



Florida Office of Insurance Regulation

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

This packet is designed to assist individuals in preparing the application in accordance with Florida Statutes and Rules and to facilitate expeditious processing of the application by the Florida Office of Insurance Regulation (Office).

Please submit all documents required by this packet in searchable PDF format unless otherwise indicated or required by Florida Statutes.

If this packet requires submission of forms or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <https://www.floir.com/iportal> and select Insurance Regulation Filing System (IRFS) to begin the submission of forms and/or rates.

In order for a submission to be considered a complete application, all required information must be included in the filing, including the completed application checklist.

The completed application packet must be submitted to the Office at the following link:

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

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

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APPLICATION FORM

Statutory Authority

S. 624.402(8)

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

Name of Offshore Insurer:

Company Name: _____

Country of Domicile: _____

Home/Principal Address: _____

Home Office Phone: _____

Home Office Email: _____

Home Office Fax Number: _____

Florida Office Address: _____

Florida Office Phone: _____

Florida Office Email: _____

Florida Office Fax Number: _____

Florida Office Contact Person: _____

Contact Person Concerning This Application: _____

Contact Persons' Address: _____

Contact Persons' Phone: _____

Contact Persons' Email: _____

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INSTRUCTIONS/CHECKLIST

Statutory Authority

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

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

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APPLICATION CERTIFICATION

The below certification must be executed by two officers of Applicant, one of whom must be the President or Chief Financial Officer, and the other the Secretary*.

The undersigned state that they are officers having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ (“Applicant”) to seek registration to operate in Florida as a non-U.S. based (Alien) insurer pursuant to Section 624.402(8), Florida Statutes; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this application; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further represent that they have the authority to bind the Applicant, and that by their signatures on the instrument the Applicant has executed the instrument.

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

By: _____

Print Name: _____

Title: _____

Date: _____

By: _____

Print Name: _____

Title: _____

Date: _____

*Other officers will be accepted only if the applicant does not have these positions.