

**Report Acquisition
(Acquisition Wizard – Letter of Notification)**

**Property and Casualty & Life and Health Insurers
Interrogatory**

#	Question
1	The transaction is scheduled to occur or occurred on: _____.
2	Is the Applicant(s) requesting a waiver of the acquisition filing pursuant to Section 628.461(2), Florida Statutes or Section 628.4615(3), Florida Statutes? Yes or No
3	Is the Applicant (s) filing a Disclaimer of Affiliation and Control in lieu of the acquisition (only available to Property/Casualty and Life/Health insurers)? Yes or No If “Yes”, the form(s) are located at www.floir.com , Company Applications, Disclaimer of Control Affidavit.
4	<p>If Applicant (s) responded “No” to Question #2 and “No” to Question #3, Applicant(s) must attach exhibits as described below:</p> <p>Exhibit One: Description of the Transaction (including)</p> <ul style="list-style-type: none"> a) Terms of the transaction; b) Number and percentage of shares or ownership interests acquired or to be acquired; and c) Identity of all purchasers and owners involved. <p>Note, should Applicant(s) require more than one attachment, scan the exhibits/documents and upload as one exhibit/document.</p> <p>Exhibit Two: Material Changes in the Operation or Business Operations Provide a statement outlining material changes in the operation or business operations of the insurer/licensee or a statement citing no material change in operations. Note, should Applicant(s) require more than one attachment, scan the exhibits/documents and upload as one exhibit/document.</p>
5	<p>If Applicant (s) responded “Yes” to Question #2, Applicant(s) must attach exhibits as described below:</p> <p>Exhibit One: Description of the Transaction (including)</p> <ul style="list-style-type: none"> a) Terms of the transaction; b) Number and percentage of shares or ownership interests acquired or to be acquired; and c) Identity of all purchasers and owners involved. <p>Note, should Applicant(s) require more than one attachment, scan the exhibits/documents and upload as one exhibit/document.</p> <p>Exhibit Two: Material Changes in the Operation or Business Operations Provide a statement outlining material changes in the operation or business operations of the insurer/licensee or a statement citing no material change in operations. Note, should Applicant(s) require more than one attachment, scan the exhibits/documents and upload as one exhibit/document.</p> <p>Exhibit Three: Pre and Post Acquisition Organizational Chart Provide an organizational chart indicating the corporate structure of the Applicant(s) and the seller, which reflects all affiliated entities prior to and subsequent to the acquisition. Note, should Applicant(s) require more than one attachment, scan the exhibits/documents and upload as one exhibit/document.</p>

	<p>Upload Exhibit Four:</p> <p>Listing of Management</p> <p>a) A listing of management for the insurer/licensee subsequent to the acquisition; and</p> <p>b) A listing of management for the Applicant(s), its immediate and/or ultimate parent(s) (if any) and its shareholders of 5% or more for Property and Casualty/Life and Health insurers and if a Specialty/Managed Care licensee/insurer, 10% or more.</p> <p>Note, should Applicant(s) require more than one attachment, scan the exhibits/documents and upload as one exhibit/document.</p>
6	<p>If Applicant (s) responded "No" to Question #2 and "Yes" to Question #3, Applicant(s) must attach exhibits as described below:</p> <p>Exhibit One:</p> <p>Description of the Transaction (including)</p> <p>a) Terms of the transaction;</p> <p>b) Number and percentage of shares or ownership interests acquired or to be acquired; and</p> <p>c) Identity of all purchasers and owners involved.</p> <p>Note, should Applicant(s) require more than one attachment, scan the exhibits/documents and upload as one exhibit/document.</p>

Property and Casualty & Life and Health Insurers

Components: (note * indicates required)

*	System Acquisition Exhibits (Exhibit One)
	System Acquisition Exhibits (Exhibit Two)
	System Acquisition Exhibits (Exhibit Three)
	System Acquisition Exhibits (Exhibit Four)
	System Disclaimer of Affiliation and Control
*	System Letter of Notification

**Specialty Product Administration and Managed Care
Interrogatory**

#	Question
1	The transaction is scheduled to occur or occurred on: _____.
2	Is the Applicant(s) requesting a waiver of the acquisition filing pursuant to Section 628.461(2), Florida Statutes or Section 628.4615(3), Florida Statutes? Yes or No
3	Is the Applicant (s) filing a Disclaimer of Affiliation and Control in lieu of the acquisition (only available to Property/Casualty and Life/Health insurers but Specialty Product Administration and Managed Care must answer the question with “No”)? Yes or No If “Yes”, the form(s) are located at www.floir.com , Company Applications, Disclaimer of Control Affidavit.
4	<p>If Applicant (s) responded “No” to Question #2 and “No” to Question #3, Applicant(s) must attach exhibits as described below:</p> <p>Exhibit One: Description of the Transaction (including)</p> <ul style="list-style-type: none"> a) Terms of the transaction; b) Number and percentage of shares or ownership interests acquired or to be acquired; and c) Identity of all purchasers and owners involved. <p>Note, should Applicant(s) require more than one attachment, scan the exhibits/documents and upload as one exhibit/document.</p> <p>Exhibit Two: Material Changes in the Operation or Business Operations Provide a statement outlining material changes in the operation or business operations of the insurer/licensee or a statement citing no material change in operations. Note, should Applicant(s) require more than one attachment, scan the exhibits/documents and upload as one exhibit/document.</p>
5	<p>If Applicant (s) responded “Yes” to Question #2, Applicant(s) must attach exhibits as described below:</p> <p>Exhibit One: Description of the Transaction (including)</p> <ul style="list-style-type: none"> a) Terms of the transaction; b) Number and percentage of shares or ownership interests acquired or to be acquired; and c) Identity of all purchasers and owners involved. <p>Note, should Applicant(s) require more than one attachment, scan the exhibits/documents and upload as one exhibit/document.</p> <p>Exhibit Two: Material Changes in the Operation or Business Operations Provide a statement outlining material changes in the operation or business operations of the insurer/licensee or a statement citing no material change in operations. Note, should Applicant(s) require more than one attachment, scan the exhibits/documents and upload as one exhibit/document.</p> <p>Exhibit Three: Pre and Post Acquisition Organizational Chart Provide an organizational chart indicating the corporate structure of the Applicant(s) and the seller, which reflects all affiliated entities prior to and subsequent to the acquisition. Note, should Applicant(s) require more than one attachment, scan the exhibits/documents and upload as one exhibit/document.</p> <p>Upload Exhibit Four:</p>

	<p>Listing of Management</p> <p>a) A listing of management for the insurer/licensee subsequent to the acquisition; and</p> <p>b) A listing of management for the Applicant(s), its immediate and/or ultimate parent(s) (if any) and its shareholders of 5% or more for Property and Casualty/Life and Health insurers and if a Specialty/Managed Care licensee/insurer, 10% or more.</p> <p>Note, should Applicant(s) require more than one attachment, scan the exhibits/documents and upload as one exhibit/document.</p>
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Specialty Product Administration and Managed Care

Components: (note * indicates required)

*	System Acquisition Exhibits (Exhibit One)
	System Acquisition Exhibits (Exhibit Two)
	System Acquisition Exhibits (Exhibit Three)
	System Acquisition Exhibits (Exhibit Four)
*	System Letter of Notification

Report Acquisition (Acquisition Filing Wizard)

Property and Casualty & Life and Health Insurers Interrogatory

#	Question
1	Are there any agreements referred to in the application whereby the acquiring company accepts obligations, debts and encumbrances which would affect the domestic insurer? If "Yes", attach all applicable agreements using the component titled "Other Contracts/Agreements".
2	Does the Applicant have someone other than company personnel or the company-sponsoring agent representing them to the Office regarding this applicant? If "Yes", attach a letter of authorization designating the named individual to represent the Applicant under the component titled "Authorization Letter". The authorization letter must be on the Applicant's letterhead and signed by an officer of the Applicant.
3	Will the organizational documents (Articles of Incorporation or similar documents) for the domestic insurer change as a result of this proposed transaction? If "Yes", attach a copy of the proposed revised organizational documents under the component titled "Organizational Documents".
4	Is the acquiring entity a member of an insurance holding company system? If "Yes", attach the most recent holding company registration statement under the component titled "Holding Company Registration Statement". The statement should include all attachments, exhibits, and referenced appendices. If the acquiring entity is not a member of a holding company system, click "No" and attach an attestation statement to that effect under the component titled "Attestation Statement". The statement should be signed by two executive officers and sealed by the company.
5	Will the Bylaws (or similar rules and regulating documents) change as a result of this proposed transaction? If "Yes", attach a copy of the proposed revised documents under the component titled "Bylaws (Rules, Regulations)".
6	Is the contact information for the individual designated for service of process on behalf of the domestic insurer changing as a result of this transaction? If "Yes", attach a copy of the updated UCAA Uniform Consent to Service of Process form (Form12) under the component titled "Uniform Consent to Service of Process".
7	Is the domestic insurer going to be merged into any other entity? If "Yes", attach a copy of the Plan of Merger under the component titled "Plan of Merger".
8	Has the domestic insurer's Board of Directors (or similar body) voted to approve the proposed acquisition? If "Yes", attach a confirmation of the voting results under the component titled "Confirmation of Voting Results". If "No", in the memo field provided, explain why the voting has not occurred.
9	Has the acquiring entity issued an annual financial statement? If "Yes", attach a copy of the most recent annual statement of the acquiring entity under the component titled "Current Annual Financial Statement (Parent)". If the acquiring entity or its ultimate parent is publicly traded, click "No" and attach a copy of the notice for the latest annual financial statement filed with the Securities and Exchange Commission under the component titled "SEC Most Recent Annual Statement". If the insurer is not a member of a holding company system, click "N/A."
10	Has the acquiring entity issued a quarterly financial statement? If "Yes", attach a copy of the most recent quarterly statement of the acquiring entity under the component titled "Current Quarterly Financial Statement (Parent)". If the acquiring entity or its ultimate parent is publicly traded, click "No" and attach a copy of the notice for the latest financial statement filed with the Securities and Exchange Commission under the component titled "SEC Filing Most Recent Statement". If the insurer is not a member of a holding company system, click "N/A."
11	Will the business plan of the insurer change as a result of the proposed transaction? If "Yes", submit the revised Plan of Operations, consisting of a brief narrative and Pro Forma financial statements/projections (UCAA Application Form 13) under the component titled "Plan of Operation". The narrative should include significant information in support of the application. Projections must support all aspects of the proposed Plan of Operation, including reinsurance arrangements and delegated function agreements. Include the assumptions used to arrive at these projections.
12	Does the acquiring entity have any history in Florida concerning withdrawing from Florida as a whole or discontinuing a particular line of business? If "Yes", attach the acquiring company's previous Florida business history under the component titled "Previous Florida Business History (including parent or affiliate)".

13	Are there any other pertinent financial or operational documents or information that the Applicant wants to provide with this application? If "Yes", attach the information and/or documents under the component titled "Miscellaneous Financial Documents".
14	Are there any other pertinent legal documents that the Applicant wants to provide with this application? If "Yes", attach those documents under the component titled "Miscellaneous Legal Documents".

Property and Casualty & Life and Health Insurers

Components: (note * indicates required)

*	Acquisition Statement
*	Application Invoice
*	Biographical Affidavit
*	Confirmation of Fingerprint Processing Fee
*	Confirmation of Funds
*	Confirmation of Investigation Report Fees
	Cover Letter
*	Documents Related to Interrogatory
*	Management Information Form (5% or more shareholder)
*	Management Information Form (Applicant)
	Management Information Form (Domestic Insurer)
*	Management Information Form (Immediate Parent)
*	Management Information Form (Ultimate Parent)
	Miscellaneous Documents
*	Notification Statement
*	Organizational Chart Post-Acquisition
*	Organizational Chart Pre-Acquisition
*	Statutory Statement
*	Tender or Exchange Offer
*	Waiver of Hearing from Seller

Specialty Product Administration and Managed Care Interrogatory

#	Question
1	Does the Applicant have someone other than company personnel or the company-sponsoring agent representing them to the Office regarding this application? If "Yes", attach a letter of authorization designating the named individual to represent the Applicant under the component titled "Authorization Letter". The authorization letter must be on the Applicant's letterhead and signed by an officer of the Applicant.
2	Is the acquired entity (insurer/licensee) a Managed Care entity? If "Yes", attach a copy of the Application Invoice documenting the payment of the application filing fee under the component titled "Application Invoice".
3	Is the acquired entity (insurer/licensee) organized in Florida? If "No", attach a copy of the Certificate of Compliance demonstrating that the entity is in good standing in its state of domicile under the component titled "Certificate of Compliance".
4	Is the filing for one or more of the following: (1) Acquisition of Controlling Stock (Corporation), (2) Acquisition of Ownership Interest (Partnership), (3) Acquisition of Parent Company, (4) Merger or Consolidation. If "Yes", the Applicant can describe in the memo field provided.
5	Has the Applicant provided the acquired entity (insurer/licensee) and controlling company, if any, with the information required pursuant to Section 628.4615(5), Florida Statutes? If "Yes", provide in the memo field below the date it was sent to the appropriate parties and provide documentation to support this information was received. The documentation should be attached under the component titled "Return Receipt Card". Please note any additional information required by the Office pursuant to Section 628.4615(5), Florida Statutes, must also be sent to the insurer/licensee and the controlling company of the insurer/licensee, if any.
6	Have there been any material changes in the facts set forth in the Letter of Notification since it was filed with the Office? If "Yes", attach amendments that set forth the changes under the component titled "AMENDED LETTER OF NOTIFICATION". Also, in the memo field provided state the date that these changes were sent to the affected parties by registered mail.
7	Does the Applicant plan to do one or more of the following: (1) liquidate the insurer, (2) sell its assets, (3) merge or consolidate with any other person or entity, (4) make any major change in its business or corporate structure or management? If the Applicant intends to do one or more of the above, such plan must demonstrate that it is fair and free of prejudice to the insureds of the insurer/licensee and to the public. The burden of proof is on the Applicant. The plan for any of these changes should be attached under the component titled "Statement of Material Changes in Operations". If the Applicant does not plan to do any of the above actions, a statement to such effect should be attached under the component titled "Statement of No Changes to Plan of Operation".
8	Is the insurer/licensee a Managed Care entity? If "Yes", attach a Pro Forma Financial Statements, which should provide financial projections for the next three (3) years, under the component titled "Pro Forma Financial Statement". The assumptions used to determine the projections should be included.
9	Upon completion of the acquisition, will the insurer/licensee be able to satisfy the requirement for the issuance of a license or certificate to write the line of insurance for which it is presently licensed or certified? If "No", explain in the memo field provided.
10	If the acquisition has already taken place, has the Applicant agreed not to make any material changes in the management or operation of the insurer/licensee or its controlling company while this application is being considered?
11	Has the Applicant agreed not to obligate 5% or more of its net worth?
12	Has the Applicant agreed not to make any managerial changes?
13	Is the insurer a Health Maintenance Organization? If "Yes", attach a statement of compliance as required by the Florida Statutes referenced below under the component titled "Compliance Statement". If the organization is for-profit, a statement setting forth method of compliance with Section 628.451, Florida Statutes. If the organization is non-profit, a statement setting forth method of compliance with Section 628.471, Florida Statutes.
14	Has the Applicant identified the source and amount of the funds or other consideration used, or to be used, in making the acquisition? If "No", explain in the memo field provided.

15	Is the contact information for the individual designated for service of process changing as a result of this transaction? If "Yes", attach a copy of the updated Service of Process Consent & Agreement form (Form OIR-C1-144) under the component titled "SERVICE OF PROCESS FORM 14".
16	Are there any agreements whereby the Applicant accepts obligations, debts and encumbrances which would affect the insurer/licensee being acquired? If "Yes", attach all applicable agreements under the component titled "Other Contracts/Agreements".
17	Is the acquired entity (insurer/licensee) going to be merged into any other entity? If "Yes", provide a copy of the Plan of Merger under the component titled "Plan of Merger".
18	Are there any other pertinent financial or operational documents or information that the Applicant wants to provide with this application? If "Yes", attach the information and/or documents under the component titled "Miscellaneous Financial Documents".
19	Are there any other pertinent legal documents that the Applicant wants to provide with this application? If "Yes", attach those documents under the component titled "Miscellaneous Legal Documents".

Specialty Product Administration and Managed Care

Components: (note * indicates required)

*	Biographical Affidavit
*	Confirmation of Fingerprint Processing Fee
*	Confirmation of Investigation Report Fee
	Cover Letter
*	Current Financial Statement Applicant
*	Description of Transaction
*	Documents Related to Interrogatory
*	Escrow Agreement
*	Evidence – Bond/Deposit/Reserves/Solvency/Insurance
*	Evidence of Reserves
*	Management Information Form (Applicant)
*	Management Information Form (Immediate Parent)
*	Management Information Form (Ultimate Parent)
*	Management Information Form (10% or More Shareholders)
	Miscellaneous Documents
*	Officer's Attestation to Application
*	Organizational Chart Post Acquisition
*	Organizational Chart Pre Acquisition
*	Organizational Documents
*	Source and Amount of Funds or Other Consideration
*	Status of Existing Debt or Obligations
*	Summary of Verbal Agreements
*	Waiver of Hearing from Seller
*	Written Agreements