OFFICE OF INSURANCE REGULATION

FAIR. FAST. PROFESSIONAL.

iApply
COMPANY ADMISSIONS

Presented by: Mary Mostoller
Claire Call
Gwen Chick

200 East Gaines Street, Tallahassee, FL 32399
(850) 413-3140

iApply

COMPANY ADMISSIONS

iApply is a new electronic system that is designed specifically for Company Admissions to handle the receipt of all company applications.

The filing requirements for the various application packages have not changed, just the means by which you apply.

Office of Insurance Regulation - Microsoft Internet Explorer

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Address http://www.floir.com/ Go Links

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- 2008 OIR Filing and Compliance Symposium

Welcome to the Office of Insurance Regulation

The Office serves Floridians through its responsibilities for regulation, compliance and enforcement of statutes related to the business of insurance. The Office is also entrusted with the duty of carefully monitoring statewide industry markets.

1st District Court of Appeal Deliberating Allstate's Motion for Rehearing.
Commissioner McCarty demands documents from company

2008 Legislative Session
Office of Insurance Regulation testifies before Florida House Insurance Committee

Freedom to Travel
Insurers cannot use future travel plans to a foreign country as the sole basis for denying life insurance

Commissioner McCarty Applauds Recommendations by Senate Select Committee on Property Insurance Accountability
Commissioner McCarty's comments and link to the recommendations

Commissioner McCarty Testifies Before U.S. House

Gov. Crist and Commissioner McCarty announce Allstate subpoenas.
>> Read More

Commissioner McCarty announcing Court's withdrawn Order regarding Allstate suspension.
>> Read More

HEADLINES:

STATEMENT BY FLORIDA INSURANCE COMMISSIONER KEVIN MCCARTY ON HOUSE AND SENATE PASSAGE OF

Internet

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- SPECIALTY PRODUCT
- ADMINISTRATION
- REQUIRED FILING AND REPORTING
- FINANCIAL DATA ON COMPANIES
- REMOVING CITIZENS' POLICIES
- PROPERTY & CASUALTY MARKET SHARE CY 2006
- LIFE, ANNUITY & HEALTH MARKET SHARE CY 2006
- UNLICENSED MEDICARE PART D PROVIDERS
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House Insurance Committee

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>> Read More

HEADLINES:

STATEMENT BY FLORIDA INSURANCE

https://iportal.fldfs.com/ifile/default.asp Internet

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iFILE

IMPORTANT NOTICES

- OIR 2008 Filing and Compliance Symposium
- P&C RCS Training and User Manual

Common Tasks

- Set up an account
- Filing workbench
- What is the Industry Portal

Welcome to the Industry Portal

Welcome to the Florida Office of Insurance Regulation Industry Portal. The Industry Portal is a convenient, single point of entry to access the Filing Assembly and Submission System, online Rate Collection Systems, Quarterly Submission Reports, and other related content.

Pick a Category

- Form & Rate Filing Assembly and Submission
- Regulatory Electronic Filing System (REFS – Financial Related Filings)
- Data Reporting
- QUASR (Click here for FAQ's and Manual)
- Office of Insurance Regulation Website
- Professional Liability Claims
- Workers Compensation Data Collection
- Update Contact Information
- iApply -- Online Company Admissions

Local intranet

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Welcome to Company Admissions. Please sign-on with your regular I-Portal account information.

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- Set up an account
- Retrieve lost password
- Sign-In with Work Log
- Vendor Sign-In
- Vendor Activation

Sign-On

USER NAME

PASSWORD

SIGN ON

Don't have an account yet?

NEW ACCOUNT

Office of Insurance Regulation Long Range Program Plan · Contact Us · Mission Statement · Florida Department of Financial Services

200 East Gaines Street, Tallahassee, FL 32399
(850) 413-3140

MyFlorida.com

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Disclaimer

By using I-Apply, the user agrees to be bound by the terms contained herein. By accessing, browsing and/or using this site, you are acknowledging that you have read, understand, and agree to be bound by these terms and comply with all applicable laws and regulations.

TERMS OF USE

This program is provided for your convenience. Use of I-Apply for the purpose of filing a company admissions application constitutes the agreement by the user to the following terms and conditions:

1. Applications and fees must be submitted in accordance with instructions provided on the Office of Insurance Regulation (Office's) website at www.floir.com.

2. Certain materials submitted to the Office may be subject to the public records laws of Florida.

3. The Office reserves the right to require additional information or documentation to be submitted by the Company.

NO WARRANTIES - LIMIT OF LIABILITY

The Office makes no representations, covenants or warranties, of any kind, either express or implied, with respect to I-Apply, including but not limited to, warranties of condition, quality, durability, suitability, merchantability or fitness for a particular purpose, or with respect to any warranty arising by statute or otherwise in law or from a course of dealing or usage of trade. The Office shall not be liable to anyone for any loss or damage, however caused, resulting from the use of I-Apply. The company agrees to indemify and hold the Office harmless from and against any loss, damage, claim, suit or expense, including reasonable attorneys' fees arising out of or relating to the use of I-Apply, improper or otherwise, by the Company.

GENERAL

This agreement shall be construed and enforced in accordance with the laws of the State of Florida. This agreement contains the entire agreement of the parties and may be changed or modified, at the Office's discretion, the Office shall add or remove any terms or conditions of these Terms of Use without notice or liability. Any changes to these Terms of Use shall be effective immediately following the posting of such changes to this website.

Certain links in this Site connect to other Web Sites maintained by third parties over whom Office has no control. The Office makes no representations as to the accuracy or any other aspect of information contained in other Web Sites.

By submitting your application for admissions through I-Apply you are certifying you are authorized to submit an application on the behalf of the Applicant and that all information contained is true and correct.

To acknowledge this, please check the following check-box next to "I agree" and then press continue.

☑ I AGREE CONTINUE

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Coordinator's Inbox

- Applications to Review

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  If the application package selected requires background information, Applicant is advised to order external background reports from the list of authorized vendors available at http://www.naic.org/industry_ucaa.htm prior to submission of its application. The payment confirmation for these reports is a required component in iApply.

  If the application package selected requires fingerprinting, Applicant is advised to proceed with processing of fingerprints by utilizing the LiveScan option as detailed in the specific application package, or submit the completed fingerprint cards to the Florida Office of Insurance Regulation, Company Admissions Section, 200 E. Gaines Street, Tallahassee, FL 32399-0332 prior to submission of its application. The payment confirmation is a required component in iApply.

  If the application 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 https://iportal.fldfs.com for submission of its forms and/or rates.

New Admissions Applications

For Entities Seeking Licensure in Florida

- Property and Casualty
- Life and Health
- Specialty Product Administration

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Information

Below are the required steps to start a New Admissions Application. Upon completion of Steps 1-10, the Applicant will be assigned a Work Log # and directed to the Interrogatories. Upon completion of the Interrogatories, the Applicant will be directed to the Admissions Workbench screen where all filing components are displayed. The Applicant must attach a document(s) for each component displayed on the screen.

Note, Steps 1 – 10 are not saved in iApply until the Work Log # has been assigned. Applicant must be prepared to complete Steps 1 – 10 when selecting New Admissions Application or risk losing data entered.

The common steps:

Step 1: Information
Step 2: Application Package
Step 3: Line Of Business
Step 4: Point Of Contact
Step 5: Company Information
Step 6: Company Address
Step 7: Management Information
Step 8: Management Information Summary
Step 9: Organization Chart
Step 10: Select Background Vendor
Step 11: WorkLog Number

Click "Next" to continue.

NEXT CANCEL

Utilize the navigational buttons at the bottom of the screen, not the toolbar.

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Application Package

Select the "Origin" and "Business Type" prior to selecting the application package. Note that application packages for Managed Care entities are included under Specialty Product Administration for purpose of iApply. While the fields "Application Filing Name" and "Application Filing Password" are optional, it may be helpful for identification purposes to complete these fields if the Applicant and/or the party completing the application has multiple applications in iApply.

ORIGIN: Domestic | Foreign | Alien

BUSINESS TYPE: Life & Health | Property & Casualty | Specialty Product Administration/Managed Care

APPLICATION PACKAGES:

- Accredited Reinsurer
- Purchasing Group
- Purchasing Group - Collect Premium or Pay Claims
- Risk Retention Group
- Surplus Lines - Aviation/Wet Marine
- Surplus Lines Eligibility
- Trusteed Reinsurer
- UCAA Expansion P/C (Foreign Certificate of Authority)
- UCAA Expansion Title (Foreign Certificate of Authority)

APPLICATION FILING NAME (Optional)

APPLICATION FILING PASSWORD (Optional)

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- UCAA Expansion P/C (Foreign Certificate of Authority)
- UCAA Expansion Title (Foreign Certificate of Authority)

APPLICATION FILING NAME (Optional)

APPLICATION FILING PASSWORD (Optional)

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Line Of Business

Select the line(s) of business for which Applicant is requesting authority.

LINES OF BUSINESS	DIRECT AND REINSURANCE	REINSURANCE ONLY
ACCIDENT AND HEALTH	☐	☐
AIRCRAFT	☐	☐
ALLIED LINES	☐	☐
AUTO WARRANTIES	☐	☐
BAILBONDS	☐	☐
BOILER AND MACHINERY	☐	☐
BURGLARY AND THEFT	☐	☐
COMMERCIAL AUTO PHYSICAL DAMAGE	☐	☐
COMMERCIAL AUTOMOBILE LIABILITY	☐	☐
COMMERCIAL MULTI PERIL	☐	☐
CREDIT	☐	☐
CREDIT PROPERTY	☐	☐
HOME WARRANTIES	☐	☐
HOMEOWNERS MULTI PERIL	☑	☐
INDUSTRIAL FIRE	☐	☐
INLAND MARINE	☐	☐
LIVESTOCK	☐	☐
MEDICAL MALPRACTICE	☐	☐
MISCELLANEOUS CASUALTY	☐	☐
MOBILE HOME MULTI PERIL	☐	☐
MOBILE HOME PHYSICAL DAMAGE	☐	☐
MORTGAGE GUARANTY	☐	☐
MULTI PERIL CROP	☐	☐
OCEAN MARINE	☐	☐
OTHER LIABILITY	☐	☐
PPA PHYSICAL DAMAGE	☐	☐
PREPAID LEGAL	☐	☐
PRIVATE PASSENGER AUTO LIABILITY	☐	☐
REINSURANCE ONLY	☐	☐
SERVICE WARRANTIES (NON-AUTO)	☐	☐
SURETY	☐	☐
TITLE	☐	☐

Certain application packages do not have Lines of Business and this step will be bypassed.

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Point Of Contact

The point of contact is the individual who will be communicating with the Office of Insurance Regulation regarding this filing. Please provide the filing contact information. If you would like to use your I-PORTAL account information, click here.

* CONTACT NAME	John / Doe
POSITION/TITLE	
PROFESSIONAL DESIGNATION	
ORGANIZATION	
DEPARTMENT	
* CONTACT E-MAIL	john.doe@floir.com
* STREET ADDRESS	100 Tally Lane
P.O. BOX #	
* CITY	Tallahassee
STATE	Florida
* ZIP CODE	32301 -
* COUNTRY	USA
PROVINCE	
NON US POSTAL CODE	
* PHONE NUMBER	(850) 413-0000 EXT
ALTERNATE PHONE NUMBER	EXT
FAX NUMBER	EXT
TOLL FREE NUMBER	EXT
NON-U.S. PHONE NUMBER	EXT

★ Required Fields

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Company Information

Provide the following details for the Applicant. Be as complete as possible.

FEIN

* LEGAL NAME: ALL AMERICAN INSURANCE COMPA

FICTITIOUS NAME

* COMPANY EMAIL: aaic@company.com

* PHONE NUMBER: 800-123-1212

* IS THIS COMPANY A SUBSIDIARY OF A CORPORATION OR OTHER ENTITY? ◉ YES ○ NO

NAIC COMPANY CODE

NAIC GROUP CODE

DOMICILE DATE

COMMENCE BUSINESS DATE

* ORGANIZATION: Corporation

ORGANIZED DATE

NON-PROFIT ☐

ASSESSABLE ☑

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The subsidiary question is necessary to have the functionality in Step 7 work properly.

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Company Addresses

Provide the following details for the Applicant. Be as complete as possible. If Applicant utilizes the optional "copy" function displayed below, the screen will refresh each time the box is checked.

Mailing Address

* ADDRESS: 1000 American Drive
* CITY: Tallahassee
* STATE/PROVINCE: FEDERATED STATES OF MICRONESIA
* ZIP/POSTAL CODE: 32399
* COUNTRY: USA

- [ ] Copy to All
- [ ] Copy to Main Administrative Office
- [ ] Copy to Location Of Records
- [ ] Copy to Statutory Home Office

Main Administrative Office

* ADDRESS: 1000 American Drive
* CITY: Tallahassee
* STATE/PROVINCE: Florida
* ZIP/POSTAL CODE: 32399
* COUNTRY: USA

- [ ] Copy to All
- [ ] Copy to Mailing
- [ ] Copy to Location Of Records
- [ ] Copy to Statutory Home Office

Location Of Records

* ADDRESS: 1000 American Drive
* CITY: Tallahassee
* STATE/PROVINCE: Florida
* ZIP/POSTAL CODE: 32399
* COUNTRY: USA

- [ ] Copy to All
- [ ] Copy to Mailing
- [ ] Copy to Main Administrative Office
- [ ] Copy to Statutory Home Office

Statutory Home Office

* ADDRESS: 1000 American Drive
* CITY: Tallahassee
* STATE/PROVINCE: Florida
* ZIP/POSTAL CODE: 32399
* COUNTRY: USA

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Management Information

Complete the information below for each officer, director, and 10% or more shareholder(s) for the Applicant, the Immediate Parent(s), and/or Ultimate Parent(s). Where the shareholder is an entity, include the officers and directors (or comparable positions depending on the organizational type). If an officer, director or individual shareholder has a position in more than one entity, enter the information at the lowest level of the organizational structure. For example, if an individual is an officer in the Applicant and the Ultimate Parent, enter the information at the Applicant level only.

Note: Health Maintenance Organizations and Fiscal Intermediary Services Organizations are required to complete the information for all 5% or more shareholders instead of 10%. Continuing Care Retirement Communities and Prepaid Limited Health Service Organizations should associate Proprietors, Management Company Principals, Association Members, and/or Trustees under the category of "Applicant Company" and select appropriate Position Title from the dropdown menu provided.

Refer to the specific application packages for further instruction.

FIRST	LAST	POSITION IN	SSN (###-##-####)	DOB (MM/DD/YYYY)
John	Doe	Applicant Company	222-11-1010	12/31/1950

TITLE/POSITION	COMPANY NAME	% OWNS	
PRESIDENT	All American Insurance Co	50	ADD

Click "Next" to continue.

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If Applicant is not prepared to enter the information for all the officers, directors, and shareholders at this time, upon completion of the New Admissions Application Wizard and assignment of a Work Log #, Applicant may return to the Admissions Workbench, access the assigned Work Log # and enter the additional management information.

Adding the first officer

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200 East Gaines Street, Tallahassee, FL 32399
(850) 413-3140

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Management Information

Complete the information below for each officer, director, and 10% or more shareholder(s) for the Applicant, the Immediate Parent(s), and/or Ultimate Parent(s). Where the shareholder is an entity, include the officers and directors (or comparable positions depending on the organizational type). If an officer, director or individual shareholder has a position in more than one entity, enter the information at the lowest level of the organizational structure. For example, if an individual is an officer in the Applicant and the Ultimate Parent, enter the information at the Applicant level only.

Note: Health Maintenance Organizations and Fiscal Intermediary Services Organizations are required to complete the information for all 5% or more shareholders instead of 10%. Continuing Care Retirement Communities and Prepaid Limited Health Service Organizations should associate Proprietors, Management Company Principals, Association Members, and/or Trustees under the category of "Applicant Company" and select appropriate Position Title from the dropdown menu provided.

Refer to the specific application packages for further instruction.

FIRST	LAST	POSITION IN	SSN (###-##-####)	DOB (MM/DD/YYYY)
Greg	Smith	Ultimate Parent	222-11-1011	09/17/1952

TITLE/POSITION	COMPANY NAME	% OWNS	
CHIEF EXECUTIVE OFFICER	All American Insurance Hc	50	ADD

APPLICANT COMPANY OFFICERS

-	Name		Company	Position	SSN	DOB	%
Edit Delete	John	Doe	All American Insurance Companu	PRESIDENT	222111010	12/31/1950	50

Click "Next" to continue.

<< BACK | NEXT >> | CANCEL

Adding another officer at the Ultimate Parent level

First officer added

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Complete the information below for each officer, director, and 10% or more shareholder(s) for the Applicant, the Immediate Parent(s), and/or Ultimate Parent(s). Where the shareholder is an entity, include the officers and directors (or comparable positions depending on the organizational type). If an officer, director or individual shareholder has a position in more than one entity, enter the information at the lowest level of the organizational structure. For example, if an individual is an officer in the Applicant and the Ultimate Parent, enter the information at the Applicant level only.

Note: Health Maintenance Organizations and Fiscal Intermediary Services Organizations are required to complete the information for all 5% or more shareholders instead of 10%. Continuing Care Retirement Communities and Prepaid Limited Health Service Organizations should associate Proprietors, Management Company Principals, Association Members, and/or Trustees under the category of "Applicant Company" and select appropriate Position Title from the dropdown menu provided.

Refer to the specific application packages for further instruction.

FIRST	LAST	POSITION IN	SSN (###-##-####)	DOB (MM/DD/YYYY)
		Applicant Company		

TITLE/POSITION	COMPANY NAME	% OWNS	
ACTUARY			ADD

APPLICANT COMPANY OFFICERS

-	Name		Company	Position	SSN	DOB	%
Edit Delete	John	Doe	All American Insurance Companu	PRESIDENT	222111010	12/31/1950	50
Edit Delete	Greg	Smith	All American Insurance Companu	CHIEF EXECUTIVE OFFICER	222111011	09/17/1952	25

Both officers added

Click "Next" to continue.

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Officer Summary

APPLICANT COMPANY OFFICERS

Name		Company	Position	SSN	DOB	%	Aff Exp	FP Exp	Inv Exp
JOHN	DOE	ALL AMERICAN INSURANCE COMPANY	PRESIDENT	222111010	12/31/1960	50	05/01/2007	05/01/2007	05/01/2007

ULTIMATE PARENT COMPANY OFFICERS

Name		Company	Position	SSN	DOB	%	Aff Exp	FP Exp	Inv Exp
☐ GREG	SMITH	ALL AMERICAN INSURANCE HOLDING	CHIEF EXECUTIVE OFFICER	222111011	12/31/1950	50			

You may check the box to the left of the officer (if applicable) to request a "Preliminary Review" to determine if the above are eligible to file a Limited Management Background Information.

Above is a summary of the information entered by the Applicant. Review the data entered and if inaccurate, click the Back button to make necessary corrections, as an automated check of the Office of Insurance Regulation's database has been conducted based on the information entered. If current results are found in the database, the expiration dates of those results are shown above. If the application filing is submitted after the expiration dates listed, Applicant will be required to submit new background information as necessary.

Contact the Office via iapply@fldfs.com if the Applicant believes current information is on file that was not verified by this automated check.

APPLICANT IS ADVISED TO PRINT THIS SCREEN FOR FUTURE REFERENCE, BY SELECTING "FILE PRINT" FROM THE INTERNET MENU BEFORE PROCEEDING TO THE NEXT SCREEN.

<< BACK | NEXT >> | CANCEL

An automatic check for current background information is conducted and will indicate results if the person is in the database.

If Applicant believes a Disclaimer of Control Affidavit is appropriate in lieu of filing complete background information, check the box to the left of Greg Smith's name.

Step 9 is skipped as Applicant did not check the box to the left of Greg Smith's name.

New Admissions Application - Microsoft Internet Explorer

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Select Background Vendor

Indicate from the dropdown list the background investigation vendor chosen by the Applicant. iApply will automatically prompt the vendor to upload the reports Applicant has ordered.

Note: A required component of the application package selected is to attach a payment confirmation for the background reports ordered. The application cannot be submitted without this component.

INVESTIGATION VENDOR

AEXIOM

AEXIOM
AFFILIATED INFORMATION RESOURCES
APPLICANT INSIGHT LIMITED, INC.
BETHEL & ASSOCIATES P.A.
BOMBET CASHIO & ASSOCIATES
BROSNAN RISK CONSULTANTS
BUSINESS INFORMATION GROUP, INC.
CAROL'S TEST VENDOR EDITED
CHOICEPOINT, INC.
CLAIMS VERIFICATION, INC.
CLOUD, FEEHERY AND RICHTER, INC.

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Microsoft Internet Explorer

Verify data and click on the next button again to create a worklog. The worklog is the start of the application process so it is important to verify your information before moving forward.

OK

ndor to upload the

red. The application

INVESTIGATION VENDOR

AEXIOM

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WorkLog Number

New Insurer Final Step

WORK LOG # EFS-251

NEXT

By clicking “NEXT”, Applicant will be directed to the Interrogatory for the application package selected. If Applicant is not ready to complete the Interrogatory at this time, Applicant may access the Interrogatory at a future time by clicking on the “Admissions Workbench” at the left and locating the appropriate Work Log #. The Interrogatory will be available on the Admissions Workbench until such time the Applicant clicks on “SUBMIT.”

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Interrogatory Detail

Interrogatory text for the top of the interrogatory.

UCAA Questionnaire (Primary & Expansion)

#	Interrogatory	Answer
1	Did either the President, Secretary or Treasurer provide the Attestation required on the Expansion Application (Form 2E) or Primary Application (Form 2P), whichever is applicable? If "Yes", state the name and position of the "one" party that read and signed the Attestation in the memo field provided.	Yes No N/A
2	Has the Applicant transferred or encumbered any portion of its assets or business, or has its outstanding capital been directly or indirectly pledged? If "Yes", attach an explanation under the component titled "Description of Transfer/Encumberance/Pledge".	Yes No N/A
3	Has the Applicant merged or consolidated with any other company within the last five years? If "Yes" attach details under the component titled "Details of Previous Merger/Consolidation".	Yes No N/A
4	Is the Applicant presently negotiating for or inviting negotiations for any transaction as described in questions 2-3 above? If "Yes", attach details of the transaction under the component titled "Description of Transaction".	Yes No N/A
5	Has Applicant has ever changed its name? If "Yes", attach copies of instruments effecting such transaction including any regulatory approvals and filing data under the component titled "Name Approval	Yes No
47	If the Applicant is redomesticating, does it have any permitted practices allowed by its current state of domicile? If "Yes", provide the details in writing and attach a copy of the state of domicile's approval under the component titled "Permitted Practices (Domiciliary State)".	Yes No N/A
48	If the Applicant is redomesticating, does the company's current state of domicile prescribe any practices of the company that are not in accordance with laws, regulations or bulletins of proposed state of domicile? If "Yes", attach details in writing under the component titled "Prescribed Practices (Laws, Regulations, Bulletins)".	Yes No N/A
49	If the Applicant is redomesticating, does the company's current state of domicile prescribe any practices of the company that are not in accordance with reserving requirements of prosposed state of domicile? If "Yes", attach details in writing under the component titled "Prescribed Practices (Reserving Requirements)".	Yes No N/A
50	If the Applicant is redomesticating, does the company's current state of domicile prescribe any practices of the company that are not in accordance with NAIC Guidelines? If "Yes", attach details in writing under the component titled "Prescribed Practices (NAIC Guidelines)".	Yes No N/A
51	If the Applicant is redomesticating, will the company's investments comply with the investment laws, regulations or bulletins of the proposed state of domicile? If "No", attach details in writing under the component titled "Details of Non-Compliance with Laws, Regulations, Bulletins".	Yes No N/A
52	If the Applicant is redomesticating, does the company have any outstanding surplus notes? If "Yes", attach details in writing as well as copy(ies) of the surplus notes reflecting the state of domicile's approval under the component titled "Details of Outstanding Surplus Notes".	Yes No N/A

SAVE

Note:

Applicant should click "SAVE" each time the Interrogatory screen is left without activity for more than twenty minutes.

Applicant may click on "SAVE" at any time, leave the Interrogatory and access at a later time through the Admissions Workbench.

Upon completion of all items in the Interrogatory, Applicant will be directed to the Components.

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Select from any Admissions Work Log # below to view or amend, or perform one of the tasks at the left.

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Application or Filing Type

FILING WORK LOG #252 | FEIN:
ALL AMERICAN INSURANCE COMPANY

Please upload one file at a time.

Advertising/Solicitation Materials REQUIRED

ADVERTISING/SOLICITATION MATERIALS
Upload New File: Browse... Attach

Articles of Incorporation REQUIRED
Upload Articles of Incorporation, signed by company officers and certified by the state of domicile's corporate regulatory authority.

ARTICLES OF INCORPORATION
Upload New File: Browse... Attach

Documents related to Interrogatory section REQUIRED

AFFIDAVIT - PRINCIPAL OWNERS OF HOLDING COMPANY
Upload New File: Browse... Attach

COMMON FACILITIES - DETAILS OF DIVISION OF COSTS
Upload New File: Browse... Attach

UCAA Underwriting Plan REQUIRED
This component relates to Question 19 of the UCAA Questionnaire. Explain in detail how a) the Applicant's policies will be underwritten, including the issuance of policies and endorsements, b) policies will be cancelled and c) premiums and other funds will be handled, including: identify the entity that will perform each of these functions; describe how the personnel will be trained, supervised, and compensated; if personnel performing these functions will be shared with another entity or, if another entity will be performing these functions, provide an explanation of this arrangement and a copy of the agreement for this service.

UNDERWRITING PLAN
Upload New File: Browse... Attach

Uniform Consent to Service of Process REQUIRED
Submit the completed form under corporate seal and signed by the president or chief executive officer and secretary.

UNIFORM CONSENT TO SERVICE OF PROCESS
Upload New File: Browse... Attach

SAVE | SUBMIT

Note:

Applicant should click "SAVE" each time the Component screen is left without activity for more than twenty minutes.

Applicant may click on "SAVE" at any time, leave the Component and access at a later time through the Admissions Workbench.

Each application package has its own filing requirements; i.e., Components. Sometimes the Components are driven by the Applicant's responses to the Interrogatory.

Once Applicant has attached all the required documents, click "SUBMIT".

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Admissions Workbench - Confirmation

The application has been submitted to the Office of Insurance Regulation and will undergo an initial review to determine if all information has been included as required. You will be notified if the application has been accepted. You will be notified about filings that do not include all required information. Please use your Work Log # on any correspondence with the Office.

FINISH

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Corporate Amendments

Property & Casualty Companies
and
Life & Health Companies

- Adding and Deleting Lines of Business
- Name Change
- Redomestication of a Foreign Insurer
- Change of City within the State of Domicile
- Change of Address/Contact Notification
- Merger of Two or More Foreign Insurers

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Office of Insurance Regulation

Welcome to the Office of Insurance Regulation, Company Admissions. Below are the tasks that can be performed in iApply as well as quick links for your reference. To proceed, click on one of the tasks below.

- Common Task

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  Corporate Amendment

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  Report New Officer or Director

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Refer to the Uniform Certificate of Authority Corporate Amendments Application for filing requirements and forms, located at www.floir.com.

Corporate Amendments

1: INFORMATION | 2: CHOOSE CORPORATE AMENDMENT | 3: SEARCH FOR COMPANY | 4: SEARCH RESULTS | 5: WORKLOG NUMBER

Information

Below are the required steps to start a Corporate Amendments Application. Upon completion of Steps 1-5, the Applicant will be directed to the Admissions Workbench screen where documents for each of the corporate amendments available through the Uniform Certificate of Authority Corporate Amendments Application are displayed as components. Certain components are marked "Required" and Applicant must attach a document(s) for each of those components in order to successfully submit. For components not marked "Required", Applicant will attach those documents appropriate for the modification(s) that is the subject of the filing. Note, Applicant may request and/or notify the Office of Insurance Regulation of one or more transactions in the same submission. For example, Applicant may submit a line of business request and report an address change in the same submission.

Applicant is directed to refer to the UCAA Corporate Amendments Application available on the website for application instructions and documents.

Multiple transactions may be submitted as one filing.

The common steps:

Step 1: Information
Step 2: Choose Corporate Amendment
Step 3: Search For Company
Step 4: Search Results
Step 5: WorkLog Number

Click "Next" to continue.

NEXT CANCEL

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Application Package

Select Corporate Amendments Application.

APPLICATION PACKAGES

Corporate Amendments Application

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1: INFORMATION | 2: CHOOSE CORPORATE AMENDMENT | 3: SEARCH FOR COMPANY | 4: SEARCH RESULTS | 5: WORKLOG NUMBER

Search For Company

Below the Applicant must search for the company that is the subject of the corporate amendment(s).

Anywhere | Starts With | Exact Match

Company Name: All American

NAIC Company Code: FEIN:

NAIC Group Code: Florida Company Code:

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There are various options to search for the name of the company that is the subject of the Corporate Amendment(s). Click "Next" at any time and a drop down list of company names will appear.

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Search Results

Applicant must select one of the companies found below.

2 COMPANIES FOUND

ALL AMERICAN LIFE COMPANY
NAIC: _____ | FEIN: | FL.Code: _____

ALL AMERICAN LIFE ASSURANCE COMPANY
NAIC: | FEIN: _____ | FL.Code: _____

<< >>

Viewing 1-2 of 2 matches.

PREVIOUS NEXT CANCEL

Indicate the name of the company. Only choose one company.

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1: INFORMATION | 2: CHOOSE CORPORATE AMENDMENT | 3: SEARCH FOR COMPANY | 4: SEARCH RESULTS | 5: WORKLOG NUMBER

Save

Corporate Amendment Final Screen

WORK LOG # EFS-253

NEXT

A Work Log # has been assigned. Applicant may proceed to the Components by clicking “NEXT” or return to the Admissions Workbench at a later time. If accessing through the Admissions Workbench, click on the assigned Work Log # and proceed by attaching the Components appropriate for the application package selected.

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Select from any Admissions Work Log # below to view or amend, or perform one of the tasks at the left.

Application for Filing Type

FILING WORK LOG #254 | FEIN:
ALL AMERICAN LIFE COMPANY

Please upload one file at a time.

Articles of Incorporation
Upload Articles of Incorporation, signed by company officers and certified by the state of domicile's corporate regulatory authority.

ARTICLES OF INCORPORATION
Upload New File: Browse... Attach

Articles of Merger

ARTICLES OF MERGER
Upload New File: Browse... Attach

UCAA CORPORATE AMENDMENT APPLICATION CHECKLIST REQUIRED

UCAA CORPORATE AMENDMENT APPLICATION CHECKLIST
Upload New File: Browse... Attach

UCAA CORPORATE AMENDMENT APPLICATION FORM REQUIRED

UCAA CORPORATE AMENDMENT APPLICATION FORM
Upload New File: Browse... Attach

Uniform Consent to Service of Process
Submit the completed form under corporate seal and signed by the president or chief executive officer and secretary.

UNIFORM CONSENT TO SERVICE OF PROCESS
Upload New File: Browse... Attach

SAVE SUBMIT

- The listing of Components is simplified for purpose of demonstration only.
- Applicant is directed to attach the Components appropriate for the Corporate Amendment(s) that is the subject of the filing.

Once Applicant has attached all the Components, click "SUBMIT".

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Admissions Workbench - Confirmation

The application has been submitted to the Office of Insurance Regulation and will undergo an initial review to determine if all information has been included as required. You will be notified if the application has been accepted. Filings that do not include all required information will be returned to the Applicant's Admissions Workbench. Please use your Work Log # on any correspondence with the Office.

FINISH

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Reporting an Acquisition

- Property and Casualty
- Life and Health
- Specialty Product Administration

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Office of Insurance Regulation

Welcome to the Office of Insurance Regulation, Company Admissions. Below are the tasks that can be performed in iApply as well as quick links for your reference. To proceed, click on one of the tasks below.

- Common Task

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  Corporate Amendment

  Report Acquisition

  Report New Officer or Director

  Admissions Workbench

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Information

Below are the required steps to report an Acquisition, including the Letter of Notification required pursuant to Sections 628.461(1)(a) or 628.4615(2)(a), Florida Statutes. The prescribed "form" for the Letter of Notification is system generated upon completion of Steps 1-9. In addition, in Step 7, the Applicant may request a waiver of the Acquisition filing, as allowed by Sections 628.461(2) or 628.4615(3), Florida Statutes, or if appropriate, in lieu of an Acquisition filing, the Applicant may file a Disclaimer of Control Affidavit, as permitted by Section 628.461(1), Florida Statutes. Note, the Applicant will receive notification from the Office of Insurance Regulation if a waiver is granted or if the Disclaimer of Control Affidavit is disallowed; otherwise, the Applicant will be advised to make an Acquisition filing.

Upon completion of Steps 1-9, the Applicant will be assigned a Work Log # and directed to the Admissions Workbench screen where all filing components for making an Acquisition filing will be displayed. The Applicant must attach a document(s) for each component displayed on the screen.

Note, if more than one insurer and/or licensee is the subject of the acquisition, Applicant is required to submit separately for each entity.

The common steps:

Step 1: Information
Step 2: Instructions
Step 3: Acquiring Company/Person (Applicant)
Step 4: Point Of Contact
Step 5: Company Search
Step 6: Company Search Results
Step 7: Demographics
Step 8: Interrogatory
Step 9: Finish

Click "Next" to continue.

NEXT | CANCEL

- The Letter of Notification is generated at the end of the Acquisition Wizard.
- Applicant may request a waiver of the acquisition filing, if appropriate, in Step 8.
- Applicant may file a Disclaimer of Control Affidavit, if appropriate, in Step 8.

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Instructions

While the fields "Application Filing Name" and "Application Filing Password" are optional, it may be helpful for identification purposes to complete these fields if the Applicant and/or the party completing the application has multiple applications in iApply.

APPLICATION FILING NAME (Optional)

APPLICATION FILING PASSWORD (Optional)

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Acquiring Company/Person (Applicant)

If there is more than one acquiring company and/or person, Applicant may add the additional acquiring company and/or person upon completion of this screen.

FEIN

* LEGAL NAME

POST OFFICE BOX

* STREET ADDRESS

* CITY

* STATE/PROVINCE Florida

* ZIP/POSTAL CODE

* COUNTRY USA

* EMAIL

* PHONE NUMBER

TOLL-FREE PHONE NUMBER

NON-US PHONE NUMBER

FAX NUMBER

ADD COMPANY/PERSON

COMPANY LIST

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★ Required Fields

iApply accepts multiple Applicants.

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Point Of Contact

The point of contact is the individual who will be communicating with the Office of Insurance Regulation regarding this filing. Please provide the filing contact information. If you would like to use your I-PORTAL account information, click here.

iApply populates the required fields(★) if Applicant clicks here.

★ CONTACT NAME

POSITION/TITLE

PROFESSIONAL DESIGNATION

ORGANIZATION

DEPARTMENT

★ CONTACT E-MAIL

★ STREET ADDRESS

P.O. BOX #

★ CITY

STATE Florida

★ ZIP CODE -

★ COUNTRY USA

PROVINCE

NON US POSTAL CODE

★ PHONE NUMBER EXT

ALTERNATE PHONE NUMBER EXT

FAX NUMBER EXT

TOLL FREE NUMBER EXT

NON-U.S. PHONE NUMBER EXT

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Search For Company

Applicant is only required to enter data in one of the fields below. Applicant can select "NEXT" at anytime during the entry of the data and will be advanced to the next screen where a drop down list of all insurers or licensees matching the information entered by Applicant will appear.

Anywhere | Starts With | Exact Match

Company Name:

NAIC Company Code: FEIN:

NAIC Group Code: Florida Company Code:

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If multiple companies are the subject of the acquisition, Applicant must report each acquisition separately in iApply.

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Search Results

Applicant must select one of the companies found below.

2 COMPANIES FOUND

- A TO Z INSURANCE COMPANY
  NAIC: | FEIN: | FL.Code:
- ALL AMERICAN LIFE ASSURANCE COMPANY
  NAIC: | FEIN: | FL.Code:

<< >>

Viewing 1-2 of 2 matches.

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Acquired Company Demographics

NAME	A TO Z INSURANCE COMPANY	FL COMPANY CODE	01101
ADDRESS	123 BROADWAY AVENUE	FEIN	33-11133
CITY	NEW YORK	NAIC ID	02020
STATE	NY	AUTHORITY	PROPERTY AND CASUALTY INSURER
ZIP	54321-1101		

Please enter in the following information related to the person within the Affected Company receiving the letter of notification.

* NAME: test user

* EMAIL ADDRESS: tuser@fldfs.com

* PHONE NUMBER: (111) 111-1111

Add

	Name	Authority	FEIN	FL Code	NAIC	Name	Email	Phone
Edit	A TO Z INSURANCE COMPANY	P & C	33-11133	01101		test user	tuser@fldfs.com	(111) 111-1111

Provide information for person receiving the Letter of Notification. Click "Add" to populate the fields below.

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Interrogatory

1. The transaction for which this form is filed is scheduled to occur or occured on:

Date: 12/12/2008

2. Will the applicant(s) request to waive the application filing?

○ Yes ◉ No

3. Will all applicants be filing a Disclaimer of affiliation and Control in lieu of the Acquisition filing?

○ Yes ◉ No

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Interrogatory

1. The transaction for which this form is filed is scheduled to occur or occured on:

Date: 12/12/2008

2. Will the applicant(s) request to waive the application filing? ○ Yes ○ No

WAIVER OF THE ACQUISITION FILING:
The Applicant may request the Office to waive the Acquisition Filing if there is no change in the ultimate controlling shareholder or ownership percentages of the ultimate controlling shareholders and no unaffiliated parties acquire any direct or indirect interest in the Domestic Insurer or Specialty Insurer, as the case may be. The Office may waive the Acquisition Filing if it determines this is, in fact, the case. The Letter of Notification is still required if an Applicant requests a waiver of the Acquisition Filing.

3. Will all applicants be filing a Disclaimer of affiliation and Control in lieu of the Acquisition filing? ○ Yes ○ No

Upload Exhibit One:
Description of the Transaction

Description of the Transaction (including):
a) Terms of the transaction;
b) Number and percentage of shares or ownership interests acquired or to be acquired; and
c) Identify all purchasers and owners involved.

Browse...

Upload Exhibit Two:
Material Changes in the Operation or Business Operations

Material Changes in the Operation or Business Operations
A statement outlining material changes in the operation or business operations of the Domestic Insurer or Specialty Insurer or a statement citing no adverse material change in operations.

Browse...

Upload Exhibit Three:
Pre and Post Acquisition Organizational Chart

Pre and Post Acquisition Organizational Chart
An organizational chart indicating the corporate structure of the acquiring entity/person and the seller, which reflects all affiliated entities prior to and subsequent to the acquisition.

Browse...

Upload Exhibit Four:
Listing of Management

Listing of Management
A listing of management for the Domestic Insurer or Specialty Insurer subsequent to the acquisition. A listing of management of the Applicant and all entities, directly or indirectly, owning or controlling 5% or more of a Domestic Insurer and 10% of a Specialty Insurer.

Browse...

PREVIOUS NEXT CANCEL

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This screen has been modified to show Applicant the different Exhibits that are required contingent upon Applicant's response to questions 2 and 3. If Applicant responds No to question 2, Applicant will be directed to attach Exhibits One through Four. If Applicant responds Yes to question 3, Applicant will be directed to attach Exhibit One. If Applicant responds No to questions 2 and 3, Applicant will be directed to attach Exhibits One and Two.

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Printer Friendly

LETTER OF NOTIFICATION
ACQUISITION, MERGER OR CONSOLIDATION
PURSUANT TO FLORIDA STATUTES
Section 628.461, 628.4615

This letter serves as notification of the acquisition of the company named herein pursuant to the requirements of Section 628.461, Florida Statutes or Section 628.4615, Florida Statutes, whichever is applicable. The information contained in this letter is based solely on information provided to the Florida Office of Insurance Regulation.

Date of Notification: 04/04/2008

Name of Contact Person: first last
Email: fname@fldfs.com
Address: 1234 Tally WayÎ, Tallahassee, FL, 32303

Name of Acquiring Entity or Person: OIR ACQUISITION COMPANY
Email: company@fldfs.com
Address: 1234 TALLY WAY, TALLAHASSEE, FL, 32303-

Name of Acquiring Entity or Person: OIR Person
Email: companyemail@fldfs.com
Address: 4567 TALLY WAY, TALLAHASSEE, FL, 32303-

Telephone:

Date of Transaction: 12/12/2008

Company/Licensee Name: A TO Z INSURANCE COMPANY
Address: 123 BROADWAY AVENUE
NAIC Code: 02020
FEIN: 33-11133
Florida Company Code:01101
Contact Name: test user
Contact Phone: (111) 111-1111
Contact Email: tuser@fldfs.com

Request for Waiver: NO
Request for Disclaimer in lieu of filing: NO

Attachments:
Exhibit One: Description of the Transaction
Exhibit Two: Material Changes in the Operation or Business Operations

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Next

- In this sample Letter of Notification, Applicant responded No to questions 2 and 3 of the Interrogatory, has attached Exhibits One and Two and will be prompted to the Acquisition Filing Wizard.
- By clicking “Printer Friendly”, a final copy of Applicant’s Letter of Notification is produced.

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LETTER OF NOTIFICATION
ACQUISITION, MERGER OR CONSOLIDATION
PURSUANT TO FLORIDA STATUTES
Section 628.461, 628.4615

This letter serves as notification of the acquisition of the company named herein pursuant to the requirements of Section 628.461, Florida Statutes or Section 628.4615, Florida Statutes, whichever is applicable. The information contained in this letter is based solely on information provided to the Florida Office of Insurance Regulation.

Date of Notification: 04/04/2008

Name of Contact Person: first last
Email: fname@fldfs.com
Address: 1234 Tally WayÎ, Tallahassee, FL, 32303

Name of Acquiring Entity or Person: OIR ACQUISITION COMPANY
Email: company@fldfs.com
Address: 1234 TALLY WAY, TALLAHASSEE, FL, 32303-

Telephone:

Name of Acquiring Entity or Person: OIR Person
Email: companyemail@fldfs.com
Address: 4567 TALLY WAY, TALLAHASSEE, FL, 32303-

Telephone:

Date of Transaction: 12/12/2008

Applicant may proceed to the Acquisition Filing Wizard or access later through the Admissions Workbench.

Company/Licensee Name: A TO Z INSURANCE COMPANY
Address: 123 BROADWAY AVENUE
NAIC Code: 01122
FEIN: 33-111333333
Florida Company Code: 32458
Contact Name: test user
Contact Phone: (111) 111-1111
Contact Email: tuser@fldfs.com

Request for Waiver: NO
Request for Disclaimer in lieu of filing: NO

Attachments:
Exhibit One: Description of the Transaction
Exhibit Two: Material Changes in the Operation or Business Operations

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Acquisitions

Acqusition Information

This section steps you through the process of starting a new filing. You will be guided through a series of choices to determine the required filing components.

The common steps:

Step 1: Information
Step 2: Acquisition Type
Step 3: Report Officer
Step 4: Officer Summary
Step 5: Organization Chart
Step 6: Finish

Click "Next" to continue.

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Acquisition Type

- (•) Acquisition
- ( ) Acquisition with Merger
- ( ) Merger

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Officer Information

Complete the information below for each officer, director, and 5% or more shareholder(s) for the Applicant, the Immediate Parent(s), and/or Ultimate Parent(s). Where the shareholder is an entity, please include the officers and directors (or comparable positions depending on the organizational type). Refer to the application package for more specific instructions.

Note: Health Maintenance Organizations and Fiscal Intermediary Services Organizations are required to complete biographical information for all 10% or more shareholders instead of 5%.

Refer to the specific application packages for further instruction.

FIRST	LAST	POSITION IN	SSN (###-##-####)	DOB (MM/DD/YYYY)
First	Officer	A TO Z INSURANCE COM	111-11-1111	11/11/1966

TITLE/POSITION	COMPANY NAME	% OWNS	
PRESIDENT	A TO Z INSURANCE COMP		ADD

Click "Next" to continue.

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Address https://apps.fldfs.com/WECAA/wizards/NewOfficer/NewOfficerWizard.aspx Go Links

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1: INFORMATION | 2: ACQUISITION TYPE | 3: REPORT OFFICER | 4: OFFICER SUMMARY ▲ | 5: ORGANIZATION CHART | 6: FINISH

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Officer Summary

APPLICANT COMPANY OFFICERS

Name		Company	Position	SSN	DOB	%	Aff Exp	FP Exp	Inv Exp
First	Officer	A TO Z INSURANCE	PRESIDENT	111111111	11/11/1966	5		05/10/1999	02/10/1999

Above is a summary of the information entered by the Applicant. Review the data entered and if inaccurate, click the Back button to make necessary corrections, as an automated check of the Office of Insurance Regulation's database has been conducted based on the information entered. If current results are found in the database, the expiration dates of those results are shown above. If the application filing is submitted after the expiration dates listed, Applicant will be required to submit new background information as necessary.

Contact the Office via iapply@fldfs.com if the Applicant believes current information is on file that was not verified by this automated check.

APPLICANT IS ADVISED TO PRINT THIS SCREEN FOR FUTURE REFERENCE, BY SELECTING "FILE PRINT" FROM THE INTERNET MENU BEFORE PROCEEDING TO THE NEXT SCREEN.

Done Local intranet

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Acquisition Filing Wizard

1: INFORMATION | 2: ACQUISITION TYPE | 3: REPORT OFFICER | 4: OFFICER SUMMARY | 5: ORGANIZATION CHART ▲ | 6: FINISH

Organization Chart

Attach a copy of the organization chart that discloses the Applicant's relationship with any other entities, up to and including the immediate parent(s) and/or ultimate parent(s), or ultimate controlling person(s). Label all appropriate ownership percentages.

D:\AnOIRDemo\OrgChart.doc Browse...

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Acquisition Filing Wizard

1: INFORMATION | 2: ACQUISITION TYPE | 3: REPORT OFFICER | 4: OFFICER SUMMARY | 5: ORGANIZATION CHART | 6: FINISH

Save

Thank you for completing the Acquisition Filing Wizard. Please continue to the Component list by clicking "NEXT".

WORK LOG # **EFS-2319**

NEXT

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FILING WORK LOG #2319 | FEIN:

OIR ACQUISITION COMPANY

Please upload one file at a time.

Acquisition Statement — REQUIRED

ACQUISITION STATEMENT

Upload New File: Browse... Attach

Statutory Statement — COMPLETED

STATUTORY STATEMENT

PREVIOUS VERSION | VIEW | DELETE
NAME: TESTDOC.DOC
UPLOADED: 4/4/2008 2:10:18 PM
SIZE: 29KB

Upload New File: Browse... Attach

Tender or Exchange Offer — COMPLETED

TENDER OR EXCHANGE OFFER

PREVIOUS VERSION | VIEW | DELETE
NAME: TESTDOC.DOC
UPLOADED: 4/4/2008 2:10:32 PM
SIZE: 29KB

Upload New File: Browse... Attach

Tender or Exchange Offer — REQUIRED

TENDER OR EXCHANGE OFFER

Upload New File: Browse... Attach

Waiver of Hearing from Seller — REQUIRED

WAIVER OF HEARING FROM SELLER

Upload New File: Browse... Attach

SAVE SUBMIT

- Simplified Component List for an Acquisition Filing
- Once Applicant has attached documents for each of the required Components, click on "SUBMIT".

Done Local intranet

File Edit View Favorites Tools Help

Back Search Favorites Failed to retrieve buttons from MyWebSearch. Retry

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Admissions Workbench - Confirmation

The application has been submitted to the Office of Insurance Regulation and will undergo an initial review to determine if all information has been included as required. You will be notified if the application has been accepted. You will be notified about filings that do not include all required information. Please use your Work Log # on any correspondence with the Office.

FINISH

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Reporting a New Officer or Director

- Property and Casualty
- Life and Health
- Specialty Product Administration

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Office of Insurance Regulation

Welcome to the Office of Insurance Regulation, Company Admissions. Below are the tasks that can be performed in iApply as well as quick links for your reference. To proceed, click on one of the tasks below.

- Common Task

  New Admissions Application

  Corporate Amendment

  Report Acquisition

  Report New Officer or Director

  Admissions Workbench

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http://dfsintdev/wecaa_efs/wizards/AcquisitionWaiver/AcquisitionWizard.aspx Local intranet

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Report New Officer Wizard

1: INFORMATION 2: REPORT OFFICER 3: SEARCH FOR COMPANY 4: SEARCH RESULTS 5: ADD OFFICER 6: FINISH

New Officers

Below are the required steps to report a new officer and/or director for the insurer or licensee. Upon completion of Steps 1-6, Applicant will be assigned a Work Log # and be guided to determine the required filing components. Refer to the website for further information and the required forms.

Domestic insurers and licensees are required to report and submit complete background information for any new officer and/or director appearing on the jurat page of the latest financial statement or annual report, as the case may be. Complete background information includes a biographical affidavit, background investigative report and fingerprint cards. Foreign insurers are required to report and submit only a biographical affidavit anytime there is a new President, Secretary and/or Treasurer.

This section steps you through the process of starting a new filing. You will be guided through a series of choices to determine the required filing components.

The common steps:

Step 1: Information
Step 2: Report Officer
Step 3: Search For Company
Step 4: Search Results
Step 5: Add Officer
Step 6: Finish

Click "Next" to continue.

NEXT CANCEL

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File Edit View Favorites Tools Help

Back Search Favorites Failed to retrieve buttons from MyWebSearch. Retry

Address https://apps.fldfs.com/WECAA/wizards/NewOfficer/NewOfficerWizard.aspx Go Links

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Officer Information

POSITION: ACTUARY

* FIRST NAME

MIDDLE NAME

* LAST NAME

* SSN (###-##-####)

* DOB (MM/DD/YYYY)

ADDRESS

CITY

STATE/PROVINCE: ALABAMA

ZIP/POSTAL CODE

COUNTRY: USA

* EMAIL

PRIMARY PHONE - - EXT

<< BACK | NEXT >> | CANCEL

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Search For Company

Applicant is only required to enter data in one of the fields below. Applicant can select "NEXT" at anytime during the entry of the data and will be advanced to the next screen where a drop down list of all insurers or licensees matching the information entered by Applicant will appear.

Anywhere Starts With Exact Match

Company Name:

NAIC Company Code: FEIN:

NAIC Group Code: Florida Company Code:

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Search Results

Applicant must select one of the companies found below.

2 COMPANIES FOUND

ALL AMERICAN LIFE COMPANY
NAIC: | FEIN: | FL.Code:

ALL AMERICAN LIFE ASSURANCE COMPANY
NAIC: | FEIN: | FL.Code:

<< >>

Viewing 1-2 of 2 matches.

PREVIOUS NEXT CANCEL

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New Officers - Microsoft Internet Explorer

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Officer Company Search Result

If reporting another new officer and/or director, Applicant may select "Add Another Entry", which will return Applicant to Step 2 of the Report New Officer Wizard.

Delete OFFICER: **John Doe** - ACTUARY ALL AMERICAN LIFE COMPANY

ADD ANOTHER ENTRY

<< BACK NEXT >> CANCEL

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Start | Inbox - Microsoft Outlook | I:\WECAA | Microsoft Excel - Claire ... | Microsoft PowerPoint - ... | :. University of West Fl... | New Officers - Micros...

3:30 PM Monday 5/19/2008

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Select Background Vendor

Indicate from the dropdown list the background investigation vendor chosen by the Applicant. iApply will automatically prompt the vendor to upload the reports Applicant has ordered.

Note: A required component of the application package selected is to attach a payment confirmation for the background reports ordered. The application cannot be submitted without this component.

INVESTIGATION VENDOR

AEXIOM

PREVIOUS NEXT CANCEL

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Save

Thank you for completing the Report New Officer Wizard. Please continue to the Component list by clicking "NEXT".

WORK LOG # **EFS-2319**

NEXT

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My Workbench - Microsoft Internet Explorer

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Address https://apps.fldfs.com/WECAA/workbench/worklog_dtl.aspx Go Links

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Select from any Admissions Work Log # below to view or amend, or perform one of the tasks at the left.

Application or Filing Type

FILING WORK LOG #250 | FEIN:

Please upload one file at a time.

Biographical Affidavit - gwen asdf

REQUIRED

The required form (OIR-C1-1423, also known as Form 11 of the National Association of Insurance Commissioners) is available for downloading here and from the Office's website. Attach a completed form for each individual for whom background information is required. All questions must be answered. All "Yes" answers must be explained.

BIOGRAPHICAL STATEMENT & AFFIDAVIT

Upload New File: Browse... Attach

Biographical Affidavit - michelle asdf

REQUIRED

The required form (OIR-C1-1423, also known as Form 11 of the National Association of Insurance Commissioners) is available for downloading here and from the Office's website. Attach a completed form for each individual for whom background information is required. All questions must be answered. All "Yes" answers must be explained.

BIOGRAPHICAL STATEMENT & AFFIDAVIT

Upload New File: Browse... Attach

SAVE SUBMIT

File Edit View Favorites Tools Help
Back Search Favorites Failed to retrieve buttons from MyWebSearch. Retry
Address https://apps.fldfs.com/WECAA/workbench/worklog_confirmation.aspx Go Links

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Admissions Workbench - Confirmation

The application has been submitted to the Office of Insurance Regulation and will undergo an initial review to determine if all information has been included as required. You will be notified if the application has been accepted. Filings that do not include all required information will be returned to the Applicant's Admissions Workbench. Please use your Work Log # on any correspondence with the Office.

FINISH

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Select from any Admissions Work Log # below to view or amend, or perform one of the tasks at the left.

Active Workbench Items

ADMISSION APPLICATIONS	UPDATE APPLICATION ITEMS	DUE DATE
WorkLog #101	Edit Worklog #101	10/29/2007
WorkLog #1	Edit Worklog #1	09/22/2007
WorkLog #2	Edit Worklog #2	09/22/2007
WorkLog #3	Edit Worklog #3	09/22/2007

PENDING APPLICATIONS	UPDATE APPLICATION ITEMS	DUE DATE
WorkLog #252	Edit Worklog #252	05/12/2008
WorkLog #10	Edit Worklog #10	09/27/2007
WorkLog #249	Edit Worklog #249	05/09/2008
WorkLog #253	Edit Worklog #253	05/13/2008
WorkLog #238	Edit Worklog #238	04/11/2008
WorkLog #237	Edit Worklog #237	04/08/2008
WorkLog #12	Edit Worklog #12	10/03/2007
WorkLog #8	Edit Worklog #8	09/26/2007
WorkLog #242	Edit Worklog #242	04/23/2008
WorkLog #239	Edit Worklog #239	04/11/2008
WorkLog #240	Edit Worklog #240	04/23/2008
WorkLog #244	Edit Worklog #244	04/25/2008

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Helpful Hints

- **Filing Requirements in iApply**
  The filing requirements contained in the selected application package are integrated into the Application Wizard, the Interrogatory and Components. Answers to the Interrogatory determine the documents/exhibits that will be required and attached as Components. Once the Application Wizard is completed, a Work Log # is assigned and the file can subsequently be accessed through the Admissions Workbench.

- **Company Admissions Home Page**
  The application packages for Property and Casualty, Life and Health and Specialty Insurers are located at: http://www.floir.com/ac/is_ac_index.aspx

- **Industry Portal**
  Become familiar with the Industry Portal located at: https://iportal.fldfs.com/ifile/default.asp

- **Application Coordinator and Examiner**
  Contact the Application Coordinator, Gwen Chick at: iapply@floir.com
  - Filing questions
  - Prefiling conferences

  Communicate with the Examiner (will be assigned once application is accepted)
  - Helps the process
  - Timelines

- **Know Within the Company Who Handles What**
  There are a lot of documents to collect as part of the application process and you need to know internally where to go for the information in order to submit a complete application and to be successful in obtaining an expeditious approval.

- **Prior to Submitting Documents via iApply**
  Complete the biographical affidavits for the appropriate people (refer to the application package), order the background investigative reports, have fingerprints taken on cards provided by the Office or via Livescan (instructions are located at: http://www.myfloridacfo.com/Agents/ElectronicFingerprintLocations/county.htm)

  Check individual documents for completeness, accuracy and keep in mind that some documents are time sensitive.

- **Forms and/or Rates**
  If there is a pending Certificate of Authority filing or if the application package requires submission of forms and/or rates, upon receipt of acceptance of the application visit https://iportal.fldfs.com for submission of forms and/or rates.

Questions / Comments

Contact:

Mary Mostoller

mary.mostoller@floir.com

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iApply Notes