## INDIVIDUAL CARRIER'S APPLICATION TO BECOME A RISK ASSUMING CARRIER OR A REINSURING CARRIER, AS REQUIRED BY SECTION 627.6475(5), FLORIDA STATUTES

FEIN:	(Street)  City, State Zip)  NAIC GRO			
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	NAIC GRO			
Λο mom: :!	NAIC GROUP CODE:		NAIC COMPANY CODE:	
	ed under the provisions of Section of eblock only.	_	orida Statutes, we hereby apply to elect the following status.	
		<b>□</b> A.	Reinsuring Carrier	
627.6475(		er status is electe	ce and participates in the health reinsurance program created by Section d, nothing further is required except completion of the signature line on orms and Rates.	
		□ B.	Risk Assuming Carrier	
pursuant t			nowing that the carrier is financially capable of assuming that status ete the signature line at the bottom of the page and send to the Office,	
	The issuer's financial ability to support the assumption of risk of individuals. The issuer shall demonstrate that its surplus is dequate to support the fair marketing required by statute and that the planned premium volume after becoming a risk-ssuming carrier does not endanger the financial condition of the issuer or endanger the interest of the enrolled individual. The issuer's history of rating and underwriting. The issuer shall demonstrate that it has successfully engaged in the business of			
	transacting rating and underwriting of	individuals, or is on with individua	the wholly owned subsidiary of such a company and that its conditional contracts will not be such as to render its operation hazardous to the	
· ·	include a statement that the applicant h	nas read and will ider the character	individuals in the state or its service area, as applicable. The issuer shall comply with Section 627.6475(8), Florida Statutes, Standards to Assure r, responsibility and general fitness of the officers and directors and the	
4.	The issuer's ability to assume and ma provided by Section 627.6475(7), Fl company. It should be demonstrated t individuals regardless of their claims of program will be depended upon to cov	nage the risk of orida Statutes. That the financial experience or the er such risks that nese risks. The re	enrolling individuals without the protection of the reinsurance program. The Office shall consider the history and financial condition of the condition of the issuer is adequate to assume the risk of marketing to it health status. If part of the response is that your existing reinsurance you may be required to assume, include a copy of the reinsurance treaty equirement of a copy of the reinsurance treaty does not apply to carriers	
		rill not market or issue. Company will not market or issue individual health insurance to eligible individuals after December 31, 1997. Should you desire to later participate in this market, an application will be		

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

Position or Title

Form OIR-B2-1311 to be submitted as follows:

Office of Insurance Regulation Life & Health Product Review Larson Building, Tallahassee, FL 32399-0328

Name of Officer