (Form OIR-C1-PCR3)	<input type="checkbox"/>
(a) All blanks completed	<input type="checkbox"/>
(c) Signed by President or other authorized officer (original signature)	<input type="checkbox"/>

APPLICATION FOR ADVISORY ORGANIZATION

SECTION II - LEGAL

Company Name: _____

<u>Item #</u>	<u>Completion Checklist</u>
1. Articles of Incorporation/Agreement/Association and all Amendments	<input type="checkbox"/>
(a) Original certification by state of domicile	<input type="checkbox"/>
(b) Articles with all required amendments attached	<input type="checkbox"/>
2. Certificate of Status from Florida Secretary of State (original document)	<input type="checkbox"/>
(a) Good standing indicated	<input type="checkbox"/>
(b) Sealed by state	<input type="checkbox"/>
(c) Signed by proper public official	<input type="checkbox"/>
(d) Original	<input type="checkbox"/>
3. Corporate By-Laws, Rules and Regulations, and/or Constitution	<input type="checkbox"/>
(a) Signed and dated by corporation secretary	<input type="checkbox"/>
(b) Sealed by corporation	<input type="checkbox"/>

APPLICATION FOR ADVISORY ORGANIZATION

Section II – Legal (continued)

<u>Item #</u>		<u>Completion Checklist</u>
4.	Certificate of Compliance from state of domicile	<input type="checkbox"/>
	(a) Original certification from state of domicile	<input type="checkbox"/>
	(b) Form indicates authorized to transact business	<input type="checkbox"/>
5.	Service of Process Form (Form OIR-C1-1524).....	<input type="checkbox"/>

APPLICATION FOR ADVISORY ORGANIZATION

SECTION III - FINANCIAL AND RELATED INFORMATION

Company Name: _____

<u>Item #</u>	<u>Completion Checklist</u>
1. List of Members and Subscribers.....	<input type="checkbox"/>
2. Kinds of Insurance (Form OIR-C1-1416)	<input type="checkbox"/>
(a) Lines of Insurance Form completed.....	<input type="checkbox"/>

APPLICATION FOR ADVISORY ORGANIZATION

SECTION IV - MANAGEMENT

Company Name: _____

<u>Item #</u>	<u>Completion Checklist</u>
1. Listing of all officers, directors, and shareholders (including entities owning 10% or more of applicant) (Form OIR-C1-1298).	<input type="checkbox"/>
2. Organizational chart including all entities within the ultimate parent company structure	<input type="checkbox"/>
3. Biographical Affidavits for company officers and directors (Form OIR-C1-1423)	<input type="checkbox"/>

As to each biographical:

- (a) All blanks completed
- (b) "Yes" answers explained.....
- (c) Contains original signature.....
- (d) Notarized (original)
- (e) Original of each affidavit submitted
- (f) SSN on a separate page.....

APPLICATION FOR ADVISORY ORGANIZATION

OFFICER'S ATTESTATION TO APPLICATION

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by (Entity Name) _____, that he/she has read said application, that he/she knows the contents thereof and verifies that the items indicated in the application package have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person acted, executed the instrument.

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

Signature of President, Secretary, or Treasurer

(Corporate Seal)

Print/Type Name

Print/Type Title

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, by

_____ as _____
(name of person) (type of authority, e.g. officer, trustee)

for _____
(company name)

(Signature of the Notary)

(Print/Type/ Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires: _____



OFFICE OF INSURANCE REGULATION
Company Admissions

APPLICATION FOR APPROVAL OF ADVISORY ORGANIZATION

Application is hereby made for an Advisory Organization in accordance with Section [627.301](#), Florida Statutes.

1. Name of Organization: _____
 2. Name of Contact Person: _____
Email Address: _____
 3. Organization Mailing Address: _____
Telephone Number: _____
 4. Organization Home Address: _____
Telephone Number: _____
 5. Organization Administrative Address: _____
Telephone Number: _____
 6. Internet Website Address: _____
 7. Federal I.D. Number: _____
 8. The name and address of a resident of this State upon whom notice or orders of the Commissioner and/or Chief Financial Officer or processes affecting such Advisory Organization may be served. Attach a notarized Service of Process form under the Component titled "Uniform Consent to Service of Process" (Form OIR-C1-1524).
(Name): _____
(Address): _____
(Email): _____
 9. The kind(s) of insurance which the Advisory Organization is making the application (attach a completed Lines of Insurance form under the Component titled "UCAA Lines of Insurance" (Form OIR-C1-1416)).

- [Section 624.6011, F.S.](#)
10. Attach a copy of the Advisory Organization's constitution, articles of incorporation, articles of agreement or of association, and bylaws or rules and regulations governing the conduct of business as an Advisory Organization, certified by the custodian of the originals under the appropriately named Component(s).
 11. Attach a Certificate of Status from the Florida Department of State, Division of Corporations under the Component titled "Certificate of Status". <http://sunbiz.org/>

12. Attach a Certificate of Compliance issued by the public official having supervision in applicant's state of domicile showing applicant is organized and authorized to transact business under the Component titled "Certificate of Compliance". The certificate should be an original under seal by the organization's state of domicile. If not applicable, indicate so.
13. Attach a list of the current officers/directors and shareholders owning ten percent (10%) or more of the Advisory Organization under the Component titled "Management Information Form (Applicant)" (Form OIR-C1-1298).
14. Attach a Biographical Affidavit for each officer/director listed in item thirteen (13) above under the Component titled "Biographical Affidavit" (Form OIR-C1-1423) .
15. Attach a list of members or subscribers to the Advisory Organization under the Component titled "List of Members and Subscribers".
16. The (Name of Applicant) _____ represents that they are qualified to do business as an Advisory Organization for the kind(s) of insurance requested in item nine (9) above, and have attached a statement detailing a history of the organization, its managerial experience, a description of the services to be provided, its disaster preparedness plan, and any other information deemed pertinent to demonstrate ability to the organization to successfully operate in this state. Attach under the Component titled "Plan of Operation".

Organization Official

Title

Applicant Name: _____

NAIC No. _____

FEIN: _____

Uniform Consent to Service of Process

_____ Original Designation

_____ Amended Designation

(must be submitted directly to states)

Insurer Name: _____

Previous Name (if applicable): _____

Home Office Address: _____

City, State, Zip: _____ NAIC CoCode: _____

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

Applicant Officers' Certification and Attestation

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

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

Date

Signature of President

Full Legal Name of President

Date

Signature of Secretary

Full Legal Name of Secretary

Uniform Consent to Service of Process

Exhibit A

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

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

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

* Attach a completed Exhibit B listing the Resident Agent for the insurer (one per state). Include state name, Resident Agent's **full name and street address**. Use additional pages as necessary. (DC* requires an agent within a ten mile radius of the District).

^ Initial pleadings only.

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

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

Exhibit A

Exhibit B

Complete for each state indicated in Exhibit A:

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

Exhibit B

Resolution Authorizing Appointment of Attorney

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

(Company Name)

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

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

CERTIFICATION:

I, _____, Secretary of

(Company Name)

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

Secretary

Applicant Name: _____

NAIC No. _____

FEIN: _____

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

Please complete the information below for each state in which you are currently licensed and seeking authority to do business. Each state has its own terminology for the lines of insurance. To assist in completing this form and in understanding the terms used, a matrix is available that correlates each state's terms to the common terms used in the NAIC annual statement blanks. The correlation matrix is an Excel spreadsheet and is located on the UCAA web site at http://www.naic.org/documents/industry_ucaa_forms_state_lines_of_business_matrix.xls

Alabama	Authorized to Transact	Currently Transacting	Applying for
Life (Sec. 27-5-2)			
Disability (Sec. 27-5-4)			
Property (Sec. 27-5-5)			
Miscellaneous Casualty (Sec. 27-5-6, 27-5-7, 27-5-8, 27-5-9)			
Title (Sec. 27-5-10)			

Alaska	Authorized to Transact	Currently Transacting	Applying for
Life (AS 21.12.040)			
Health (AS 21.12.050)			
Disability (21.12.052)			
Annuities (AS 21.12.05 5)			
Variable Life (AS 21.42.370)			
Variable Annuities (AS 21.42.370)			
Property (AS 21.12.060)			
Casualty (AS 21.12.070) including clauses:			
(1) Vehicle			
(2) Liability			
(3) Workers Compensation and Employers Liability			
(4) Burglary and Theft			
(5) Personal Property Floater			
(6) Glass			
(7) Boiler and Machinery			
(8) Leakage and Fire Extinguishing Equipment			
(9) Credit (failure of debtors to pay obligations to insured)			
(10) Malpractice			
(11) Elevator			
(12) Livestock			
(13) Entertainments			
(14) Miscellaneous			
Surety (AS 21.12.080)			
Marine, Wet Marine & Transportation (AS 21.12.090)			
Mortgage Guaranty (AS 21.12.110)			
Title (AS 21.66)			
Fraternal Benefit Society (AS 21.84)			

Applicant Name: _____

NAIC No. _____

FEIN: _____

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

Arkansas	Authorized to Transact	Currently Transacting	Applying for
Life (ACA 23-620-102)			
Accident & Health (ACA 23-62-103)			
Property (ACA 23-62-104)			
Casualty (ACA 23-62-105)			
Surety (ACA 23-62-106)			
Workers Compensation (ACA 23-62-105)			
Marine (ACA 23-62-107)			
Title (ACA 23-62-108)			
Mortgage Guaranty (ACA 23-62-110)			

California	Authorized to Transact	Currently Transacting	Applying for
Life (CIC 101)			
Fire (CIC 102)			
Marine (CIC 103)			
Title (CIC 104)			
Surety (CIC 105)			
Disability (CIC 106)			
Plate Glass (CIC 107)			
Liability (CIC 108)			
Workers' Compensation (CIC 109)			
Common Carrier Liability (CIC 110)			
Boiler and Machinery (CIC 111)			
Burglary (CIC 112)			
Credit (CIC 113)			
Sprinkler (CIC 114)			
Team and Vehicle (CIC 115)			
Automobile (CIC 116)			
Mortgage (CIC 117)			

Applicant Name: _____

NAIC No. _____

FEIN: _____

California (continued)	Authorized to Transact	Currently Transacting	Applying for
Aircraft (CIC 118)			
Mortgage Guaranty (CIC 119)			
Insolvency (119.5)			
Legal (CIC 119.6)			
Miscellaneous (CIC 120)			
Financial Guaranty (CIC 124)			

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

Connecticut (C.G.S Title 38a)	Authorized to Transact	Currently Transacting	Applying for
Fire, Extended Coverage and Other Allied Lines			
Homeowners multiple peril			
Commercial multiple peril			
Earthquake			
Growing crops			
Ocean marine			
Inland marine			
Accident and health			
Workers' Compensation			
Liability other than auto (B.I. and P.D.)			
Auto liability (B.I. and P.D.)			
Auto physical damage			
Aircraft (all perils)			
Fidelity and Surety			

Applicant Name: _____

NAIC No. _____

FEIN: _____

Connecticut (C.G.S Title 38a) (continued)	Authorized to Transact	Currently Transacting	Applying for
Financial Guaranty (mono-line)			
Glass			
Burglary and Theft			
Boiler and Machinery			
Credit			
Reinsurance			
Life Non-Participating			
Life Participating			
Variable Life Non-Participating			
Variable Life Participating			
Variable Annuities			
Title			
Fraternal Benefit Societies			
Health Care Center			
Credit Life			
Credit Accident and Health			
Mortgage Guaranty (mono-line)			
Residual Value			

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

Part C, Section 906(b) For casualty and health insurance, as defined in the certificate of authority application, death or injury, as incidental to and part of other insurance as stated under subdivisions (1) vehicle, (2) liability, (4) burglary & theft, (7) boiler & machinery, (10) malpractice and (11) elevator of subsection (a) shall for all purposes be deemed to be the same kind of insurance to which it is so incidental and shall not be subject to provisions of this title applicable to life and health insurance.

Applicant Name: _____

NAIC No. _____

FEIN: _____

District of Columbia	Authorized to Transact	Currently Transacting	Applying for
Life and Health			
Individual Life			
Group Life			
Variable Life (26 DCMR Chapter 27)			
Individual Accident and Health			
Group Accident and Health			
Individual Annuities (Fixed and Variable) (Sec. 31-4442)			
Group Annuities (Fixed and Variable) (Sec. 31-4442)			
Fire and Casualty			
(1) Fire (Sec. 31-2502.11)			
(2.1) Allied Lines (Sec. 31-2502.11)			
(2.2) Multiple Peril Crop			
(2.3) Federal Flood			
(3) Farmowners Multiple Peril (Sec. 31-2502.11)			
(4) Homeowners Multiple Peril (Sec. 31-2502.11)			
(5.1) Commercial Multiple Peril (non-liability) (Sec. 31-2502.11)			
(5.2) Commercial Multiple Peril (liability) (Sec. 31-2502.11)			
(6) Mortgage Guaranty			
(8) Ocean Marine (Sec. 31-2502.11)			
(9) Inland Marine (Sec. 31-2502.11)			
(10) Financial Guaranty			
(11) Medical Malpractice			
(12) Earthquake (Sec. 31-2502.11)			
(13) Group Accident & Health (Sec. 31-2502.11)			
(14) Credit A&H (Group & Individual) (Sec. 31-2502.11)			
(15.1) Collectively Renewable A&H (Sec. 31-2502.11)			
(15.2) Non-cancellable A&H (Sec. 31-2502.11)			
(15.3) Guaranteed Renewable A&H (Sec. 31-2502.11)			
(15.4) Non-renewable for Stated Reasons Only (Sec. 31-2502.11)			
(15.5) Other Accident Only (Sec. 31-2502.11)			
(15.6) All Other A&H (Sec. 31-2502.11)			
(15.7) Federal Employees Health Benefits Program			
(16) Worker's Compensation (Sec. 31-2502.11)			
(17) Other Liability (Sec. 31-2502.11)			
(18) Products Liability (Sec. 31-2502.11)			
(19.1) Private Passenger Auto No-Fault (personal injury protection) (Sec. 31-2502.11)			
(19.2) Other Private Passenger Auto Liability (Sec. 31-2502.11)			
(19.2) 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)			
(21.1) 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)			

Applicant Name: _____

NAIC No. _____

FEIN: _____

District of Columbia (continued)	Authorized to Transact	Currently Transacting	Applying for
(27) Boiler and Machinery (Sec. 31-2502.11)			
(28) Credit (Sec. 31-2602.03, 31-2502.11)			
Title [Sec. 31-2602.03 (a)(7)]			

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

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 pro forma's (i.e. mobile home combined with homeowners), the plan of operations should specify that this was done.

Applicant Name: _____

NAIC No. _____

FEIN: _____

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

* 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 pro forma (i.e. mobile home combined with homeowners), the plan of operations should specify that this was done.

Applicant Name: _____

NAIC No. _____

FEIN: _____

Florida (continued)	Authorized to Transact	Currently Transacting	Applying for
Life, Accident and Health Insurers			
0400 Ordinary Life			
Endowment			
Term Life			
Industrial Life			
Individual Annuities			
Universal Life			
0405 Individual Variable Annuities			
Group Variable Annuities			
0410 Group Life and Annuities			
0420 Variable Life			
0425 Fraternal Life			
0430 Fraternal Health			
0440 Credit Life			
0441 Credit Disability			
0450 Accident and Health			
R400 Reinsurance - Ordinary Life and Annuity			
R405 Reinsurance - Individual/Group Variable Annuities			
R410 Reinsurance - Group Life and Annuity			
R420 Reinsurance - Variable Life			
R440 Reinsurance - Credit Life			
R441 Reinsurance - Credit Disability			
R450 Reinsurance - Accident and Health			

Georgia	Authorized to Transact	Currently Transacting	Applying for
§33-3-5			
Life, accident, and sickness, including subdivisions:			
Variable Annuities			
Variable Life			
Property, marine, and transportation			
Casualty, subdivisions:			
Workers' Compensation (including)			
Workers' Compensation (excluding)			
Surety			
Title			

Hawaii	Authorized to Transact	Currently Transacting	Applying for
Life Insurance (Section 431: 1-204, HRS)			
Disability Insurance (Section 431: 1-205, HRS)			
Property Insurance (Section 431: 1-206, HRS)			
Marine and Transportation Insurance (Section 431: 1-207, HRS)			
Vehicle Insurance (Section 431: 1-208, HRS)			
General Casualty Insurance (Section 431:1-209, HRS)			
Surety Insurance (Section 431: 1-210, HRS)			
Ocean Marine (Section 431: 1-211, HRS)			
Title Insurance (Section 431: 20, HRS)			

Idaho	Authorized to Transact	Currently Transacting	Applying for
Life - 41-502			
Disability (Including/Excluding Managed Care) - 41-503			

Applicant Name: _____

NAIC No. _____

FEIN: _____

Idaho (continued)	Authorized to Transact	Currently Transacting	Applying for
Variable Annuities/Contracts – (41-1936)			
Property - 41-504			
Marine and Transportation - 41-505			
Casualty - Including Workers' Compensation - 41-506			
Casualty - Excluding Workers' Compensation - 41-506			
Surety (Including Fidelity) - 41-507			
Monoline only:			
Title - 41-508			
Mortgage Guaranty - 41-2652			

Illinois	Authorized to Transact	Currently Transacting	Applying for
Class 1 Life, Accident and Health*			
(a) Life			
(b) Accident and Health			
(c) Legal Expense Insurance			
Class 2 Casualty, Fidelity and Surety*			
(a) Accident and Health			
(b) Vehicle			
(c) Liability			
(d) Workers' Compensation			
(e) Burglary and Forgery			
(f) Glass			
(g) Fidelity and Surety			
(h) Miscellaneous			
(i) Other Casualty Risks			
(j) Contingent Losses			
(k) Livestock and Domestic Animals			
(l) Legal Expense Insurance			
Class 3 Fire and Marine, etc.*			
(a) Fire			
(b) Elements			
(c) War, Riot and Explosion			
(d) Marine and Transportation			
(e) Vehicle			
(f) Property Damage, Sprinkler Leakage and Crop			
(g) Other Fire and Marine Risks			
(h) Contingent Losses			
(i) Legal Expense Insurance			

* See 215/IL5/4 for additional description

Indiana	Authorized to Transact	Currently Transacting	Applying for
Class I (Life)			
(a) Life and Annuities			
(b) Accident & Health			
(c) Variable Life and Annuities (Segregated Amounts)			
Class II (Casualty)			
(a) Accident and Health - Disability			
(b) Workers' Compensation			
(c) Burglary, Theft			
(d) Glass			

Applicant Name: _____

NAIC No. _____

FEIN: _____

Indiana (continued)	Authorized to Transact	Currently Transacting	Applying for
(e) Broiler and Machinery			
(f) Automobile			
(g) Sprinkler			
(h) Liability			
(i) Credit			
(j) Title			
(k) Fidelity & Surety w/Bailbonds			
(kt) Fidelity & Surety w/o Bailbonds			
(l) Miscellaneous			
(m) Legal Expenses			
Class III (Property)			
(a) Fire, Windstorm, Hail, Loot, Riot			
(b) Crops			
(c) Sprinkler			
(d) Marine			

Iowa	Authorized to Transact	Currently Transacting	Applying for
Property/Casualty Lines (515.48)			
Fire			
Extended Coverage			
Other Allied Lines			
Homeowners Multiple Peril			
Commercial Multiple Peril			
Earthquake			
Growing Crops			
Ocean Marine			
Inland Marine			
Accident and Health			
Workers' Compensation			
Other Liability			
Auto Liability			
Auto Physical Damage			
Aircraft			
Fidelity and Surety			
Glass			
Burglary and Theft			
Boiler and Machinery			
Reinsurance Only (monoline)			
Financial Guaranty (monoline)			
Life (508, 509, 511)*			
Life with accident and health (508, 509, 511 and 515)*			
Reciprocal (520)			
Mortgage Guaranty (515C)			
Fraternal (512B)			

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

Kansas	Authorized to Transact	Currently Transacting	Applying for
Life			
Accident and Health			
Stand-alone Prescription Drug Provider			

Applicant Name: _____

NAIC No. _____

FEIN: _____

Kansas (continued)	Authorized to Transact	Currently Transacting	Applying for
Fire Insurance			
Fire			
Windstorm & Hail			
Extended Coverage			
Add'l. Perils on Growing Crops			
Hail on Growing Crops			
Optional Perils			
Sprinkler Leakage			
Business Interruption			
Earthquake			
Water Damage			
Aircraft Hull			
Ocean Marine			
Inland Marine			
Rain			
Automobile Physical Damage			
Flood			
Homeowners Policies			
Casualty Insurance			
Accident and Health			
Automobile Liability			
General Liability			
Workers' Compensation			
Fidelity, Surety & Forgery Bonds			
Glass			
Burglary, Theft & Robbery			
Boiler & Machinery			
Credit			
Title			
Malpractice Liability			
Livestock Mortality			
Aircraft Liability			
Cargo Liability			
Mortgage Guaranty Insurance			

Kentucky	Authorized to Transact	Currently Transacting	Applying for
Life And Health Companies			
Life (Includes variable & credit)KRS 304.5-020			
Annuity (Includes variable)KRS 304.5-030			
Health (Includes credit) KRS 304.5-040			
Property And Casualty Companies			
Health (Includes credit) KRS 304.5-040			
Property KRS 304.5-050			
Surety KRS 304.5-060			
Casualty KRS 304.5-070			
All Lines KRS 304.5-070 (1)(a) thru (1)(q)			
Or, Casualty Limited to:			
Vehicle Insurance KRS 304.5-070(1)(a)			
Liability Insurance KRS 304.5-070(1)(b)			
Workers' Compensation and Employers Liability KRS 304.5-070(1)(c)			

Applicant Name: _____

NAIC No. _____

FEIN: _____

Kentucky (continued)	Authorized to Transact	Currently Transacting	Applying for
Burglary and Theft KRS 304.5-070(1)(d)			
Personal Property Floater KRS 304.5-070(1)(e)			
Glass KRS 304.5-070(1)(f)			
Boiler and Machinery KRS 304.5-070(1)(g)			
Leakage and Fire Extinguishing Equipment KRS 304.5-070 (1)(h)			
Credit KRS 304.5-070(1)(i)			
Malpractice KRS 304.5-070(1)(j)			
Elevator KRS 304.5-070(1)(k)			
Congenital Defects KRS 304.5-070(1)(l)			
Livestock KRS 304.5-070(1)(m)			
Entertainments KRS 304.5-070(1)(n)			
Failure of Certain Institutions to Record Documents KRS 304.5-070(o)			
Automobile Guaranty KRS 304.5-070(1)(p)			
Miscellaneous KRS 304.5-070(1)(q)			
Marine and Transportation KRS 304.5-080			
Mortgage Guaranty KRS 304.5-100			
Title KRS 304.5-090			
All Others Companies:			
Fraternal Benefit Society KRS 304.29-011			
Life			
Health			
Lloyd's KRS 304.28-010			
Non-profit Health Service Corporation KRS 304.32-030			
Reciprocal KRS 304.27-010			

Louisiana	Authorized to Transact	Currently Transacting	Applying for
Life			
Annuities			
Health and Accident			
Vehicle			
Liability			
Workers' Compensation			
Burglary and Forgery			
Homeowners			
Glass			
Fidelity and Surety			
Credit Life, Health and Accident			
Credit Property and Casualty			
Title			
Fire and Extended Coverage			
Steam Boiler and Sprinkler Leakage			
Crop and Livestock			
Marine and Transportation (Inland Marine)			
Miscellaneous			

* All Lines are as defined in Louisiana Revised Statutes 22:6

Applicant Name: _____

NAIC No. _____

FEIN: _____

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

Maryland	Authorized to Transact	Currently Transacting	Applying for
<i>Insurance Article of the Annotated Code of Maryland</i>			
Variable Annuities – Section 1-101(d)(e),			
Casualty (not including Vehicle Liability, Mortgage Guaranty & Worker’s Compensation) – Section 1-101(i)			
Dental Plan Organization – Section 14-401			
Fraternal – 8-424			
Mortgage Guaranty – Sections 1-101(oo)			
Health – Sections 1-101(p)			
Life, including Annuities and Health (except Variable Life & Variable Annuities) Sections 1-101(d), 1-101(p), 1-101(x)			
Marine, Wet Marine & Transportation – Sections 1-101(z), 1-101(ss)			
Non-Profit Health Service Plan – Section 14-110			
Property and Marine (excluding Wet Marine and Transportation) – Section 1-101(gg), (1-101(z)			
Variable Life – Sections 16-601, 16-602			
Surety – Section 1-101(oo)			
Title – Section 1-101(qq)			
Vehicle Liability – Section 1-101(i)			

Applicant Name: _____

NAIC No. _____

FEIN: _____

Maryland (continued)	Authorized to Transact	Currently Transacting	Applying for
Workers' Compensation – Section 1-101(i)			
<i>Health-General Article of the Annotated Code of Maryland</i>			
Health Maintenance Organizations – Sections 19-708, 19-709, 19-710			
Provider-Sponsored Organizations – Section 19-7A			

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

Applicant Name: _____

NAIC No. _____

FEIN: _____

Massachusetts (continued)	Authorized to Transact	Currently Transacting	Applying for
(54E) Dwellings - M.G.L. 175 § 54E			
(54F) Commercial Property (Multiple Peril) - M.G.L. 175 § 54F			
(54G) Reinsurance - Life Companies Only - M.G.L. 175 § 54G			

Michigan	Authorized to Transact	Currently Transacting	Applying for
Life and Annuity - Other than Variable Contracts (MCL 500.602)			
Separate Account - Variable Annuities (MCL 500.925)			
Separate Account - Variable Life (MCL 500.925)			
Separate Accounts - Modified Guaranteed Annuities (MCL 500.4101)			
Disability (MCL 500.606)			
Property (MCL 500.610)			
Ocean Marine (MCL 500.614)			
Inland Marine (MCL 500.616)			
Automobile Insurance - Limited (MCL 500.620)			
Legal Expense (MCL 500.618)			
Steam Boiler, Flywheel and Machinery (MCL 500.624a)			
Liability (MCL 500.624b)			
Automobile, including Section 625, disability coverage supplemental to automobile insurance (MCL 500.624b)			
Workers Compensation (MCL 500.624b)			
Plate Glass (MCL 500.624c)			
Sprinkler and Water Damage (MCL 500.624d)			
Credit (MCL 500.624e)			
Burglary and Theft (MCL 500.624f)			
Livestock (MCL 500.624g)			
Malpractice (MCL 500.624h)			
Miscellaneous (MCL 500.624i)			
Surety and Fidelity (MCL 500.628)			
Limited Liability (MCL 500 Chapter 65)			
Title (MCL 500 Chapter 73)			
Fraternal (MCL 500 Chapter 81a)			

Minnesota (MS 60A.06, Subd.1)	Authorized to Transact	Currently Transacting	Applying for
Fire (1)			
Inland Marine (2a)			
Ocean Marine (2a)			
Personal Property Floater (2b)			
Boiler and Machinery (3)			
Life (4)			
Variable Contract Authority (4)			
Accident and Health (5a)			
Worker's Compensation (5b)			
Fidelity (6)			
Surety (6)			
Title (7)			
Glass (8)			

Applicant Name: _____

NAIC No. _____

FEIN: _____

Minnesota (MS 60A.06, Subd.1) (continued)	Authorized to Transact	Currently Transacting	Applying for
Burglary & Theft (9a)			
Security and Drafts (9b)			
Personal Property Floater - Casualty (9c)			
Water (9d)			
Livestock (10)			
Credit (11)			
Automobile (12)			
General Liability (13)			
Elevator (14)			
Legal Expense (15)			

Mississippi	Authorized to Transact	Currently Transacting	Applying for
(MCA 83-19-1 Classifications of Insurance Companies)			
Class 1. Fire and Casualty			
(a) Fire and Allied Lines			
(b) Industrial Fire			
(c) Casualty/Liability			
(d) Fidelity			
(e) Surety			
(f) Workers' Compensation			
(g) Boiler and Machinery			
(h) Plate Glass			
(i) Aircraft			
(j) Inland Marine			
(k) Ocean Marine			
(l) Automobile Physical Damage/Automobile Liability			
(m) Homeowners/Farmowners			
(n) Guaranty			
(o) Mortgage Guaranty			
(p) Title			
(q) Trip Accident and Baggage			
(r) Legal			
Class 2. Life			
(a) Life			
(b) Accident and Health			
(c) Credit Life, Credit Accident and Health			
(d) Industrial Life, Industrial Accident and Health			
(e) Variable Contracts			
(f) Life (Burial)			
Class 3. Fraternal			
(a) Fraternal			
(b) Larger Fraternal			
Class 4. Burial			
Class 5. Home Warranty			

Missouri	Authorized to Transact	Currently Transacting	Applying for
A - Life and Health (RSMo 376)			
A1 - Life, Annuities and Endowments (376.010)			
A2 - Accident and Health (376.010)			
A3 - Variable Contracts (376.309)			
H - Title (RSMo 381)			

Applicant Name: _____

NAIC No. _____

FEIN: _____

Missouri (continued)	Authorized to Transact	Currently Transacting	Applying for
B - Property and Casualty (RSMo 379)			
B1 - Property (379.010.1(1))			
B2 - Liability (379.010.1(2)) Workers' Compensation			
B3 - Fidelity and Surety (379.010.1(3))			
B4 - Accident and Health (379.010.1(4))			
B5 - Miscellaneous (379.010.1(5))			

Montana	Authorized to Transact	Currently Transacting	Applying for
Life (including variable contract authority) §33-1-208; 33-20-Part 6, MCA			
Life (excluding variable contract authority) §33-1-208, MCA			
Disability §33-1-207, MCA			
Property §33-1-210, MCA			
Casualty (including Workers' Comp) §33-1-206, MCA			
Casualty (excluding Workers' Comp) §33-1-206, MCA			
Surety §33-1-211, MCA			
Marine §33-1-209, MCA			
Title §33-1-212, MCA			

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

Nevada	Authorized to Transact	Currently Transacting	Applying for
Life (681A.040)			
Health (681A.030)			
Property (681A.060)			
Casualty (681A.020) (Including Worker's Comp)			

Applicant Name: _____

NAIC No. _____

FEIN: _____

Nevada (continued)	Authorized to Transact	Currently Transacting	Applying for
Casualty (681A.020) (Excluding Worker's Comp)			
Surety (681A.070)			
Marine and Transportation (681A.050)			
Title (681A.080)			
Surplus Lines (685A)			
Risk Retention Group (695E)			
Funeral/Cemetery Sellers (689)			
Premium Finance Company (686A)			
Motor Clubs (696A)			
Health Maintenance Organization (695C)			
Prepaid Ltd. Health Service Organization (695F)			
Variable (688A)			
Home Warranty (680B.100)			

New Hampshire	Authorized to Transact	Currently Transacting	Applying for
Fire and Allied Lines(RSA 401.1, I)			
Marine Coverages(RSA 401.1, II)			
Life and Annuities(RSA 401.1, III)			
Variable Annuities require a separate License (RSA 401.1, III)			
Accident and/or Health Coverages (401.1, IV)			
Liability 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. Refer to the NAIC Uniform P&C Product Coding Matrix filing code 17. Select each Sub-Type to which this license is being requested. (RSA 401.1, VIII)			
Title (RSA 416-A)			
Fraternal (RSA 418:16)			

New Jersey	Authorized to Transact	Currently Transacting	Applying for
(1) Fire (N.J.S.A. 17:17-1a)			
(2) Earthquake (N.J.S.A. 17:17-1a)			
(3) Growing Crops (N.J.S.A. 17:17-1a)			
(4) Ocean Marine (N.J.S.A. 17:17-1b)			
(5) Inland Marine (N.J.S.A. 17:17-1b)			
(6) Workers' Compensation and Employers Liability (N.J.S.A. 17:17-1e)			
(7) Automobile Liability (BI) (N.J.S.A. 17:17-1e)			
(8) Automobile Liability (PD) (N.J.S.A. 17:17-1e)			
(9) Automobile Physical Damage (N.J.S.A. 17:17-1e)			
(10) Aircraft Physical Damage (N.J.S.A. 17:17-1b)			
(11) Other Liability (N.J.S.A. 17:17-1e)			
(12) Boiler & Machinery (N.J.S.A. 17:17-1f)			
(13) Fidelity & Surety (N.J.S.A. 17:17-1g)			
(14) Credit (N.J.S.A. 17:17-1i)			
(15) Burglary & Theft (N.J.S.A. 17:17-1j)			

Applicant Name: _____

NAIC No. _____

FEIN: _____

New Jersey (continued)	Authorized to Transact	Currently Transacting	Applying for
(16) Glass (N.J.S.A. 17:17-1k)			
(17) Sprinkler Leakage (N.J.S.A. 17:17-1l)			
(18) Livestock (N.J.S.A. 17:17-1m)			
(19) Smoke & Smudge (N.J.S.A. 17:17-1n)			
(20) Physical Loss to Buildings (N.J.S.A. 17:17-1o)			
(21) Radioactive Contamination (N.J.S.A. 17:17-1o)			
(22) Mechanical Breakdown/Power Failure (N.J.S.A. 17:17-1o)			
(23) Other (must be pre-approved by the Commissioner) (N.J.S.A. 17:17-1o)			
(26) Accident and Health (Property/Casualty Companies) (N.J.S.A. 17B:17-4)			
(27) Municipal Bond (N.J.A.C. 11:7)			
(28) Life (N.J.S.A. 17B:17-3)			
(29) Accident and Health (Life/Health Companies) (N.J.S.A. 17B:17-4)			
(30) Annuities (N.J.S.A. 17B:17-5)			
(31) Variable Contracts (N.J.S.A. 17B:28-1 et seq.)			
(33) Title (N.J.S.A. 17:46B-7)			
(34) Fraternal Benefit Society (N.J.S.A. 17:44B)			
(35) Residential Mortgage Guaranty (N.J.S.A. 46A-3)			
(36) Commercial Mortgage Guaranty (N.J.S.A. 46A-3)			

New Mexico	Authorized to Transact	Currently Transacting	Applying for
Life (NMSA Section 59A-7-2)			
Health (NMSA Section 59A-7-3)			
Property (NMSA Section 59A-7-4)			
Marine and Transportation (NMSA Section 59A-7-5)			
Casualty (NMSA Section 59A-7-6)			
Vehicle (NMSA Section 59A-7-7)			
Surety (NMSA Section 59A-7-8)			
Title (NMSA Section 59A-7-9)			

New York (Notes 1 and 2)	Authorized to Transact	Currently Transacting	Applying for
Property (Section 1113(a) of the N.Y. Ins. Law)			
(3) (i) &(ii) - A&H			
(4) Fire			
(5) Miscellaneous Property			
(6) Water Damage			
(7) Burglary & Theft			
(8) Glass			
(9) Boiler and Machinery			
(10) Elevator			
(11) Animal			
(12) Collision			
(13) Personal Injury Liability			
(14) Property damage liability			
(15) Workers' Compensation and employers' liability			
(16) Fidelity and surety			
(17) Credit			
(19) Motor Vehicle and aircraft physical damage			

Applicant Name: _____

NAIC No. _____

FEIN: _____

New York (continued) (Notes 1 and 2)	Authorized to Transact	Currently Transacting	Applying for
(20) Marine and Inland marine			
(21) Marine Protection and indemnity			
(22) Residual value			
(24) Credit Unemployment			
(26) Gap			
(27) Prize Indemnification			
(28) Service Contract reimbursement			
(29) Legal Services			
Monoline only:			
Mortgage Guaranty			
Financial Guaranty			
Title			
Life Insurance - Section 1113(a)(1) of the N.Y. Ins. Law			
Annuities - Section 1113(a)(2) of the N.Y. Ins. Law			

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

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

North Carolina	Authorized to Transact	Currently Transacting	Applying for
Life (NCGS 58-7-15)			
Life, including industrial & credit life			
Annuities			
Variable annuities			
Variable life			
Accident and health - Cancelable			
Accident and health - Non-cancelable			
Accident and health - Credit			
Fire (NCGS 58-7-15)			
Fire			
Miscellaneous property - Extended coverage			
Miscellaneous property - Growing crops			
Water damage - Commercial			
Water damage - Residence			
Burglary and theft			
Glass			
Animal			
Collision - Automobile			
Collision - Other			
Motor vehicle and aircraft - Property damage			
Motor vehicle and aircraft - Fire			
Motor vehicle and aircraft - Theft			
Motor vehicle and aircraft - Comprehensive			
Motor vehicle and aircraft - Collision			
Marine - Inland			
Marine - Ocean			
Marine protection and indemnity			
Other			

Applicant Name: _____

NAIC No. _____

FEIN: _____

North Carolina (continued)	Authorized to Transact	Currently Transacting	Applying for
Casualty (NCGS 58-7-15)			
Accident and health – Cancelable			
Accident and health – Non Cancelable			
Accident and health – Credit			
Water damage – Commercial			
Water damage – Residence			
Burglary and theft			
Glass			
Boiler and machinery			
Elevator			
Animal			
Collision – Automobile			
Collision – Other			
Personal injury liability – Automobile			
Personal injury liability – Other			
Property damage liability – Automobile			
Property damage liability - Other			
Workers' compensation and Employer's liability			
Fidelity and surety			
Credit			
Title			
Motor vehicle and aircraft – Property damage			
Motor vehicle and aircraft – Fire			
Motor vehicle and aircraft – Theft			
Motor vehicle and aircraft – Comprehensive			
Motor vehicle and aircraft – Collision			
Marine protection and indemnity			
Aircraft Voluntary Settlement			
Hole-in-One			
Other			
Mortgage Guaranty			

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

Ohio	Authorized to Transact	Currently Transacting	Applying for
Life Companies: Life, Accident, Health, Disability, and/or annuities (O.R.C. 3911.01)			
Property & Casualty (O.R.C. 3929.01(A))			
(1) Fire			
(2) Allied Lines			
(3) Farmowners Multiple Peril			
(4) Homeowners Multiple Peril			
(5) Commercial Multiple Peril			
(6) Ocean Marine			
(7) Inland Marine			
(8) Guaranty			
(9) Medical Malpractice			

Applicant Name: _____

NAIC No. _____

FEIN: _____

Ohio (continued)	Authorized to Transact	Currently Transacting	Applying for
(10) Earthquake			
(11) Group A&H			
(12) Credit A&H (Group and Individual)			
(13a) Collectively Renewable A&H			
(13b) Noncancellable A&H			
(13c) Guaranteed Renewable A&H			
(13d) Nonrenewable for Stated Reasons Only			
(13e) Other Accident Only			
(13f) All Other A&H			
(14) Workers' Compensation (to the extent permitted by law)			
(15) Other Liability			
(16a) Private Passenger Auto No-Fault (personal injury protection to the extent permitted by law)			
(16b) Other Private Passenger Auto Liability			
(16c) Commercial Auto No-Fault (personal injury protection to the extent permitted by law)			
(16d) Other Commercial Auto Liability			
(17a) Private Passenger Auto Physical Damage			
(17b) Commercial Auto Physical Damage			
(18) Aircraft (all perils)			
(19) Fidelity			
(20) Surety			
(21) Glass			
(22) Burglary and Theft			
(23) Boiler and Machinery			
(24) Credit			
(25) Reinsurance Only			
(26) Other (list)			
Title Insurance (O.R.C. 3953)			
Home Warranty (O.R.C. 3957)			

Oklahoma	Authorized to Transact	Currently Transacting	Applying for
Life (O.S. 36 §702)			
Surety (including bail) (OAC 365:25-5-41)			
Surety (excluding bail) (O.S. 36 §708)			
Title (O.S. 36 §709)			
Marine (O.S. 36 §705)			
Accident & Health (O.S. 36 §703)			
Property (O.S. 36 §704)			
Vehicle (O.S. 36 §706)			
Casualty (vehicle only) (O.S. 36 §706)			
Casualty (including vehicle)(O.S. 36 §707)			
Workers' Compensation (O.S. 36 §608, §612.2)			
Variable Life (O.S. 36 §6061, §6062)			
Variable Annuity (O.S. 36 §6061, §6062, OAC 365:10.9.10)			
Reinsurance (O.S. 36 §2132)			
Health Maintenance Organizations (O.S.36 §6901)			

Oregon	Authorized to Transact	Currently Transacting	Applying for
Life (ORS 731.170)			
Health (ORS 731.162)			

Applicant Name: _____

NAIC No. _____

FEIN: _____

Oregon (continued)	Authorized to Transact	Currently Transacting	Applying for
Health Care Service Contractor (ORS 750-005)			
Health Care Service Contractor (Complementary Health Services) (ORS 750.005)			
Property (ORS 731.182)			
Casualty, excluding Worker's Comp (ORS 731.158)			
Casualty, including Worker's Comp (ORS 731.158)			
Marine & Transportation (ORS 731.174)			
Surety (ORS 731.186)			
Home Protection (only) (ORS 731.164)			
Mortgage (only) (ORS 731.178)			
Title (only) (ORS 731.190)			

Pennsylvania (Notes 1 and 2)	Authorized to Transact	Currently Transacting	Applying for
Life and Annuities (40 P.S. § 382(a)(1))			
Separate Account – Variable Life (40 P.S. § 382 (a)(1))			
Separate Account – Variable Annuities (40 P.S. § 382 (a)(1))			
Accident and Health (40 P.S. § 382(a)(2))			
Fire and Allied Lines (40 P.S. § 382(b)(1))			
Inland Marine & Auto Physical (40 P.S. § 382(b)(2))			
Ocean Marine (40 P.S. § 382(b)(3))			
Fidelity and Surety (40 P.S. § 382(c)(1))			
Accident and Health (40 P.S. § 382(c)(2))			
Glass (40 P.S. § 382 (c)(3))			
Other Liability (40 P.S. § 382 (c)(4))			
Steam Boiler & Machinery (40 P.S. § 382 (c)(5))			
Burglary-Theft (40 P.S. § 382 (c)(6))			
Credit (40 P.S. § 382 (c)(7))			
Water (40 P.S. § 382 (c)(8))			
Elevator (40 P.S. § 382 (c)(9))			
Livestock (40 P.S. § 382 (c)(10))			
Auto Liability 40 P.S. § 382 (c)(11))			
Mine & Machinery (40 P.S. § 382 (c)(12))			
Personal Property Floater (40 P.S. § 382 (c)(13))			
Workers' Compensation (40 P.S. § 382 (c)(14)) (Note 3)			
Other (40 P.S. § 382 (e))			
Title (40 P.S. § 910-1)			

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

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

Note 3: The Department of Labor and Industry requires all insurers that are applying to write workers' compensation to complete and file an Initial Report of Accident and Illness Prevention Services. The Insurance Department will not issue a Certificate of Authority to a foreign 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.ins.state.pa.us/ins/cwp/view.asp?a=1280&q=527257>

Applicant Name: _____

NAIC No. _____

FEIN: _____

Rhode Island	Authorized to Transact	Currently Transacting	Applying for
Life and Health Companies:			
Life (Note 1)			
Accident and Health (Note 1)			
Annuities (Note 1)			
Variable Life (Note 1)			
Variable Annuity (Note 1)			
Variable Contracts (Notes 1 and 2)			
Property and Casualty Companies: (Note 3)			
Fire			
Allied Lines			
Multi-Peril Crop			
Federal Flood			
Farmowners Multi-Peril			
Homeowners Multi-Peril			
Commercial Multi-Peril			
Ocean Marine			
Inland Marine			
Medical Malpractice/Medical Liability			
Earthquake			
Accident & Health			
Worker's Compensation			
Other Liability			
Products Liability			
Automobile (Full Coverage)			
Aircraft (All Perils)			
Fidelity			
Surety			
Glass			
Burglary and Theft			
Boiler and Machinery			
Credit			
Financial Guaranty or Mortgage Guaranty			

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

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

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

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

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

South Dakota	Authorized to Transact	Currently Transacting	Applying for
(1) Life			
(2) Health			

Applicant Name: _____

NAIC No. _____

FEIN: _____

South Dakota (continued)	Authorized to Transact	Currently Transacting	Applying for
(3) Fire & Allied Lines			
(4) Inland & Ocean Marine			
(5) Workmen's Compensation			
(6) Bodily Injury Liability (No Auto)			
(7) Property Damage (No Auto)			
(8) Auto Bodily Injury			
(9) Auto Property Damage			
(10) Auto Physical Damage			
(11) Fidelity & Surety			
(12) Glass			
(13) Burglary			
(14) Boiler & Machinery			
(15) Aircraft			
(16) Credit			
(17) Crop - Hail			
(18) Livestock			
(19) Title			
(20) Variable Annuities			
(21) Variable Life			
(22) Reinsurance Only (Not for Companies w/direct authority)			
(23-A) Travel, Accident & Baggage			
(23-B) Prepaid Legal			
(23-C) Bail Bonds			

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

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

Texas	Authorized to Transact	Currently Transacting	Applying for
Fire			
Allied Coverages (a)			
Hail, growing crops only			

Applicant Name: _____

NAIC No. _____

FEIN: _____

Texas (continued)	Authorized to Transact	Currently Transacting	Applying for
Rain			
Inland Marine (b)			
Ocean Marine			
Aircraft Liability			
Auto Physical Damage			
Accident			
Health			
Workers' Comp & Emp. Liability			
Employer's Liability			
Automobile Liability (c)			
Automobile Physical Damage (d)			
Liability other than Automobile (e)			
Fidelity and Surety			
Glass			
Burglary and Theft			
Forgery			
Boiler and Machinery			
Credit (f)			
Livestock (g)			
Prepaid Legal Services (h)			
Title (i)			
Mortgage Guaranty Type I			
Mortgage Guaranty Type II			
Life			
Variable Life			
Variable Annuity			

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

- (a) Includes, but not limited to, Extended Coverage, Windstorm, Lightning, Hurricane, Hail (except growing crops), Explosion, Riot, Civil Commotion, Smoke, Aircraft, Land Vehicles, Physical Loss Form, Additional Extended Coverage, Vandalism, Malicious Misc
 - (b) Includes Personal Property Floater.
 - (c) Includes Bodily Injury, Medical Payments, Property Damage, and other Automobile Liability. If applicant is planning to write commercial automobile liability, a loss control plan must be submitted.
 - (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. If applicant is planning to write professional liability insurance for hospitals, professional liability for insureds other than hospitals, general liability and / or medical liability for insureds other than hospitals, a loss control plan must be submitted.
 - (f) Includes Credit Involuntary Unemployment; excludes Mortgage Guaranty.
 - (g) Mortality.
 - (h) Prepaid Legal Services business also has separate policy forms filing requirements.
 - (i) 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, Article 9.56.
1. Life, Health, and accident and annuities – Chapter 3 of the Texas Administrative Code
 - a. Life, Health, and accident and annuities – Chapter 3 of the Texas Administrative Code
 - b. Mutual Life – Chapter 11 of the Texas Insurance Code
 2. Property and Casualty Insurance Companies – Chapter 5 of the Texas Administrative Code
 - a. Fire and Marine Companies- Chapter 6 of the Texas Insurance Code
 - b. Surety and Trust Companies – Chapter 7 of the Texas Insurance Code
 - c. General Casualty Companies – Chapter 8 of the Texas Insurance Code

Applicant Name: _____

NAIC No. _____

FEIN: _____

Utah	Authorized to Transact	Currently Transacting	Applying for
Life Insurance, <u>including variable products</u> , (Utah Code Ann. § 31A-1-301 (98) (a))			
Accident & Health (Utah Code Ann. § 31A-1-301(1))			
Property Insurance (Utah Code Ann. § 31A-1-301 (134))			
Surety Insurance (Utah Code Ann. § 31A-1-301 (155))			
Bail Bond Surety (Utah Code Ann. § 31A-1-301(12))			
Vehicle Liability Insurance (Utah Code Ann. § 31A-1-301(163))			
Liability Insurance (Utah Code Ann. § 31A-1-301(96))			
Marine and Transport (Utah Code Ann. § 31A-1-301(80) & (116))			
Workers Compensation Insurance (Utah Code Ann. § 31A-1-301(166))			
Title Insurance (Utah Code Ann. § 31A-1-301(158))			
Professional Liability, excluding medical malpractice (Utah Code Ann. § 31A-1-301(133))			
Professional Liability, including medical malpractice (Utah Code Ann. § 31A-1-301(106))			
Motor Club (Utah Code Ann. § 31A-1-301(112))			
Limited Health Plan (Utah Code Ann. § 31A-8-101 (6))			
Nonprofit Health Service Corporation (Utah Code Ann. § 31A-7-102)			
Credit Guarantee (Utah Code Ann. § 31A-1-301(35))			
Legal Expense (Utah Code Ann. § 31A-1-301(95))			
Health Maintenance Organization (Utah Code Ann. § 31A-8-101(5))			

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

Virginia	Authorized to Transact	Currently Transacting	Applying for
(§ 38.2 101 through 134)			
Life and Health and Fraternal Benefit Society			
01 Life			
02 Industrial Life			
03 Credit Life			
04 Variable Life			
05 Annuities			
06 Variable Annuities			
07 Accident and Sickness			
08 Credit Accident and Sickness			
71 Modified Guaranteed Life			

Applicant Name: _____

NAIC No. _____

FEIN: _____

Virginia (continued)	Authorized to Transact	Currently Transacting	Applying for
72 Modified Guaranteed Annuities			
99 Managed Care Health Insurance Plan *			
Title			
33 Title			
Property and Casualty			
07 Accident and Sickness			
08 Credit Accident and Sickness			
09 Fire			
10 Miscellaneous Property and Casualty			
11 Farmowners Multi Peril			
12 Homeowners Multi Peril			
13 Commercial Multi Peril			
14 Ocean Marine			
15 Inland Marine			
16 Workers Comp-Emp Liability			
17 Liability Other than Auto			
18 Auto Liability			
19 Auto Physical Damage			
20 Aircraft Liability			
21 Aircraft Physical Damage			
23 Fidelity			
24 Surety			
25 Glass			
26 Burglary and Theft			
27 Boiler and Machinery			
28 Credit			
29 Animal			
30 Water Damage			
32 Legal Services			
55 Home Protection			
56 Mortgage Guaranty			
74 Credit Involuntary Unemployment			
75 Credit Property			
99 Managed Care Health Insurance Plan *			

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

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

Applicant Name: _____

NAIC No. _____

FEIN: _____

West Virginia	Authorized to Transact	Currently Transacting	Applying for
Life (WVC 33-1-10(a))			
Accident & Sickness (WVC 33-1-10(b))			
Fire (WVC 33-1-10(c))			
Marine (WVC 33-1-10(d))			
Casualty (WVC 33-1-10(e))			
Surety (WVC 33-1-10(f)(1), (2) & (3))			
Title (WVC 33-1-10(f)(4))			
Reinsurance*			
Variable Annuity (WV Code §33-13A-1)			
Variable Life (WV Code §33-13A-1)			
Physicians Mutual (WV §33-20F-1)			
** Reciprocal (WV Code §33-21-1)			
Farmers Mutual Fire (WV Code §33-22-1)			
Fraternal (WV Code §33-23-1)			
Hospital Service (WV §33-24-1)			
Medical Service (WV §33-24-1)			
Health Service (WV §33-24-1)			
Dental Service (WV §33-24-1)			

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

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

Wisconsin	Authorized to Transact	Currently Transacting	Applying for
(s. Ins 6.75, Wis. Adm. Code)			
(1) (a) Life and Insurance Annuities			
Nonparticipating			
Participating			
(1) (b) Variable Life and variable annuities			
(1) (c) Disability (includes health)			
(2) (a) Fire, inland marine and other property			
(2) (b) Ocean marine			
(2) (c) Disability (includes health)			
(2) (d) Liability and incidental medical expense			
(2) (e) Automobile			
(2) (f) Fidelity insurance			
(2) (g) Surety insurance			
(2) (h) Title			
(2) (i) Mortgage guaranty			
(2) (j) Credit insurance			
(2) (k) Workers' compensation insurance			
(2) (l) Legal expense insurance			
(2) (m) Credit unemployment insurance			
(2) (n) Miscellaneous			
(2) (o) Aircraft			

Wyoming	Authorized to Transact	Currently Transacting	Applying for
Life, including annuities(WV 26-5-102)			
Variable Contracts			
Disability (WS 26-5-103)			
Property (WS 26-5-104)			
Surety (WS 26-5-105)			
Casualty (WS 26-5-106)			

Applicant Name: _____

NAIC No. _____

FEIN: _____

Wyoming (continued)	Authorized to Transact	Currently Transacting	Applying for
Marine and Transportation (WS 26-5-107)			
Multiple Lines (WS 26-5-108)			
Title (WS 26-5-109)			



OFFICE OF INSURANCE REGULATION

Company Admissions

**MANAGEMENT INFORMATION FORM
COMPLETE LIST OF OFFICERS,
DIRECTORS, AND SHAREHOLDERS (10% OR MORE)**

**COMPANY
NAME:** _____

OFFICERS:

TITLES:

OWNERSHIP PERCENTAGE:

DIRECTORS:

SHAREHOLDERS:

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

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

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

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

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: _____

4. Affiant's business address: _____

Business telephone: _____

Business Email: _____

5. Education and training:

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

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

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

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>

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

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

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

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

Yes No

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

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

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

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

Yes No

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?

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, 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,

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. _____

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

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

15. To your knowledge has any company or entity 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?

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

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

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

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

Dated and signed this _____ day of _____, 20____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____, and:

- who is personally known to me, or
- who produced the following identification: _____.

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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

1. Affiant's Full Name (Initials Not Acceptable): First:_____ Middle:_____ Last:_____ IF ANSWER IS "NONE," SO STATE.

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

3. Affiant's Social Security Number: _____

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

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

6. Date of Birth: (MM/DD/YY) : _____ Place of Birth, City: _____
State/Province: _____ Country: _____

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

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

8. List your residences for the last ten (10) years starting with your current address, giving:

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

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this ____ day of _____, 20____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ **[company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ **[company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of _____ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through _____ [name of CRA, address] (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: _____ County of _____

The foregoing instrument was acknowledged before me this ___ day of _____, 20 by _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires