SMALL EMPLOYER CARRIER'S APPLICATION TO MODIFY PREVIOUS ELECTION TO BECOME A RISK ASSUMING CARRIER OR A REINSURING CARRIER, AS REQUIRED BY SECTION 627.6699(11), FLORIDA STATUTES

CARRIER NAM			
ADDRESS (CIT	TYSTZIP)		
FEIN:	NAIC GROUP CODE:	NAIC COMPANY CODE:	
Under the provi	isions of Section 627.6699(11), Florida Statutes, we hereby a	pply to change carrier status from	
	to		
If risk-assuming	to Risk-Assuming Carrier from Reinsuring Carrier. g carrier status is elected, attach information showing that the carrie ow; then complete the signature line on page 2 and send to the Office		
1.	surplus is adequate to support the fair marketing required b	The issuer's financial ability to support the assumption of risk of individuals. The issuer shall demonstrate that its surplus is adequate to support the fair marketing required by statute and that the planned premium volume after becoming a risk-assuming carrier does not endanger the financial condition of the issuer or endanger the interest of the enrolled individual.	
2.	business of transacting rating and underwriting of individuals	suer's history of rating and underwriting. The issuer shall demonstrate that it has successfully engaged in the ss of transacting rating and underwriting of individuals, or is the wholly owned subsidiary of such a company at its condition and methods of operation in connection with individual contracts will not be such as to render ration hazardous to the public or its policyholders in this state.	
3.	The issuer's commitment to market fairly to all eligible indivision shall include a statement that the applicant has read Statutes, Standards to Assure Fair Marketing. The Office sl fitness of the officers and directors and the past market conductions.	and will comply with Section 627.6699(13), Florida nall consider the character, responsibility and general	
4.	The issuer's ability to assume and manage the risk of enrolling program provided by Section 627.6699(11), Florida Statutes. condition of the company. It should be demonstrated that the finrisk of marketing to individuals regardless of their claims expet that your existing reinsurance program will be depended upon to include a copy of the reinsurance treaty with a summary of how the reinsurance treaty does not apply to carriers that have a policing	The Office shall consider the history and financial ancial condition of the issuer is adequate to assume the rience or their health status. If part of the response is a cover such risks that you may be required to assume, it applies to these risks. The requirement of a copy of	
The	o Reinsuring Carrier from Risk-Assuming Carrier. carrier shall state what changes have occurred since the origine criteria in Section 627.6699(11), Florida Statutes.	inal election of risk-assuming carriers with regard	
	Required. in 60 days after this form and its attached information is file he request.	ed with the Office; the Office will hold a hearing	
Signature of Officer		Date	

PLEASE TYPE OR PRINT DATE, POSITION OR TITLE, AND NAME OF OFFICER

Position or Title

Form OIR-B2-1095 to be submitted as follows:

Office of Insurance Regulation

Bureau of Life and Health Forms and Rates Larson Building Tallahassee, FL 32399-0328

Name of Officer