



**Office of Insurance Regulation**  
**Company Admissions**

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**APPLICATION FOR ACCREDITED REINSURER**

**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](mailto:appcoord@floir.com). For iApply only questions, contact the Application Coordinator at [iapply@floir.com](mailto: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 ACCREDITED REINSURER STATUS

## INSTRUCTIONS

### SECTION I - APPLICATION FORM & FEES

#### **Section I-1**      **Application Fees**

The cost and expenses incurred by the Office of Insurance Regulation to review a reinsurer's request for accreditation shall be charged for and collected from the requesting reinsurer. An invoice will be provided to the reinsurer after the application has been processed (see page 19). Costs are defined as the sum of the time spent by Office personnel calculated at payroll rates inclusive of personnel benefit expenses and overhead expenses for each Office employee, and other Department expenses related to processing the application; or, the actual charges incurred by a third party retained to review the application. Should it become necessary to hire an outside consultant in the process of the review, the reinsurer shall be contacted in advance to consent to this and agree to the cost. In the event that the Office and the reinsurer agree to utilize the services of an outside consultant to conduct the review, the following applies:

- (a) The acceptability of a person or firm to the Office shall be determined based on consideration of the person or firm's professional competence, objectivity, and cost.
- (b) Consent of the reinsurer shall be demonstrated by written confirmation from an officer of that insurer which indicates agreement that an examination be performed by the person or firm, and acknowledgement that the person or firm is acceptable to the reinsurer and that the cost will be paid by the applicant.
- (c) All payments for services under this provision shall be made directly to the person or firm in accordance with the rates and terms agreed to by the Department, the reinsurer, and the person or firm performing the examination.

#### **Section I-2**      **Fingerprint Fees**

Applicants are required to prepay electronically for the processing of the fingerprint cards required in Section IV-4. Please see Form OIR-C1-938 REV 5/2013 for instructions.

NOTE: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards. Please see Form OIR-C1-938 REV 5/2013 for instructions.

## **APPLICATION FOR ACCREDITED REINSURER STATUS**

### **Section I-3      Application for Accredited Reinsurer Status**

Submit the original Application To Conduct Business in the State of Florida for Accredited Reinsurer Status (see page 20), listing the lines of business (and respective code numbers) the company intends to reinsure in the state of Florida, signed (original signatures) by the president or chief executive officer and the secretary of the company under corporate seal. When an Accredited Reinsurer Status is granted by the Office of Insurance Regulation, it will include only those lines listed on this form. The company must be authorized in its state of domicile for the lines of business requested.

## APPLICATION FOR ACCREDITED REINSURER STATUS

### SECTION II - LEGAL

#### **Section II-1 Service of Process Consent and Agreement**

Provide an executed Uniform Consent to Service of Process Form (OIR-C1-1524, REV 4/9/13) under corporate seal and signed by the president or chief executive officer and secretary.

#### **Section II-2 Certificate of Status**

All foreign corporations, including insurance companies organized under the laws of another state or country, are required to secure a charter to do business through the office of the Secretary of State of Florida.

Complete and submit the Application by Foreign Corporation For Authorization To Transact Business in Florida to the Secretary of State's office. The applicant must specifically request a certified copy of the Certificate of Status and include this original Certificate (not a copy) with the application as proof of filing with the Secretary of State as a foreign corporation. If you have any questions concerning this filing, please contact the Division of Corporations at (850) 245-6051.

Note: The Secretary of State will issue a charter to an insurance company before the Office of Insurance Regulation completes its processing of an application for accreditation. This charter authorizes the company to engage in any type of business except insurance. Your company may not conduct business in Florida until it has been approved as an accredited reinsurer by the Director of the Office of Insurance Regulation.

#### **Section II-3 Certificate of Compliance**

A certificate of compliance is a document issued by the public official having supervision of insurance in the applicant's state of domicile which verifies the company is duly organized and authorized to transact insurance or reinsurance and lists the lines of business it is authorized to transact. The certificate must be an original, sealed by the insurer's state of domicile and list the lines of business the company is authorized to write.

#### **Section II-4 Attorney-in-Fact (Reciprocal Applicants Only)**

Provide a copy of the applicant's power of attorney certified by the attorney-in-fact. The power of attorney submitted must comply with Sections 629.101 and 629.111, Florida Statutes.

#### **Section II-5 Subscriber Agreement (Reciprocal Applicants Only)**

Provide a copy of the subscriber agreement certified by the applicant's attorney-in-fact.

## **APPLICATION FOR ACCREDITED REINSURER STATUS**

### **Section II-6      Appointment and Authority-of-United States Manager (Alien Applicants Only)**

Provide a copy of the appointment and authority of the applicant's United States Manager certified by its officer having custody of its records. The certification must be original and under the seal of the officer in the state of domicile having custody of the records.

### **Section II-7      Certificate of Assuming Insurer**

The applicant must complete the attached Form AR-1, OIR-C1-1464, REV 5/05. By completion of the form, the applicant agrees, subject to the terms of the form, to submit to this state's jurisdiction, submits to this state's authority to examine its books and records, designates the Chief Financial Officer as its lawful attorney for service of process, and to provide and keep current a listing of insurers domiciled in this state reinsured by the applicant.

## APPLICATION FOR ACCREDITED REINSURER STATUS

### SECTION III - FINANCIAL

#### **Section III-1      Holding Company Registration Statement**

Provide a Holding Company Registration Statement certified by the state of domicile, if the insurer is a member of an insurance holding company system (OIR-DO-516, REV 4/97 is enclosed). The certification must be an original and under the seal of the insurer's state of domicile. An insurance holding company system consists of two or more affiliated persons, one or more of which is an insurer. If the insurer is not a member of an insurance holding company system, a statement to such fact signed by at least two executive officers and under the insurer's corporate seal.

Provide a copy of the SEC 10K report if the ultimate parent is required to file this report with the Federal Securities and Exchange Commission. The applicant should also provide a copy of any other audited consolidated financial statements in which it is included.

#### **Section III-2      Annual Statement**

Submit the most recent year end annual statement on the National Association of Insurance Commissioners' (NAIC) format including a "Statement of Actuarial Opinion". The statement must be sworn by at least two executive officers (original signatures) of the insurer or certified by the state of domicile. All schedules must be complete. Provide verification that the general interrogatories, notes to financial statements, and the organization charts are included as part of the annual statement.

#### **Section III-3      Quarterly Statements**

Provide all quarterly financial statements in NAIC format covering the current year-to-date period. These statements do not have to be certified by the state of domicile, but must be signed by the company's officers and must be notarized (original signatures). Supplemental loss developmental schedules (also in NAIC format) must be included for each quarter.

#### **Section III-4      Statutorily Mandated Examination Reports**

Provide the most recent report of examination performed and certified by its state of domicile. If the most recent period covered by the examination is not within the three years, the Office of Insurance Regulation may accept an audited certified public accountant's report prepared on a basis consistent with the insurance laws of the state of domicile. The certification must be an original, under the seal of the insurer's state of domicile, and certify that the state of domicile has accepted the CPA report in lieu of a statutory examination. Reports on a consolidated basis do not meet this requirement. This must be a separate (stand alone) audited report on the applicant.

#### **Section III-5      Statutory Financial Statements Audited by Certified Public Accountants**

Applicant must provide a copy of the latest audited certified public accountant's report on the insurer prepared on a basis consistent with the insurance laws of the insurer's state of domicile.

## **APPLICATION FOR ACCREDITED REINSURER STATUS**

### **Section III-6      Previous Florida Business History**

Provide a brief history of the company since its incorporation. Include any changes of ownership or actions taken by governmental agencies that have or had jurisdiction over the insurer. Include any history that the applicant has had in withdrawing from Florida as a whole or in discontinuing a particular line of business in this state. The statement should include any parent companies or subsidiaries.

### **Section III-7      Certificate of Deposit (Foreign Applicants Only)**

Provide an original Certificate of Deposit under the seal of the insurer's state of domicile or state of entry into the United States. This is a document issued by the public official having supervision of insurance in the applicant's state of domicile showing the amount and composition of the deposit maintained by the insurer in another state.

# APPLICATION FOR ACCREDITED REINSURER STATUS

## SECTION IV - MANAGEMENT

**NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE FIRST, MIDDLE AND LAST NAMES (NO ABBREVIATIONS).**

### **Section IV-1 Management Information**

Provide the full names and titles of all officers, directors of the applicant, and all shareholders (owning 10% or more of the outstanding stock of the company) with their respective titles and ownership information in this section.

As to the immediate parent and the ultimate parent of the applicant, if applicable, provide the full names and titles for the officers and directors who exercise control over the licensee and all shareholders owning or controlling 10% or more of the parent company's stock.

Companies in the organizational structure from, and including, the immediate parent through the ultimate parent must provide the names and titles of all officers and directors.

Please use the attached Management Information form.

### **Section IV-2 Biographical Statements and Affidavits as to All Company Officers, Directors and Shareholders**

Provide a National Association of Insurance Commissioners (NAIC) biographical affidavit (OIR-C1-1423) for each officer, director, and shareholder listed in Section IV-1 except for those companies in the organizational structure between the immediate parent and the ultimate parent. All questions must be answered. All "Yes" answers must be explained.

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 and are not more than two 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 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, instead of including the SSN on page 7 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 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office. The duties of the Office in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

## APPLICATION FOR ACCREDITED REINSURER STATUS

### **Section IV-3 Background Investigative Report**

An Investigative Background Report must be provided for each person listed in Section IV-1 above except for those companies in the organizational structure between the immediate parent and the ultimate parent. Background reports must be submitted by the selected background investigator vendor prior to or contemporaneously with the application filing. Please refer to Form OIR-C1-905 REV 10/05 for instructions.

### **Section IV-4 Fingerprint cards**

Fingerprint cards must be completed for each person listed in Section IV-1. The cards will be furnished by the Office upon request. **No cards other than those furnished by the Office will be accepted.** The cards must be completed at a law enforcement agency and returned to this Office for processing. Please refer to Form OIR-C1-938 REV 5/2013 for instructions.

### **Waiver of Fingerprint Requirements**

In lieu of requiring new fingerprint checks, the Office will accept a certification from another state insurance company regulatory licensing body that fingerprint checks have been completed by that state and that no reason to disapprove or limit the involvement of the person investigated in the named company was found. The certification obtained must be an original document, prepared on a form or letter that reflects the official letterhead of the entity making the certification, specifically listing the name of the reinsurer and the full name of each person investigated, and contain a statement that no reason was found to disapprove, remove, or limit the involvement of the people named. The person completing the certification including their title and telephone number must sign the certification. The certification shall be mailed directly by the state certifying to :

Florida Office of Insurance Regulation  
Company Admissions  
200 East Gaines Street  
Tallahassee, Florida 32399-0332

**APPLICATION FOR ACCREDITED REINSURER STATUS**

**CHECK LIST**

**SECTION I - APPLICATION FORM & FEES**

Company Name: \_\_\_\_\_

<u>Item #</u>		<u>Completion Check List</u>
1.	Application fee paid.....	<input type="checkbox"/>
	(a) Copy of invoice included .....	<input type="checkbox"/>
	(b) Copy of check.....	<input type="checkbox"/>
2.	Fingerprint fee paid electronically .....	<input type="checkbox"/>
	a. Copy of on-line payment confirmation .....	<input type="checkbox"/>
3.	Company Completed Application for Reinsurer Status (Official Form) .....	<input type="checkbox"/>
	(a) All lines of reinsurance to be transacted listed by code number .....	<input type="checkbox"/>
	(b) Under corporate seal of company .....	<input type="checkbox"/>
	(c) Signed by (original signatures)	
	1. President or Chief Executive Officer.....	<input type="checkbox"/>
	2. Secretary .....	<input type="checkbox"/>

**APPLICATION FOR ACCREDITED REINSURER STATUS**

**SECTION II - LEGAL DOCUMENTS**

Company Name: \_\_\_\_\_

<u>Item #</u>		<u>Completion Check List</u>
1.	Uniform Consent to Service of Process (Form OIR-C1-1524).....	<input type="checkbox"/>
	(a) Signed and dated by	
	1. President or Chief Executive Officer.....	<input type="checkbox"/>
	2. Secretary.....	<input type="checkbox"/>
	(b) Under corporate seal of company.....	<input type="checkbox"/>
2.	Original Certificate of Status issued by the Florida Secretary of State evidencing registration as a foreign corporation.....	<input type="checkbox"/>
3.	Certificate of Compliance from state or country of domicile.....	<input type="checkbox"/>
	(a) Original certification from state of domicile.....	<input type="checkbox"/>
	(b) List lines of reinsurance authorized to transact.....	<input type="checkbox"/>
4.	Attorney-in-Fact Power of Attorney (Reciprocal Applicants Only).....	<input type="checkbox"/>
	(a) Power of attorney certified by applicant's attorney-in-fact.....	<input type="checkbox"/>
	(b) Power of attorney complies with Sections 629.101 and 629.111, Florida Statutes.....	<input type="checkbox"/>
5.	Subscriber Agreement (Reciprocals Only).....	<input type="checkbox"/>
	(a) Certified by attorney-in-fact.....	<input type="checkbox"/>
6.	Appointment by applicants officer.....	<input type="checkbox"/>
7.	Certificate of Assuming Insurer (Form AR-1, OIR-C1-1464, REV 5/05).....	<input type="checkbox"/>
	(a) Signed and dated by the President or Chief Executive Officer.....	<input type="checkbox"/>

APPLICATION FOR ACCREDITED REINSURER STATUS

SECTION III - FINANCIAL

Company Name: \_\_\_\_\_

<u>Item #</u>		<u>Completion Check List</u>
1.	Holding Company Registration Statement .....	<input type="checkbox"/>
	(a) Registration Provided .....	<input type="checkbox"/>
	1. Original certification by state of domicile .....	<input type="checkbox"/>
	<b>or</b>	
	(b) Statement that company is not a member of a holding company system	
	1. Signed by two officers.....	<input type="checkbox"/>
	2. Under corporate seal of Company .....	<input type="checkbox"/>
	(c) SEC 10K report if ultimate parent is required to file with the SEC (most current year, if available) .....	<input type="checkbox"/>
	(d) Audited consolidated financial statement (most current year, if available)	
2.	Annual Statement (most current year) .....	<input type="checkbox"/>
	(a) Signed by two executive officers .....	<input type="checkbox"/>
	<b>and</b>	
	(b) Notary seal .....	<input type="checkbox"/>
	<b>or</b>	
	(c) Certified by state of domicile .....	<input type="checkbox"/>
	(d) Supplemental schedules included.....	<input type="checkbox"/>
	(e) Actuarial opinion included .....	<input type="checkbox"/>

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR ACCREDITED REINSURER STATUS**

<u>Item #</u>		<u>Completion Check List</u>
3.	Quarterly Financial Statements (Supplemental Financial Statements) in NAIC format.....	<input type="checkbox"/>
	(a) All statements for current year-to-date included.....	<input type="checkbox"/>
	(b) Signed by company officers .....	<input type="checkbox"/>
	(c) Notarized .....	<input type="checkbox"/>
4.	Most recent Statutory Examination Report (by state of domicile) .....	<input type="checkbox"/>
	(a) Original certification by state of domicile .....	<input type="checkbox"/>
	(b) Three year period timely as to application.....	<input type="checkbox"/>
	<b>if over three year period also include:</b>	
	(c) Audited certified public accountant's report (in lieu of state of domicile exam report) .....	<input type="checkbox"/>
	(d) Under seal of state of domicile with certification letter .....	<input type="checkbox"/>
5.	Statutory Financial Statements audited by Certified Public Accountant, including letter of internal control .....	<input type="checkbox"/>
	Report provided (most current year) .....	<input type="checkbox"/>
6.	Previous Florida Business History statement.....	<input type="checkbox"/>
7.	Certificate of Deposit (foreign reinsurer only).....	<input type="checkbox"/>
	(a) Original certification under seal of state of domicile .....	<input type="checkbox"/>
	(b) Deposited assets or securities listed .....	<input type="checkbox"/>

**APPLICATION FOR ACCREDITED REINSURER STATUS**

**SECTION IV - MANAGEMENT**

Company Name: \_\_\_\_\_

<u>Item #</u>		<u>Completion Check List</u>
1.	Listing of all company officers, directors and shareholders (including entities) owning 10% or more of applicant.....	<input type="checkbox"/>
2.	Listing of all immediate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock .....	<input type="checkbox"/>
3.	Listing of all intermediary parent(s) (between immediate parent(s) and ultimate parent(s)), officers, directors and shareholders (including entities) owning 10% or more of parent company's stock. Note, do not complete biographical affidavits or order investigative reports or fingerprint cards.....	<input type="checkbox"/>
4.	Listing of all ultimate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock .....	<input type="checkbox"/>
5.	Biographical Affidavits for company officers, directors and shareholders (including entities) owning 10% or more of applicant .....	<input type="checkbox"/>
	<b>As to each biographical:</b>	
(a)	All information completed .....	<input type="checkbox"/>
(b)	Contains original signature .....	<input type="checkbox"/>
(c)	Notarized (Original) .....	<input type="checkbox"/>
(d)	SSN on a separate page.....	<input type="checkbox"/>

**APPLICATION FOR ACCREDITED REINSURER STATUS**

<u>Item #</u>		<u>Completion Check List</u>
6.	Biographical Affidavits for immediate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock .....	<input type="checkbox"/>
	<b>As to each biographical:</b>	
	(a) All information completed .....	<input type="checkbox"/>
	(b) Contains original signature .....	<input type="checkbox"/>
	(c) Notarized (Original) .....	<input type="checkbox"/>
	(d) SSN on a separate page.....	<input type="checkbox"/>
7.	Biographical Affidavits for ultimate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock .....	<input type="checkbox"/>
	<b>As to each biographical:</b>	
	(a) All information completed .....	<input type="checkbox"/>
	(b) Contains original signature .....	<input type="checkbox"/>
	(c) Notarized (Original) .....	<input type="checkbox"/>
	(d) SSN on a separate page.....	<input type="checkbox"/>
8.	Background investigative reports for company officers, directors and shareholders (including entities) owning 10% or more of applicant.....	<input type="checkbox"/>

**APPLICATION FOR ACCREDITED REINSURER STATUS**

<u>Item #</u>		<u>Completion Check List</u>
9.	Background investigative reports for immediate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock.....	<input type="checkbox"/>
10.	Background investigative reports for ultimate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock.....	<input type="checkbox"/>
11.	Fingerprint cards enclosed for each company officer, director, and shareholder (including entities) owning 10% or more of applicant.....	<input type="checkbox"/>
	<b>As to each fingerprint card:</b>	
	(a) Contains original signature.....	<input type="checkbox"/>
	(b) Florida cards only.....	<input type="checkbox"/>
	(c) All information completed (DOB, citizenship, vital statistics, SSN on a separate page) .....	<input type="checkbox"/>
12.	Fingerprint cards enclosed for each immediate parent(s) officer, director and shareholder (including entities) owning 10% or more of parent company's stock.....	<input type="checkbox"/>
	<b>As to each fingerprint card:</b>	
	(a) Contains original signature.....	<input type="checkbox"/>
	(b) Florida cards only.....	<input type="checkbox"/>
	(c) All information completed (DOB, citizenship, vital statistics, SSN on a separate page) .....	<input type="checkbox"/>

**APPLICATION FOR ACCREDITED REINSURER STATUS**

<u>Item #</u>		<u>Completion Check List</u>
13.	Fingerprint cards enclosed for each ultimate parent(s) officer, director and shareholder (including entities) owning 10% or more of parent company's stock.....	<input type="checkbox"/>
	<b>As to each fingerprint card:</b>	
	(a) Contains original signature.....	<input type="checkbox"/>
	(b) Florida cards only .....	<input type="checkbox"/>
	(c) All information completed (DOB, citizenship, vital statistics, SSN on a separate page) .....	<input type="checkbox"/>

## CHECKLIST VERIFICATION

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 checklist 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.

Dated \_\_\_\_\_  
\_\_\_\_\_ (Give full and exact name of Applicant)

\_\_\_\_\_  
Signature of President, Secretary, or Treasurer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title

**INVOICE  
PAYMENT OF APPLICATION FILING FEES  
APPLICATION FOR ACCREDITED REINSURER STATUS**

NAME OF COMPANY: \_\_\_\_\_

FEIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

\_\_\_\_\_

\_\_\_\_\_

(CITY)

(STATE)

(ZIP CODE)

In reference to the recent submission by the above-referenced reinsurer regarding its application to do business in Florida, it is necessary that you return this form with the proper payment as listed below.

**PLEASE NOTE:**

1. Send a check in the proper amount made payable to the Florida Department of Financial Services and mail check and invoice only to the Florida Department of Financial Services, Bureau of Financial Services, P.O. Box 6100, Tallahassee, Florida 32314-6100.
2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

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	<u>B/T</u>	<u>TY/CL</u>	<u>F/I</u>	<u>AMOUNT</u>
Filing Fee				Variable

**APPLICATION TO CONDUCT BUSINESS IN THE STATE OF FLORIDA  
ACCREDITED REINSURER STATUS**

\_\_\_\_\_, 20 \_\_\_\_

TO THE FLORIDA OFFICE OF INSURANCE REGULATION,  
TALIAHASSEE, FLORIDA

SIR: The \_\_\_\_\_  
(Give name of company or association in full)

Federal Identification Number \_\_\_\_\_

of \_\_\_\_\_  
(Home Office Address)      (City)      (State)      (Zip)

Phone Number \_\_\_\_\_

through its duly authorized officers, hereby applies for approval to transact the following kinds of insurance or branches of business in the State of Florida, under the laws thereof, during the year ending May 31, 20\_\_\_\_.

Class of Business

Code Number

By \_\_\_\_\_  
President or Chief Executive Officer

Corporate  
Seal

Attest \_\_\_\_\_

Secretary

**OFFICE OF INSURANCE REGULATION LINES OF  
BUSINESS BY COMPANY CODES**

R010 Reinsurance - Fire  
R020 Reinsurance - Allied Lines  
R030 Reinsurance - Farmowners Multi Peril  
R040 Reinsurance - Homeowners Multi Peril  
R050 Reinsurance - Commercial Multi Peril  
R080 Reinsurance - Ocean Marine  
R090 Reinsurance - Inland Marine  
R100 Reinsurance - Financial Guaranty  
R106 Reinsurance - Auto Warranties  
R110 Reinsurance - Medical Malpractice  
R120 Reinsurance - Earthquake  
R160 Reinsurance - Workers' Compensation  
R170 Reinsurance - Other Liability  
R173 Reinsurance - Prepaid Legal  
R192 Reinsurance - Private Passenger Auto Liability  
R194 Reinsurance - Commercial Auto Liability  
R211 Reinsurance - Private Passenger Auto Physical Damage  
R212 Reinsurance - Commercial Auto Physical Damage  
R220 Reinsurance - Aircraft  
R230 Reinsurance - Fidelity  
R240 Reinsurance - Surety  
R245 Reinsurance - Bail Bonds  
R250 Reinsurance - Glass  
R260 Reinsurance - Burglary and Theft  
R270 Reinsurance - Boiler and Machinery  
R280 Reinsurance – Credit  
R285 Reinsurance – Title  
R290 Reinsurance - Livestock  
R300 Reinsurance - Industrial Fire  
R310 Reinsurance - Mortgage Guaranty  
R400 Reinsurance - Ordinary Life and Annuity  
R405 Reinsurance - Individual/Group Variable Annuities  
R410 Reinsurance - Group Life and Annuity  
R420 Reinsurance - Variable Life  
\*\*R425 Reinsurance - Fraternal Life  
\*\*R430 Reinsurance - Fraternal Health  
R440 Reinsurance - Credit Life  
R441 Reinsurance - Credit Disability  
R450 Reinsurance - Accident and Health  
R520 Reinsurance - Industrial Extended Coverage  
R540 Reinsurance - Mobile Home Multi Peril  
R550 Reinsurance - Mobile Home Physical Damage  
R570 Reinsurance - Crop Hail  
R607 Reinsurance - Home Warranties  
R608 Reinsurance - Service Warranties  
R610 Reinsurance - Other Warranty  
R620 Reinsurance – Miscellaneous Casualty

\*\*A Fraternal Benefit Society can cede business but can only reinsure another society as part of a merger or consolidation.  
[632.614, Florida Statutes]