FINANCIAL SERVICES COMMISSION
Office of Insurance Regulation
Materials Available on the Web at:
http://www.floir.com/Sections/GovAffairs/FSC.aspx

December 17, 2024

MEMBERS
Governor Ron DeSantis
Attorney General Ashley Moody
Chief Financial Officer Jimmy Patronis
Commissioner Wilton Simpson

Contact: **Kevin Jacobs**
(850-413-5011)

9:00 A.M.
LL-03, The Capitol
Tallahassee, Florida

ITEM	SUBJECT	RECOMMENDATION

1. Request for Approval for Publication of Rules 69O-136.002; Foreign and Alien Insurers Filing for a Certificate of Authority; 69O-136.004; Surplus Lines; 69O-136.006; Domestic Insurers Filing for an Application for Permit and Subsequent Certificate of Authority; 69O-136.007; Redomestication Procedure; 69O-136.011; Commercial Self-Insurance Funds Filing for a Certificate of Authority; 69O-136.014; Rating Organizations; 69O-136.015; Corporate Amendment Procedure to Amend an Existing Certificate of Authority to Add a New Line of Business; 69O-136.031; Registration as a Purchasing Group; 69O-136.040; Health Maintenance Organizations; 69O-136.041; Multiple-Employer Welfare Arrangements; 69O-136.042; Continuing Care Contracts; 69O-136.043; Prepaid Health Clinic; 69O-136.044; Insurance Administrators; 69O-136.045; Donor Annuity Organizations; 69O-136.046; Prepaid Limited Health Service Organizations; 69O-136.047; Discount Plan Organizations; 69O-136.050; Premium Finance Companies; 69O-136.051; Service Warranty Associations; 69O-136.052; Home Warranty Associations; 69O-136.053; Motor Vehicle Service Agreement Companies; 69O-136.054; Legal Expense Insurance Corporations; 69O-136.070; Merger or Acquisition of the Attorney-in-Fact of a Domestic Reciprocal Insurer; 69O-136.075; Merger or Conversion of a Reciprocal Insurer; 69O-136.080; Mergers and Acquisition of Controlling Stock of a Florida Domestic Insurer; 69O-136.090; Merger, Consolidation, or Acquisition of Controlling Stock, Ownership Interests, Assets, or Control of a Specialty Insurer; 69O-136.100; Forms Incorporated by Reference; 69O-171.013; Premium Tax Discounts; 69O-189.003; Workers' Compensation: Application and Audit Procedures

   Rule 69O-136.006 is amended and Rules 69O-136.070, and 69O-136.075, are created to implement HB 1611 regarding changes to Chapter 629 regulating reciprocal insurers.

   Rules 69O-136.040 through 69O-136.054 are specialty insurers' applications rules that were transferred to Chapter 69O-136 on April 30, 2024. These rules and Rule 69O-136.100 are amended to incorporate all forms in the chapter into Rule 69O-136.100. Forms in 69O-136.100 have been amended and updated to improve functionality and reflect current law.

Rules throughout Chapter 136 are amended to add form names and provide a reference to the “biographical information package” rather than a list of form numbers improving readability.

To implement the provisions regarding premium tax discounts enacted in Section 624.5108, F.S., rule 69O-171.013 is being created. The rule specifies how the deductions are to be listed on the declarations page, how the deductions are to be reported to the office and promulgates a form for reporting that information. This permanent rule will replace Emergency Rule 69OER24-1.

The revision to 69O-189.003 will implement the changes made to section 440.381, F.S., by HB 959 in 2022, requiring annual physical onsite audits when the workers compensation policy premium for employers with construction classes exceeds $10,000. This proposal updates references to incorporated documents and forms to include where they may be found by the public, including language required under Chapter 120 for copyrighted documents and direct web addresses.

(ATTACHMENT 1) APPROVAL FOR PUBLICATION OF PROPOSED RULES AND FOR FINAL ADOPTION IF NO MEMBER OF THE PUBLIC TIMELY REQUESTS A RULE HEARING OR IF A HEARING IS REQUESTED AND NO NOTICE OF CHANGE IS NEEDED.

CHAPTER 69O-136
APPLICATION PROCEDURES FOR COMPANIES SEEKING TO DO BUSINESS IN FLORIDA

69O-136.002	Foreign and Alien Insurers Filing for a Certificate of Authority
69O-136.004	Surplus Lines
69O-136.006	Domestic Insurers Filing for an Application for Permit and Subsequent Certificate of Authority
69O-136.007	Redomestication Procedure
69O-136.011	Commercial Self-Insurance Funds Filing for a Certificate of Authority
69O-136.014	Rating Organizations
69O-136.015	Corporate Amendment Procedure to Amend an Existing Certificate ~~of Authority to Add a New Line of Business~~
69O-136.031	Registration as a Purchasing Group
69O-136.040	Health Maintenance Organizations
69O-136.041	Multiple-Employer Welfare Arrangements
69O-136.042	Continuing Care Contracts
69O-136.043	Prepaid Health Clinic
69O-136.044	Insurance Administrators
69O-136.045	Donor Annuity Organizations
69O-136.046	Prepaid Limited Health Service Organizations
69O-136.047	Discount Plan Organizations
69O-136.050	Premium Finance Companies
69O-136.051	Service Warranty Associations
69O-136.052	Home Warranty Associations
69O-136.053	Motor Vehicle Service Agreement Companies
69O-136.054	Legal Expense Insurance Corporations
69O-136.070	Merger or Acquisition of the Attorney-in-Fact of a Domestic Insurer
69O-136.075	Merger or Conversion of a Reciprocal Insurer
69O-136.080	Mergers and Acquisition of Controlling Stock of a Florida Domestic Insurer.
69O-136.090	Merger, Consolidation, or Acquisition of Controlling Stock, Ownership Interests, Assets, or Control of a Specialty Insurer
69O-136.100	Forms Incorporated by Reference.

69O-136.002 Foreign and Alien Insurers Filing for a Certificate of Authority.

All foreign or alien entities seeking a certificate of authority shall comply with the requirements of sections 624.404, 624.413, and related Florida Statutes. Each applicant shall comply with the instructions contained in the Uniform Certificate of Authority Expansion Application and any other requirements listed or referenced in the Uniform Certificate of Authority Expansion Application package, Form OIR-C1-1413. Such filings shall not exempt a foreign or alien insurer from any requirements under Florida law.

(1) Applicants shall comply with the directions on, or otherwise submit, the following applicable forms:

(a) The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;

~~(a)Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(b) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

(b) ~~(c)~~ Form OIR-C1-1413, "Uniform Certificate of Authority Application (UCAA) Expansion Application," incorporated by reference in Rule 69O-136.100, F.A.C.;

(c) ~~(d)~~ Form OIR-C1-1414, "Uniform Certificate of Authority Application (UCAA) Expansion Application Checklist For Expansion Application Only," incorporated by reference in Rule 69O-136.100, F.A.C.;

(d) ~~(e)~~ Form OIR-C1-1416, "Uniform Certificate of Authority Application (UCAA) Lines of Insurance," incorporated by reference in Rule 69O-136.100, F.A.C.;

(e) ~~(f)~~ Form OIR-C1-1422, "Uniform Certificate of Authority Application Questionnaire," incorporated by reference in Rule 69O-136.100, F.A.C.;

~~(g) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(h) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(h) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(i) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(j) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(k) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(l) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(m) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(n) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(o) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

(f)~~(q)~~ Form OIR-C1-1424, "Uniform Certificate of Authority Application," incorporated by reference in Rule 69O-136.100, F.A.C.;

(g)~~(r)~~ Form OIR-C1-1524, "Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process," incorporated by reference in Rule 69O-136.100, F.A.C.;

(h)~~(s)~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.;

(i)~~(t)~~ Form OIR-D0-896, "UCAA Proforma Financial Statements, Property and Casualty Insurance Company," incorporated by reference in Rule 69O-136.100, F.A.C.;

(j) ~~(u)~~ Form OIR-D0-904, "UCAA Proforma Financial Statements, Life & Health Insurer," incorporated by reference in Rule 69O-136.100, F.A.C.;

(k) ~~(v)~~ Form OIR-D0-2119, "UCAA Proforma Financial Statements, Title Insurance Company," incorporated by reference in Rule 69O-136.100, F.A.C.; and

(l) ~~(w)~~ Form OIR-D0-2165, "UCAA Proforma Financial Statements, Health," incorporated by reference in Rule 69O-136.100, F.A.C.

(2) Applicants must also submit:

(a) A certificate of compliance certified by the domiciliary regulator.

(b) A certificate of deposit certified by the domiciliary regulator.

(3) All the forms listed in subsection (1) may be obtained from the Office's website at http://www.floir.com and shall be submitted electronically via the Office's iApply system at https://www.floir.com/iportal. Forms relating to specific kinds of insurance in subsection (1) are to be submitted only by companies issuing policies relating to the kind of insurance specified on the form.

Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 624.34, 624.401, 624.404, 624.407, 624.413, 624.422, 624.501, 626.7451(11), 628.161, 628.907 FS. History–New 2-26-92, Amended 9-19-00, 11-18-02, Formerly 4-136.002, Amended 1-7-24.

69O-136.004 Surplus Lines.

Applications submitted as an insurer under Florida's Surplus Lines Law, pursuant to section 626.913, Florida Statutes, shall contain all of the following forms.

(1) Applicants shall comply with the directions on, or otherwise submit, the following applicable forms:

(a) Form OIR-C1-916, "Application for Eligibility as a Surplus Lines Insurer," incorporated by reference in Rule 69O-136.100, F.A.C.;

(b) Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100, F.A.C.;

~~(c) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(d) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

(c) ~~(e)~~Form OIR-C1-1416, "Uniform Certificate of Authority Application (UCAA) Lines of Insurance," incorporated by reference in Rule 69O-136.100, F.A.C.;

(d) The biographical information package as defined in Rule 69O-136.100(3), F.A.C.; and

~~(f) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(g) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(h) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(i) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(j) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(k) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(l) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(m) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(n) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(o) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and~~

(e) ~~(p)~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.

(2) All the forms listed in subsection (1) may be obtained from the Office's website at http://www.floir.com and shall be submitted electronically via the Office's iApply system at https://www.floir.com/iportal.

Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 624.34, 624.422, 624.501, 626.913, 626.918 FS. History–New 2-26-92, Amended 9-19-00, 11-18-02, Formerly 4-136.004, Amended 1-7-24.

69O-136.006 Domestic Insurers Filing for an Application for Permit and Subsequent Certificate of Authority.

(1) All domestic insurers filing an Application for Permit, pursuant to chapter ~~Chapter~~ 628, F.S., for the following: domestic property and casualty insurers, title insurers, ~~and~~ life and health insurers, and domestic assessable mutual insurers, pursuant to section ~~Section~~ 628.051, F.S. except for domestic reciprocal insurers which are addressed in (2); domestic assessable mutual insurers, pursuant to section 628.051, F.S, and Domestic Captive Insurers, pursuant to chapter ~~Chapter~~ 628, Part III, F.S. : ~~,~~

(a) Shall ~~shall~~ comply with the directions on, or otherwise submit, the following ~~applicable~~ forms:

1. Form OIR-C1-100, "Application For Permit Domestic Stock or Mutual Insurer", incorporated by reference in Rule 69O-136.100, F.A.C.~~(a) Form OIR-C1-0521, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(b) Form OIR-C1-0520, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

2. The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;

~~(c) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(d) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(e) Form OIR-C1-1416, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(f) Form OIR-C1-1422, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(g) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(h) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(i) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(j) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(k) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(l) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(m) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(n) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(o) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(p) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(q) Form OIR-C1-1522, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

3. ~~(r)~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.;

4.~~(s)~~ Form OIR-D0-896, "UCAA Proforma Financial Statements, Property and Casualty Insurance Company," incorporated by reference in Rule 69O-136.100, F.A.C.;

5. ~~(t)~~ Form OIR-D0-904, "UCAA Proforma Financial Statements, Life & Health Insurer," incorporated by reference in Rule 69O-136.100, F.A.C.;

6. ~~(u)~~ Form OIR-D0-2119, "UCAA Proforma Financial Statements, Title Insurance Company," incorporated by reference in Rule 69O-136.100, F.A.C.; and

7. ~~(v)~~ Form OIR-D0-2165, "UCAA Proforma Financial Statements, Health," incorporated by reference in Rule 69O-136.100, F.A.C.

(b) Once applicant has received a permit from the Office pursuant to section (1)(a) above, it shall submit Form OIR-C1-1524, "Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process," incorporated by reference in Rule 69O-136.100, F.A.C., as well as any other documents required in the permit. Once it has submitted all documents, satisfied the permit conditions, and is otherwise in compliance with Florida law, applicant will be granted a certificate of authority.

(2) All domestic reciprocal insurers filing an Application for Permit ~~and a subsequent certificate of authority~~, pursuant to sections 628.051, F.S, and Chapters 624 and 629, F.S.,

(a) Shall ~~shall~~ follow the directions on, or otherwise submit, the following forms:

~~(k) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

1. ~~(a)~~ Form OIR-C1-908, "Application for Permit Domestic Reciprocal Insurer," incorporated by reference in Rule 69O-136.100, F.A.C.;

2. The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;

~~(j) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(e) Form OIR-C1-1416, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(g) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(h) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(i) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(j) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(k) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(l) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(m) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(n) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(o) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(p) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

3. ~~(q)~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.;

4. ~~(r)~~ Form OIR-D0-896, "UCAA Proforma Financial Statements, Property and Casualty Insurance Company," incorporated by reference in Rule 69O-136.100, F.A.C.;

5. ~~(s)~~ Form OIR-D0-2119, "UCAA Proforma Financial Statements, Title Insurance Company," incorporated by reference in Rule 69O-136.100, F.A.C.; and

6. ~~(t)~~ Form OIR-D0-2165, "UCAA Proforma Financial Statements, Health," incorporated by reference in Rule 69O-136.100, F.A.C.

(b) ~~(3)~~ Once applicant has received a permit from the Office pursuant to section (2)(a) ~~1 or 2~~ above, it shall follow the directions on, or otherwise submit, the following forms:

1. Form OIR-C1-151, "Application for Certificate of Authority Domestic Reciprocal Insurer," incorporated by reference in Rule 69O-136.100, F.A.C., and

2. Form OIR-C1-1524, "Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process," incorporated by reference in Rule 69O-136.100, F.A.C.~~, as well as any other documents required in the permit.~~

(c) Once applicant has submitted all documents, satisfied the permit and application requirements ~~conditions~~, and is otherwise in compliance with Florida law, applicant will be granted a certificate of authority.

(3) ~~(4)~~ All the forms listed in subsection (1) and (2) ~~& (3)~~ above may be obtained from the Office's website at http://www.floir.com and shall be submitted electronically via the Office's iApply system at https://www.floir.com/iportal. Forms relating to specific kinds of insurance in subsection (1) and ~~&~~ (2) are to be submitted only by companies issuing policies relating to the kind of insurance specified on the form.

Rulemaking Authority 624.308(1), 624.413(1), 629.091(2), 629.225(11), 629.227(1), 629.291(2), 629.525 FS. Law Implemented 624.307(1), 624.34, 624.401, 624.404, 624.407, 624.413, 624.422, 624.501, ~~626.7451(11),~~ 628.051, 629.081, 629.091, 629.225, 629.227, 629.291 FS. History–New 2-26-92, Amended 9-19-00, 11-18-02, Formerly 4-136.006, Amended ~~Amemded~~ 1-7-24, _____

69O-136.007 Redomestication Procedure.

(1) Any insurer which is organized under the laws of any other state for the purpose of writing insurance may apply for a certificate of authority as a domestic insurer in this state and shall comply with all of the requirements relative to the organization and licensing of a domestic insurer of the same type and by designating its principal place of business at a place in this state upon approval by the Office.

(2) A retaliatory application fee shall be submitted pursuant to section 624.5091, F.S. The retaliatory fee is the greater of:

(a) The amount that the applicant's domiciliary state or country would charge a Florida domestic insurer making application in the applicant's state or country of domicile; or

(b) The Florida application fee pursuant to section 624.501(1)(a), F.S.

(3) Any insurer seeking a certificate of authority as a domestic insurer in this state shall comply with the directions on, or otherwise submit, the following applicable forms:

(a) Form OIR-C1-101, "Application to Redomesticate a Stock or Mutual Insurer, incorporated by reference in Rule 69O-136.100, F.A.C. ~~Form OIR-C1-0521, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(b) Form OIR-C1-0520, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

(b) The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;

~~(c) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(d) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

(c) ~~(e)~~ Form OIR-C1-1416, "Uniform Certificate of Authority Application (UCAA) Lines of Insurance," incorporated by reference in Rule 69O-136.100, F.A.C.;

~~(f) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(g) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(h) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(i) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(j) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(k) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(l) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(m) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(n) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(o) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

(d) ~~(p)~~ Form OIR-C1-1422, "Uniform Certificate of Authority Application Questionnaire," incorporated by reference in Rule 69O-136.100, F.A.C.;

(e) ~~(q)~~ Form OIR-C1-1522, "Primary Application Florida Specific Information," incorporated by reference in Rule 69O-136.100, F.A.C.;

(f) ~~(r)~~ Form OIR-C1-1524, "Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process," incorporated by reference in Rule 69O-136.100, F.A.C.;

(g) ~~(s)~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.;

(h) ~~(t)~~ Form OIR-D0-896, "UCAA Proforma Financial Statements, Property and Casualty Insurance Company," incorporated by reference in Rule 69O-136.100, F.A.C.;

(i) ~~(u)~~ Form OIR-D0-904, "UCAA Proforma Financial Statements, Life & Health Insurer," incorporated by reference in Rule 69O-136.100, F.A.C.;

(j) ~~(v)~~ Form OIR-D0-2119, "UCAA Proforma Financial Statements, Title Insurance Company," incorporated by reference in Rule 69O-136.100, F.A.C.; and

(k) ~~(w)~~ Form OIR-D0-2165, "UCAA Proforma Financial Statements, Health," incorporated by reference in Rule 69O-136.100, F.A.C.

(4) All the forms listed in subsection (3) above may be obtained from the Office's website at http://www.floir.com and shall be submitted electronically via the Office's iApply system at https://www.floir.com/iportal. Forms relating to specific kinds of insurance are to be submitted only by companies issuing policies relating to the kind of insurance specified.

Rulemaking Authority 624.308, 628.535 FS. Law Implemented 624.307(1), (2), (3), (5), 624.316, 624.317, 624.318, 624.321, 624.324, 624.34, 624.401, 624.404, 624.413, 624.424(6),

624.501(1)(a), 628.051, 628.061, 628.520, 628.801 FS. History–New 6-7-90, Formerly 4-106.002, Amended 5-12-94, Formerly 4-143.061, 69O-143.061, Amended 1-7-24.

69O-136.011 Commercial Self-Insurance Funds Filing for a Certificate of Authority.

(1) Applicants for a certificate of authority as a commercial self-insurance fund pursuant to section 624.462, F.S., shall comply with the directions on, or otherwise submit, the following applicable forms:

(a) Form OIR-C1-845, "Application for Certificate of Authority Commercial Self-Insurance Fund," incorporated by reference in Rule 69O-136.100, F.A.C.;

(b) Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100, F.A.C.;

~~(c) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(d) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

(c) ~~(e)~~ Form OIR-C1-1416, "Uniform Certificate of Authority Application (UCAA) Lines of Insurance," incorporated by reference in Rule 69O-136.100, F.A.C.;

(d) The biographical information package as defined in Rule 69O-136.100(3), F.A.C.; and

~~(f) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(g) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(h) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(i) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(j) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(k) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(l) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(m) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(n) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(o) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and~~

(e) ~~(s)~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.

(2) All the forms listed in subsection (1) above may be obtained from the Office's website at http://www.floir.com and shall be submitted electronically via the Office's iApply system at https://www.floir.com/iportal. Forms relating to specific kinds of insurance are to be submitted only by companies issuing policies relating to the kind of insurance specified.

Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 624.34, 624.401, 624.404, 624.407, 624.411, 624.413, 624.414(1), 624.422, 624.466, 624.501, 625.306, 628.041, 628.6011, 628.051, 628.061, 628.071, 628.081, 628.091, 628.121, 628.151, 628.161, 628.171, 628.221, 628.231, 628.251, 628.261, 628.451, 628.461, 628.4615, 628.471, 629.071, 629.081, 629.091, 629.101, 629.121, 629.131, 629.181 FS. History–New 2-26-92, Amended 9-19-00, 11-18-02, Formerly 4-136.011, Amended 1-7-24.

69O-136.014 Rating Organizations.

(1) An application for a person applying for a license as a rating organization consists of the following:

(a) Form OIR-C1-PCR1, "Application for License Rating Organization," incorporated by reference in Rule 69O-136.100, F.A.C.;

~~(b) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(c) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

(b) ~~(d)~~ Form OIR-C1-1416, "Uniform Certificate of Authority Application (UCAA) Lines of Insurance," incorporated by reference in Rule 69O-136.100, F.A.C.;

(c) The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;

~~(e) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(f) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(g) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(h) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(i) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(j) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(k) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(l) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(m) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(n) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and~~

(d) ~~(o)~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.

(2) A person applying for a license as a rating organization shall submit forms in subsection (1) as directed by the Office electronically at https://www.floir.com/iportal.

(3) Annual License Renewal

(a)1. All rating organization licenses shall expire on September 30.

2. Failure to submit the application for continuance by September 30 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a rating organization shall submit the following:

1. Form OIR-C1-PCR2, "License Renewal Rating Organization," incorporated by reference in Rule 69O-136.100, F.A.C.;

2. Form OIR-C1-1416, "Uniform Certificate of Authority Application (UCAA) Lines of Insurance," incorporated by reference in Rule 69O-136.100, F.A.C.; and

3. A fee of $25.00 filed annually in conjunction with the license renewal.

(c) Any licensee who fails to renew a rating organization license shall immediately cease and desist from engaging in the rating organization business in the state of Florida.

Rulemaking Authority 624.308(1) FS. Law Implemented 624.307(1), 624.501(18), 627.221 FS. History–New 5-20-90, Formerly 4-104.002, Formerly 4-170.021, 69O-170.021, Amended 1-7-24.

69O-136.015 Corporate Amendment Procedure to Amend an Existing Certificate of Authority ~~to Add a New Line of Business.~~

(1) This rule applies to all authorized insurers, as defined in section 624.09, F.S.

(2) Any insurer seeking to add or delete a line of insurance on an existing certificate of authority, file a name change, redomesticate (between foreign jurisdictions only), change its statutory home office address, merge two or more foreign insurers, file a change of control of a foreign insurer, amend its articles of incorporation, amend its bylaws, change its address or contact notification, or amend its Service of Process shall comply with the directions on, or otherwise submit, the following applicable forms:

(a) Form OIR-C1-0508, "Uniform Certificate of Authority Application (UCAA) Affidavit of Lost Certificate of Authority," incorporated by reference in Rule 69O-136.100, F.A.C.;

(b) Form OIR-C1-0510, "Uniform Certificate of Authority Application (UCAA) Corporate Amendments Application Application to Amend Certificate of Authority," incorporated by reference in Rule 69O-136.100, F.A.C.;

(c) Form OIR-C1-0511, "Uniform Certificate of Authority Application (UCAA) Corporate Amendments Application Checklist for Corporate Amendments Application Only," incorporated by reference in Rule 69O-136.100, F.A.C.;

(d) Form OIR-C1-0512, "Uniform Certificate of Authority Application Questionnaire for Adding or Deleting Lines of Business to an Existing Certificate of Authority," incorporated by reference in Rule 69O-136.100, F.A.C.;

(e) Form OIR-C1-0522, "Uniform Certificate of Application (UCAA) Change of Mailing Address/Contact Notification Form," incorporated by reference in Rule 69O-136.100, F.A.C.;

(f) Form OIR-B2-1093, "Small Employer Carrier's Application to Become a Risk Assuming Carrier or a Reinsuring Carrier, as Required by Section 627.6699(9), Florida Statutes," incorporated by reference in Rule 69O-136.100, F.A.C.;

(g) Form OIR-C1-1416, "Uniform Certificate of Authority Application (UCAA) Lines of Insurance," incorporated by reference in Rule 69O-136.100, F.A.C.; and

(h) Form OIR-C1-1524, "Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process," incorporated by reference in Rule 69O-136.100, F.A.C.

(3) Since the addition of any new line of business to a company's certificate of authority may impact the company's surplus and/or writing ratios, any such request to amend an existing certificate will be carefully evaluated by applying current standards required of an insurer seeking a certificate of authority from this state. The Office shall not authorize the addition of any lines of insurance to an insurer's existing certificate of authority unless evidence is presented satisfactory to the Office that authorization of the additional lines of insurance would be in the best interests of the financial solvency of the insurer and in the best interests of the policyholders.

(4) All the forms listed in subsection (2) may be obtained from the Office's website at http://www.floir.com and shall be submitted electronically via the Office's iApply system at https://www.floir.com/iportal.

Rulemaking Authority 624.308(1) FS. Law Implemented 624.09, 624.307(1), 624.404, 624.408, 624.413, 624.414, 624.416(4), 624.501(20), 624.610(11), 627.6488(1) FS. History–New 3-30-92, Amended 9-2-96, Amended 9-19-00, 11-18-02, Formerly 4-136.015, Amended 1-7-24.

69O-136.031 Registration as a Purchasing Group.

(1) All entities seeking registration as a purchasing group shall comply with the requirements of section ~~Section~~ 627.948, F.S., and shall (1) All entities seeking registration as a purchasing group shall comply with the requirements of section 627.948, F.S., and shall comply with the directions on, or otherwise submit, the following applicable forms:

(a) Form OIR-C1-515, "Application for Registration as a Risk Purchasing Group," incorporated by reference in Rule 69O-136.100, F.A.C.; and

(b) Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100, F.A.C.

(2) All domestic entities, as well as any foreign entities whose officers or directors collect premiums, shall comply with the directions on, or otherwise submit, the following applicable forms:

(a) The biographical information package as defined in Rule 69O-136.100(3), F.A.C.; and

~~(a) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(b) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(c) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(d) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(e) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(f) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(g) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(h) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(i) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(j) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(k) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(l) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and~~

(b) ~~(m)~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.

(3) In addition to the information required on the forms in subsection (1) & (2) above, the entity shall:

(a) Identify all other states in which the group is currently registered;

(b) Specify the method by which, and the person or persons, if any, through whom insurance will be offered to its members whose risks are resident or located in this state; and,

(c) Provide such other information as is necessary for the Office to determine whether the persons through whom insurance will be offered meet the standard set forth in section 626.611(14), F.S.

(4) During the pendency of the application, if any of the information submitted in response to the requirements of this rule changes, the entity shall notify the Office of the change within ten days of the change.

(5) All the forms listed in subsection (1) & (2) may be obtained from the Office's website at http://www.floir.com and shall be submitted electronically via the Office's iApply system at https://www.floir.com/iportal.

Rulemaking Authority 624.308, 627.954 FS. Law Implemented 624.307(1), (3), 624.318, 624.321, 626.611(14), 627.948 FS. History–New 1-30-91, Formerly 4-107.002, Amended 9-19-94, Amended 9-19-00, 11-18-02, Formerly 4-136.031, Amended 1-7-24.

69O-136.040 Health Maintenance Organizations.

(1) An application for a person applying for a certificate of authority as a health maintenance organization consists of the following:

(a) Form OIR-C1-942, "Application for Certificate of Authority Health Maintenance Organization," incorporated by reference in Rule 69O-136.100, F.A.C. ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16320~~;

(b) Form OIR-B2-1093, "Small Employer Carrier's Application to Become a Risk Assuming Carrier or a Reinsuring Carrier, as Required by Section 627.6699(9), Florida Statutes," incorporated by reference in Rule 69O-136.100, F.A.C.;

(c) The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;

and,

~~(c) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(d) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(e) Form OIR-C1-1423, "incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(f) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(g) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(h) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(i) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(j) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(k) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(l) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(m) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(n) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and~~

(d) ~~(o)~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.

(2) All the forms listed in subsection (1) may be obtained from the Office's website at http://www.floir.com and shall be submitted electronically via the Office's iApply system at https://www.floir.com/iportal.

Rulemaking Authority 627.6699, 641.36 FS. Law Implemented 627.6699, 641.21, 641.22, 641.227, 641.29(1) FS. History–New 2-22-88, Amended 10-25-89, Formerly 4-31.027, Amended 5-28-92, Formerly 4-191.027, Amended 9-28-22, 1-28-24, Formerly 69O-191.027. Amended, ____.

69O-136.041 Multiple-Employer Welfare Arrangements.

(1) An application for a person applying for a certificate of authority as a multiple-employer welfare arrangement consists of the following:

(a) Form OIR-C1-983, incorporated by reference in Rule 69O-136.100, F.A.C. ~~"Application for Certificate of Authority Multiple Employer Welfare Arrangement," effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16190~~;

(b) The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;
and,

~~(b) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(c) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(d) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(e) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(f) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(g) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(h) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(i) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(j) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(k) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(l) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(m) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and~~

(c) ~~(n)~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.

(2) A person applying for a certificate of authority as a multiple-employer welfare arrangement shall submit forms in subsection (1) as directed by the Office electronically at https://www.floir.com/iportal. The forms may be obtained from https://www.floir.com/iportal.

Rulemaking Authority 624.439, 624.4431 FS. Law Implemented 624.438, 624.439 FS. History–New 7-28-94, Formerly 4-192.008, Amended 9-28-22, 1-4-24, Formerly 69O-192.008. Amended, ____.

69O-136.042 Continuing Care Contracts.

(1) Application for Certificate of Authority.

(a) An application for a person applying for a certificate of authority for a continuing care provider consists of the following:

1. Form OIR-C1-473, incorporated by reference in Rule 69O-136.100, F.A.C. ~~"Application for Certificate of Authority for a Continuing Care Provider," effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16309~~;

2. Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100, F.A.C.;

3. The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;

and,

~~3. Form OIR-C1-905, "Instructions for Furnishing Background Investigative Reports," effective 6/20, hereby incorporated by reference and available at https://www.flrules.org/Gateway/reference.asp?No=Ref-14451;~~

~~4. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~5. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~6. Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~7. Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~8. Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~9. Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~10. Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~11. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~12. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~13. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~14. Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.~~; and

4. ~~15.~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.

(b) A person applying for a certificate of authority as a continuing care provider shall submit forms in paragraph (1)(a) as directed by the Office electronically at https://www.floir.com/iportal. The forms may be obtained from https://www.floir.com/iportal.

(2) Application for Provisional Certificate of Authority.

(a) An application for a person applying for a provisional certificate of authority for a continuing care provider consists of the following if applicable:

1. Form OIR-C1-471, incorporated by reference in Rule 69O-136.100, F.A.C. ~~"Application for Provisional Certificate of Authority for a Continuing Care Provider," effective 7/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16310~~;

2. Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100;

3. The biographical information package as defined in Rule 69O-136.100(3), F.A.C.; and,

~~3. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100;~~

~~4. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100;~~

~~5. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100; and~~

4. ~~6.~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100.

(b) A person applying for a provisional certificate of authority as a continuing care provider shall submit forms in paragraph (2)(a) as directed by the Office electronically at https://www.floir.com/iportal. The forms may be obtained from https://www.floir.com/iportal.

(3) Consolidated Application for Provisional Certificate of Authority and Certificate of Authority.

(a) A consolidated application for a provisional certificate of authority and certificate of authority for a continuing care provider consists of the following if applicable:

1. Form OIR-C1-2220, "Consolidated Application for Provisional Certificate of Authority and Certificate of Authority for a Continuing Care Provider," incorporated by reference in Rule 69O-136.100, F.A.C. ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16311~~;

2. Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100;

3. The biographical information package as defined in Rule 69O-136.100(3), F.A.C.; and,

~~3. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100;~~

~~4. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100;~~

~~5. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100; and~~

4. ~~6.~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100.

(b) A person filing a consolidated application for provisional certificate of authority and certificate of authority for a continuing care provider shall submit forms in paragraph (3)(a) as directed by the Office electronically at https://www.floir.com/iportal. The forms may be obtained from https://www.floir.com/iportal.

(4) Application for the Simultaneous Acquisition of a Continuing Care Facility and Issuance of a Certificate of Authority to a Provider.

(a) An application for the simultaneous acquisition of a continuing care facility and issuance of a certificate of authority consists of the following if applicable:

1. Form OIR-C1-2219, "Application for the Simultaneous Acquisition of a Continuing Care Facility and Issuance of a Certificate of Authority to a Provider," incorporated by reference in Rule 69O-136.100, F.A.C. ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16312~~;

2. Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100;

3. The biographical information package as defined in Rule 69O-136.100(3), F.A.C.; and,

~~3. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100;~~

~~4. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100;~~

4. ~~5.~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100; ~~and~~

~~6. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100~~

(b) A person applying for simultaneous acquisition of a continuing care facility and issuance of a certificate of authority shall submit forms in paragraph (4)(a) as directed by the Office electronically at https://www.floir.com/iportal.

(c) Disclaimer of Control

1. A person may attempt to rebut a presumption of control pursuant to Section 651.0245, F.S., by electronically filing at https://www.floir.com/iportal one of the following forms, which may be obtained from https://www.floir.com/iportal, with the Office:

a. Form OIR-C1-1467, "Disclaimer of Control - Individual," incorporated by reference in Rule 69O-136.100;

b. Form OIR-C1-1468, "Disclaimer of Control - Entity," incorporated by reference in Rule 69O-136.100;

c. Form OIR-C1-2211, "Disclaimer of Control – Investment Companies," incorporated by reference in Rule 69O-136.100.

2. A person may attempt to rebut a presumption of control pursuant to section 651.0245, F.S., by filing a copy of a Schedule 13G filed with the Securities and Exchange Commission pursuant to Rule 13d-1(b) or (c), 17 C.F.R. s. 240.13d-1, under the Securities Exchange Act of 1934, as amended, to the Office electronically at https://www.floir.com/iportal.

3. Pursuant to Section 651.0245(6), F.S., the Office is authorized to disallow a disclaimer of control filed pursuant to subparagraphs (4)(c)1. and (4)(c)2.

(5) Application for Expansion.

(a) An application for a person applying for expansion of a certificated continuing care facility consists of the following:

1. Form OIR-C1-2218, "Application for Expansion of a Certificated Continuing Care Facility," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16313;~~

2. The biographical information package defined in Rule 69O-136.100(3), F.A.C.;

and,

~~2. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100;~~

~~3. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100;~~

~~4. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100;~~

~~and~~

3. ~~5.~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100.

(b) A person applying for expansion of a certificated continuing care facility shall submit forms in paragraph (5)(a) as directed by the Office electronically at https://www.floir.com/iportal. The forms may be obtained from https://www.floir.com/iportal.

(6) Manager or Management Company.

(a) To comply with the filing requirements of section ~~Section~~ 651.043(2), F.S., for each new management company or manager not employed by a management company within 10 business days of a change in management, the provider shall submit the following:

1. The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;

and,

~~1. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100;~~
~~2. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100; and~~
~~3. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100.~~
2. ~~4.~~ A copy of the written management contract, if applicable.

(b) The documents in paragraph (6)(a) shall be submitted to the Office electronically at https://www.floir.com/iportal. The forms may be obtained from https://floir.com/iportal.

Rulemaking Authority 651.015(3), 651.021(2), 651.022(2), 651.0245(3), (5), (6), 651.0246(1), ~~651.043~~ FS. Law Implemented 651.0215, 651.022, 651.023, 651.024, 651.0245, 651.0246, 651.043 FS. History–New 7-16-92, Formerly 4-193.003, Amended 3-12-20, 7-21-22, 1-17-24, Formerly 69O-193.003. Amended, ____.

69O-136.043 Prepaid Health Clinics.

(1) An application for a person applying for a certificate of authority as a prepaid health clinic consists of the following:

(a) Form OIR-C1-483, "Application for Certificate of Authority Prepaid Health Clinic," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16247;~~

(b) The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;

and,

~~(b) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(c) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(d) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.~~
~~(e) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(f) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(g) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(h) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(i) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(j) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(k) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.; and~~
~~(l) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

(c) Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.

(2) A person applying for a certificate of authority as a prepaid health clinic shall submit forms in subsection (1) as directed by the Office electronically at https://www.floir.com/iportal. The forms may be obtained from https://www.floir.com/iportal.

Rulemaking Authority 641.403, 641.405(2) FS. Law Implemented 641.405, 641.406, 641.407, 641.409, 641.412, 641.42, 641427, 641.43, 641.441 FS. History–New 5-9-85, Formerly 4-69.03, 4-69.003, 4-194.003, Amended 9-28-22, 1-4-24, Formerly 69O-194.003. Amended, ____.

69O-136.044 Insurance Administrators.

(1) A person applying for a Certificate of Authority to operate as an insurance administrator, including an applicant seeking to register as a pharmacy benefit manager, shall submit the following :

(a) Form OIR-C1-1075, "Application for Certificate of Authority of an Insurance Administrator," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 7/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16047;~~

(b) The biographical information package as defined in Rule 69O-136.100(3), F.A.C.; and,

~~(b) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(c) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(d) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(e) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(f) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(g) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(h) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(i) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(j) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(k) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(l) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(m) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and~~

(c) ~~(n)~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.

(2) A person applying for a certificate of authority as an insurance administrator, including an applicant seeking to register as a pharmacy benefit manager, shall submit forms listed in subsection (1) as directed by the Office electronically at https://www.floir.com/iportal.

Rulemaking Authority 624.308(1), 624.490, 626.8805(2), 626.8991 FS. Law Implemented 624.490, 626.8805 FS. History – New 12-19-23, Formerly 69O-197.001. Amended, ____.

69O-136.045 Donor Annuity Organizations.

(1) Any person engaging in the business of issuing donor annuity agreements must submit Form OIR-C1-1208, "Notification to the Office of Insurance Regulation as a Qualifying Issuer of Donor Annuity Agreements Pursuant to section 627.481, F.S.," incorporated by reference in Rule 69O-136.100, F.A.C., to the Office electronically at https://www.floir.com/iportal on the date on which the person enters into the first of these annuity agreements. ~~Form OIR-C1-1208, "Notification to the Office of Insurance Regulation as a Qualifying Issuer of Donor Annuity Agreements Pursuant to section 627.481, F.S.," effective 6/20, is hereby incorporated by reference and available at https://www.flrules.org/Gateway/reference.asp?No=Ref-14417.~~ The form may be obtained from https://www.floir.com/iportal.

(2) Any person subject to section 627.481, F.S., that fails to submit the required notification form is subject to penalty as provided in section 626.9521, F.S.

Rulemaking Authority 624.308(1), 627.481(11) FS. Law Implemented 624.307(1), 627.481 FS. History–New 6-23-92, Amended 1-7-97, 12-24-03, Formerly 4-202.008, Amended 7-21-22, Formerly 69O-202.008. Amended, ____.

69O-136.046 Prepaid Limited Health Service Organizations.

(1) A person applying for a certificate of authority as a prepaid limited service organization shall submit the following if applicable:

(a) Form OIR-C1-1119, "Application for Certificate of Authority Prepaid Limited Health Service Organization," incorporated by reference in Rule 69O-136.100, F.A.C.; and ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16241;~~

~~(b) Form OIR-C1-905, "incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(c) Form OIR-C1-938 incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(d) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(e) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(f) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(g) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(h) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(i) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(j) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(k) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(l) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.; and~~

~~(m) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.~~

(b) The biographical information package defined in Rule 69O-136.100(3), F.A.C.

(2) A person shall submit the forms listed in subsection (1) electronically via the Office's iApply system at https://www.floir.com/iportal. The forms may be obtained from https://www.floir.com/iportal.

Rulemaking Authority 636.067 FS. Law Implemented 636.005, 636.007, 636.008, 636.009 FS. History–New 11-15-94, Formerly 4-203.020, Amended 9-29-22, 1-4-24, Formerly 69O-203.020. Amended, ____.

69O-136.047 Discount Plan Organizations.

(1) A person applying for a certificate of authority as a discount plan organization shall submit the following if applicable:

(a) Form OIR-C1-1606, "Application for License Discount Plan Organization (DPO)," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 5/22, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16242;~~

(b) Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100, F.A.C.;

(c) The biographical information package as defined in Rule 69O-136.100(3), F.A.C.; and,

~~(c) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(d) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(e) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(f) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(g) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(h) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(i) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(j) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(k) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(l) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(m) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(n) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and~~
(d) ~~(o)~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.

(2) A person shall submit the forms listed in subsection (1) electronically via the Office's iApply system at https://www.floir.com/iportal. The forms may be obtained from https://www.floir.com/iportal.

Rulemaking Authority 624.424(1)(c), 636.232 FS. Law Implemented 624.424, 636.204, 636.220, 636.226, 636.228, 636.234, 636.236 FS. History–New 5-22-05, Amended 10-29-08, 7-30-17, 4-11-19, 9-29-22, 1-4-24, Formerly 69O-203.210. Amended, ____.

69O-136.050 Premium Finance Companies.

(1) Application for License as a Premium Finance Company.

(a) A person applying for a license as a premium finance company shall submit the following if applicable:

1. Form OIR-C1-958, "Application for License Premium Finance Company," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16209;~~

2. Form OIR-A3-453, "Premium Finance Company Surety Bond," incorporated by reference in Rule 69O-136.100, F.A.C.; effective ~~07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16205~~,

3. Form OIR-C1-454, "Personal Financial Statement," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16207;~~

~~4. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~5. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

4. ~~6.~~ Form OIR-C1-957, "Instructions for Statutory Compliance of Forms: Premium Finance Companies," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 3/21, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-13034~~;

5. The biographical information package as defined in Rule 69O-136.100(3), F.A.C.; and,

~~7. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~8. Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~9. Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~10. Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~11. Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~12. Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~13. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~14. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~15. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~16. Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

6. ~~17.~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C. ~~effective 6/20, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-13037~~; and

(b) The applicant shall submit the forms listed in paragraph (1)(a) electronically at https://www.floir.com/iportal.

(2) Annual License Renewal

(a)1. All premium finance company licenses shall expire on October 1.

2. Failure to submit the application for renewal before October 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a premium finance company shall submit Form OIR-A3-1563, "Application for Renewal of License Premium Finance Company," incorporated by reference in Rule 69O-136.100, F.A.C., ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16211~~ filed electronically at https://www.floir.com/iportal.

Rulemaking Authority 624.308(1), 627.828(2) FS. Law Implemented 624.321(1)(a), 624.424, 627.828, 627.829 FS. History–New 5-28-90, Formerly 4-18.015, Amended 7-27-95, 8-29-99, Formerly 4-196.015, Amended 7-30-17, 5-24-21, 1-4-24, Formerly 69O-196.015. Amended, ____.

69O-136.051 Service Warranty Associations.

(1) Application for License as a Service Warranty Association

(a) An application for a person applying for a license as a service warranty association consists of the following if applicable:

1. Form OIR-C1-997, "Application for License Service Warranty Association," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16314;~~

2. Form OIR-A3-455, "Home or Service Warranty Association Surety Bond," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 5/20, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-13040;~~

3. Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100, F.A.C.;

4. The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;

and,

~~4. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~5. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~6. Form OIR-C1-995, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~7. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~8. Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~9. Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~10. Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~11. Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~12. Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~13. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~14. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~15. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~16. Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and~~

5. ~~17.~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.

(b) A person applying for a license as a service warranty association shall submit forms listed in paragraph (1)(a) as directed by the Office electronically at https://www.floir.com/iportal.

(2) License Continuance for Service Warranty Association

(a)1. A service warranty association's license shall continue in force as long as the licensee is in compliance with the provisions of Chapter 634, Part III, F.S.

2. Failure to submit the application for continuance by March 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a service warranty association shall submit the following:

1. Form OIR-A3-110, "License Continuance Form Service Warranty Association," incorporated by reference in Rule 69O-136.100, F.A.C., ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16315,~~ filed electronically at https://www.floir.com/iportal; and

2. A fee of $200.00 filed annually in conjunction with the March 1 filing of the annual statement.

(c) Any licensee who fails to renew a service warranty association license shall immediately cease and desist from engaging in the service warranty business in the state of Florida. The service warranty association shall honor those service warranty contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

(3) Application for License as a Service Warranty Association Manufacturer or Affiliate.

(a) An application for a person applying for a license as a service warranty association manufacturer or affiliate consists of the following:

1. Form OIR-C1-989, "Application for License Service Warranty Association Manufacturer or Affiliate," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16316;~~

2. Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100, F.A.C.; and

3. Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.

(b) A person applying for a license as a service warranty association shall submit forms listed in paragraph (3)(a) as directed by the Office electronically at https://www.floir.com/iportal.

(4) License Continuance for Service Warranty Association Manufacturer or Affiliate

(a)1. A service warranty association manufacturer or affiliate's license shall continue in force as long as licensee is in compliance with the provisions of chapter ~~Chapter~~ 634, part ~~Part~~ III, F.S.

2. Failure to submit the application for continuance by March 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a service warranty association manufacturer or affiliate shall submit the following:

1. Form OIR-A3-955, "License Continuance Form Service Warranty Association Manufacturer or Affiliate," incorporated by reference in Rule 69O-136.100, F.A.C., ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16317~~, filed electronically at https://www.floir.com/iportal; and

2. A fee of $500.00 filed annually in conjunction with the March 1 filing of the annual statement.

(c) Any licensee who fails to renew a service warranty association license shall immediately cease and desist from engaging in the service warranty business in the state of Florida. The service warranty association shall honor those service warranty contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

Rulemaking Authority 634.402 FS. Law Implemented 624.424, 634.407, 634.408, 634.404 FS. History–New 3-28-93, Formerly 4-198.011, Amended 5-25-21, 1-17-24, Formerly 69O-198.011. Amended, ____.

69O-136.052 Home Warranty Associations.

(1) Application for License as a Home Warranty Association.

(a) An application for a person applying for a license as a home warranty association consists of the following if applicable:

1. Form OIR-C1-490, "Application for License Home Warranty Association," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16188;~~

2. Form OIR-A3-455, "Home or Service Warranty Association Surety Bond," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 6/20, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-13052;~~

3. Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100, F.A.C.;

4. The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;

and,

~~4. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~5. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~6. Form OIR-C1-995, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~7. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~8. Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~9. Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~10. Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~11. Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~12. Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~13. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~14. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~15. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~16. Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and~~

5. ~~17.~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.

(b) A person applying for a license as a home warranty association shall submit the forms listed in paragraph (1)(a) as directed by the Office electronically at https://www.floir.com/iportal.

(2) Annual License Renewal.

(a)1. All home warranty association licenses shall expire on June 1.

2. Failure to submit the application for continuance by June 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a home warranty association shall submit the following:

1. Form OIR-A3-1073, "Application for Renewal of License Home Warranty Association," incorporated by reference in Rule 69O-136.100, F.A.C., ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16189,~~ filed electronically at https://www.floir.com/iportal, and

2. A fee of $200.00 filed annually in conjunction with the June 1 filing of the Annual Statement.

(c) Any licensee who fails to renew a home warranty association license shall immediately cease and desist from engaging in the home warranty business in the state of Florida. The home warranty association shall honor those home warranty contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

Rulemaking Authority 634.302 FS. Law Implemented 624.424, 634.304, 634.305, 634.306, 634.307, ~~624.307~~, 634.3073, 634.315 FS. History–New 7-16-92, Amended 4-3-94, Formerly 4-199.008, Amended 7-30-17, 5-25-21, 1-4-24, Formerly 69O-199.008. Amended, ____.

69O-136.053 Motor Vehicle Service Agreement Companies.

(1) Application for License as a Motor Vehicle Service Agreement Company.

(a) An application for a license as a motor vehicle service agreement company consists of the following if applicable:

1. Form OIR-C1-994, "Application for License Motor Vehicle Service Agreement Company," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16226;~~

2. Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100, F.A.C.;

3. The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;
and,

~~3. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~4. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~5. Form OIR-C1-995, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~6. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~7. Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~8. Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~9. Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~10. Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~11. Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~12. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~13. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~14. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~15. Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

4. ~~16.~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.;

(b) A person applying for a license as a motor vehicle service agreement company shall submit the forms listed in paragraph (1)(a) as directed by the Office electronically at https://www.floir.com/iportal. The forms may be obtained from https://www.floir.com/iportal.

(2) License Continuance for Motor Vehicle Service Agreement Company.

(a)1. All motor vehicle service agreement company licenses shall continue in force as long as licensee is entitled thereto under chapter ~~Chapter~~ 634, part ~~Part~~ I, F.S.

2. Failure to submit the application for continuance by March 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a motor vehicle service agreement company shall submit Form OIR-A3-467 LR, "Application for License Continuance Motor Vehicle Service Agreement Company," incorporated by reference in Rule 69O-136.100, F.A.C., ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16225,~~ filed electronically at https://www.floir.com/iportal. The form may be obtained from https://www.floir.com/iportal.

Rulemaking Authority 634.021, 634.061(1), (2)(c) FS. Law Implemented 634.041 FS. History–New 5-26-93, Formerly 4-200.004, Amended 8-13-12, 9-28-22, 1-16-24, Formerly 69O-200.004. Amended, ____.

69O-136.054 Legal Expense Insurance Corporations.

(1) Application for Certificate of Authority as a Legal Expense Insurance Corporation.

(a) An application for a person applying for a certificate of authority as a legal expense insurance corporation consists of the following if applicable:

1. Form OIR-C1-480, "Application for Certificate of Authority Legal Expense Insurance," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 07/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16224;~~

2. Form OIR-A3-478, "Legal Expense Insurance Corporation Surety Bond," incorporated by reference in Rule 69O-136.100, F.A.C.; ~~effective 07/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16220;~~

3. Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100, F.A.C.;

4. The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;

and,

~~4. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~5. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~6. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~7. Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~8. Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~9. Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~10. Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~11. Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~12. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~13. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~14. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.; and~~

5. ~~15.~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.;

(b) A person applying for a certificate of authority as a legal expense insurance corporation shall submit forms listed in paragraph (1)(a) as directed by the Office electronically at https://www.floir.com/iportal.

(2) Annual Renewal

(a)1. A legal expense insurance corporation's certificate of authority shall continue in force as long as the legal expense insurance corporation is in compliance with the provisions of chapter ~~Chapter~~ 642, F.S.

2. Failure to submit the application for continuance by June 1 shall result in expiration of the certificate of authority and will require the filing of a new application for licensure.

(b) The qualified certificate of authority holder seeking to continue operating as a legal expense insurance corporation shall submit Form OIR-A3-1077, "Application for License Continuance Legal Expense Insurance," incorporated by reference in Rule 69O-136.100, F.A.C., ~~effective 07/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16223,~~ at https://www.floir.com/iportal; and

(c) The legal expense insurance corporation shall honor those contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

Rulemaking Authority 624.308(1), 642.021(2) FS. Law Implemented 624.404, 642.019, 642.021, 642.032 FS. History–New 6-23-92, Formerly 4-201.008, Amended 5-25-21, 1-4-24, Formerly 69O-201.008. Amended, ____.

69O-136.070 Merger or Acquisition of the Attorney-in-Fact of a Domestic Reciprocal Insurer

(1) Any person acquiring the attorney-in-fact of a domestic reciprocal insurer pursuant to section 629.225, F.S., shall comply with the instructions contained on Form OIR-C1-150, "Application for the Acquisition of the Attorney-in-Fact of a Domestic Reciprocal Insurer," incorporated by reference in Rule 69O-136.100, F.A.C., and shall also comply with directions on, or otherwise submit, the following applicable forms:

(a) Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100, F.A.C.;

(b) Form OIR-C1-152, "Letter of Notification Acquisition of the Attorney-in-Fact of a Domestic Reciprocal Insurer," incorporated by reference in Rule 69O-136.100, F.A.C.;

(c) The biographical information package as defined in Rule 69O-136.100(3), F.A.C.; and,

(d) Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.

(e) In addition, prior to a final decision on whether to approve the proposed acquisition, the Office shall request such other information as is necessary, depending on the facts and circumstances of the specific persons and entities involved, pursuant to section 629.225(3), F.S., to determine the character, experience, ability, and other qualifications required by statute, of the person or affiliated person of such person for the protection of the policyholders and shareholders of the insurer and the public. The Office shall make no final decision on any proposed acquisition without complete information, as required by section 629.225, F.S.

(2) All the forms listed in subsection (1) may be obtained from the Office's website at http://www.floir.com and shall be submitted electronically via the Office's iApply system at https://www.floir.com/iportal.

(3) A retaliatory application fee shall be submitted pursuant to section 624.5091, F.S. The retaliatory fee is the greater of:

(a) The amount that the applicant's domiciliary state or country would charge a Florida domestic insurer making application in the applicant's state or country of domicile; or

(b) The Florida application fee pursuant to section 624.501(1)(a), F.S.

(4) Disclaimer of Control

(a) A person may attempt to rebut a presumption of control pursuant to section 629.225(11), F.S., by electronically filing via the Office's iApply system at https://www.floir.com/iportal one of the following forms with the Office:

1. Form OIR-C1-1467, "Disclaimer of Control - Individual," incorporated by reference in Rule 69O-136.100, F.A.C.;

2. Form OIR-C1-1468, "Disclaimer of Control - Entity," incorporated by reference in Rule 69O-136.100, F.A.C.;

3. Form OIR-C1-2211, "Disclaimer of Control – Investment Companies," incorporated by reference in Rule 69O-136.100, F.A.C.

(b) A person may attempt to rebut a presumption of control pursuant to section 629.225(11), F.S., by filing a copy of a Schedule 13G filed with the Securities and Exchange Commission pursuant to Rule 13d-1(b) or (c), 17 C.F.R. s. 240.13d-1, under the Securities Exchange Act of 1934, as amended, to the Office electronically via the Office's iApply system at https://www.floir.com/iportal.

(c) Pursuant to section 629.225(11), F.S., the Office is authorized to disallow a disclaimer of control filed pursuant to paragraphs (a) and (b).

Rulemaking Authority 624.308(1),629.225(1)(a)1, (11), 629.291(2), 629.525 FS. Law Implemented 624.501, 624.5091, 629.225, 629.227, 629.291 FS. History–New _____.

69O-136.075 Merger or Conversion of a Reciprocal Insurer

(1) A reciprocal insurer may merge with another reciprocal insurer or be converted to a stock or mutual insurer, by filing Form OIR-C1-153, "Application for Merger or Conversion Reciprocal Insurer," incorporated by reference in Rule 69O-136.100, F.A.C.

(2) A retaliatory application fee shall be submitted pursuant to section 624.5091, F.S. The retaliatory fee is the greater of:

(a) The amount that the applicant's domiciliary state or country would charge a Florida domestic insurer making application in the applicant's state or country of domicile; or

(b) The Florida application fee pursuant to section 624.501(1)(a), F.S.

Rulemaking Authority 624.308(1), 629.525, F.S. Law Implemented 624.501, 624.5091, 629.291, F.S. History – New _____.

69O-136.080 Mergers and Acquisition of Controlling Stock of a Florida Domestic Insurer.

(1) Any person acquiring a Florida domestic insurer pursuant to Section 628.461, F.S., shall comply with the instructions contained on Form OIR-C1-918, incorporated by reference in Rule 69O-136.100, F.A.C., and shall also comply with directions, or otherwise submit, the following applicable forms:

(a) Form OIR-C1-918, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~(b) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(c) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

(b) ~~(d)~~ Form OIR-C1-1416, "Uniform Certificate of Authority Application (UCAA) Lines of Insurance," incorporated by reference in Rule 69O-136.100, F.A.C.;

(c) The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;

~~(e) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(f) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(g) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(h) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(i) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(j) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(k) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(l) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(m) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(n) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
(d) ~~(o)~~ Form OIR-C1-1524, "Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process," incorporated by reference in Rule 69O-136.100, F.A.C., if required as per the instructions in Form OIR-C1-918;
(e) ~~(p)~~ Form OIR-C1-2069, "Letter of Notification," incorporated by reference in Rule 69O-136.100, F.A.C.;
(f) ~~(q)~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.;
(g) ~~(r)~~ Form OIR-D0-896, "UCAA Proforma Financial Statements, Property and Casualty Insurance Company," incorporated by reference in Rule 69O-136.100, F.A.C.;
(h) ~~(s)~~ Form OIR-D0-904, "UCAA Proforma Financial Statements, Life & Health Insurer," incorporated by reference in Rule 69O-136.100, F.A.C.;
(i) ~~(t)~~ Form OIR-D0-2119, "UCAA Proforma Financial Statements, Title Insurance Company," incorporated by reference in Rule 69O-136.100, F.A.C.;
(j) ~~(u)~~ Form OIR-D0-2165, "UCAA Proforma Financial Statements, Health," incorporated by reference in Rule 69O-136.100, F.A.C.; and
(k) ~~(v)~~ Prior to a final decision on whether to approve the proposed acquisition, the Office shall request such other information as is necessary, depending on the facts and circumstances of the specific persons and entities involved, pursuant to section ~~Section~~ 628.461(3), F.S., to determine the character, experience, ability, and other qualifications required by statute, of the person or affiliated person of such person for the protection of the policyholders and shareholders of the insurer and the public. The Office shall make no final decision on any proposed acquisition without complete information, as required by section ~~Section~~ 628.461, F.S.
(2) All the forms listed in subsection (1) may be obtained from the Office's website at http://www.floir.com and shall be submitted electronically via the Office's iApply system at https://www.floir.com/iportal. Forms relating to specific kinds of insurance in subsection (1) are to be submitted only by companies issuing policies relating to the kind of insurance specified on the form.
(3) Any merger effected between or among one or more domestic or foreign stock insurers authorized to transact insurance in this state and one or more other entities authorized to transact insurance and self-insurance in this state, including a self-insurance trust fund existing pursuant to section ~~Section~~ 627.357, F.S., shall comply with the provisions of sections ~~Sections~~ 628.461 and 628.451, F.S., and this rule.
(4) Any merger effected involving a not-for-profit health maintenance organization that is in a holding company system shall comply with the provisions of sections ~~Sections~~ 628.461, 628.471, 641.255 F.S., and this rule.

(5) Any merger effected involving a for-profit health maintenance organization that is in a holding company system shall comply with sections ~~Sections~~ 628.461, 628.451, 641.255 F.S., and this rule.
(6) A retaliatory application fee shall be submitted pursuant to section ~~Section~~ 624.5091, F.S. The retaliatory fee is the greater of:
(a) The amount that the applicant's domiciliary state or country would charge a Florida domestic insurer making application in the applicant's state or country of domicile; or
(b) The Florida application fee pursuant to section 624.501(1)(a), F.S.
(7) Disclaimer of Control
(a) A person may attempt to rebut a presumption of control pursuant to section ~~Section~~ 628.461, F.S., by electronically filing via the Office's iApply system at https://www.floir.com/iportal one of the following forms with the Office:
1. Form OIR-C1-1467, incorporated by reference in Rule 69O-136.100, F.A.C.;
2. Form OIR-C1-1468, incorporated by reference in Rule 69O-136.100, F.A.C.;
3. Form OIR-C1-2211, incorporated by reference in Rule 69O-136.100, F.A.C.
(b) A person may attempt to rebut a presumption of control pursuant to section ~~Section~~ 628.461, F.S., by filing a copy of a Schedule 13G filed with the Securities and Exchange Commission pursuant to Rule 13d-1(b) or (c), 17 C.F.R. s. 240.13d-1, under the Securities Exchange Act of 1934, as amended, to the Office electronically via the Office's iApply system at https://www.floir.com/iportal.
(c) Pursuant to section ~~Section~~ 628.461(12)(a), F.S., the Office is authorized to disallow a disclaimer of control filed pursuant to paragraphs (a) and (b).

Rulemaking Authority 624.308(1), 624.413(1), 628.461(13), 628.535 FS. Law Implemented 624.307(1), 624.34, 624.404, 624.413, 624.424(6), 624.501, 624.5091, 628.451, 628.461, 628.471, 628.801, 641.255 FS. History–New 6-7-90, Formerly 4-109.002, Amended 5-12-94, 11-7-00, Formerly 4-143.056, Amended 5-31-16, Formerly 69O-143.056, Amended 7-21-22, 1-7-24.

69O-136.090 Merger, Consolidation, or Acquisition of Controlling Stock, Ownership Interests, Assets, or Control of a Specialty Insurer.
(1) Any person acquiring a specialty insurer pursuant to section ~~Section~~ 628.4615, F.S., shall comply with the instructions contained on Form OIR-C1-448, incorporated by reference in Rule 69O-136.100, F.A.C., and shall also comply with directions, or otherwise submit, the following applicable forms:
(a) Form OIR-C1-144, "Service of Process Consent & Agreement," incorporated by reference in Rule 69O-136.100, F.A.C.;
(b) Form OIR-C1-448, incorporated by reference in Rule 69O-136.100, F.A.C.;
(c) The biographical information package as defined in Rule 69O-136.100(3), F.A.C.;
~~(c) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(d) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(e) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(f) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(g) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(h) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(i) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~(j) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(k) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(l) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(m) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
~~(n) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.;~~
(d) ~~(o)~~ Form OIR-C1-2069, "Letter of Notification," incorporated by reference in Rule 69O-136.100, F.A.C.;
(e) ~~(p)~~ Form OIR-C1-2221, "Management Information Form," incorporated by reference in Rule 69O-136.100, F.A.C.; and,
(f) ~~(q)~~ In addition, prior to a final decision on whether to approve the proposed acquisition, the Office shall request such other information as is necessary, depending on the facts and circumstances of the specific persons and entities involved, pursuant to Section 628.4615(4), F.S., to determine the character, experience, ability, and other qualifications required by statute, of the person or affiliated person of such person for the protection of the policyholders and shareholders of the insurer and the public. The Office shall make no final decision on any proposed acquisition without complete information, as required by Section 628.4615, F.S.
(2) All the forms listed in subsection (1) may be obtained from the Office's website at http://www.floir.com and shall be submitted electronically via the Office's iApply system at https://www.floir.com/iportal.
(3) Any merger effected involving a not-for-profit health maintenance organization that is not in a holding company system shall comply with Sections 628.4615, 628.471, and 641.255 F.S., and this rule.
(4) Any merger effected involving a for-profit health maintenance organization that is not in a holding company system shall comply with Sections 628.4615, 628.451, and 641.255 F.S., and this rule.
(5) A retaliatory application fee shall be submitted pursuant to Section 624.5091, F.S. The retaliatory fee is the greater of:
(a) The amount that the applicant's domiciliary state or country would charge a Florida domestic insurer making application in the applicant's state or country of domicile; or
(b) The Florida application fee pursuant to Section 624.501(1)(a), F.S.
(6) Disclaimer of Control
(a) A person may attempt to rebut a presumption of control pursuant to Section 628.4615(11), F.S., by electronically filing via the Office's iApply system at https://www.floir.com/iportal one of the following forms with the Office:
1. Form OIR-C1-1467, "Disclaimer of Control - Individual," incorporated by reference in Rule 69O-136.100, F.A.C.;
2. Form OIR-C1-1468, "Disclaimer of Control - Entity," incorporated by reference in Rule 69O-136.100, F.A.C.;
3. Form OIR-C1-2211, "Disclaimer of Control – Investment Companies," incorporated by reference in Rule 69O-136.100, F.A.C.
(b) A person may attempt to rebut a presumption of control pursuant to Section 628.4615(11), F.S., by filing a copy of a Schedule 13G filed with the Securities and Exchange Commission pursuant to Rule 13d-1(b) or (c), 17 C.F.R. s. 240.13d-1, under the Securities Exchange Act of 1934, as amended, to the Office electronically via the Office's iApply system at https://www.floir.com/iportal.

(c) Pursuant to section ~~Section~~ 628.4615(11), F.S., the Office is authorized to disallow a disclaimer of control filed pursuant to paragraphs (a) and (b).

Rulemaking Authority 624.308(1), 628.4615(15), 628.535 FS. Law Implemented 624.307(1), 624.34, 624.424(6), 624.501, 624.5091, 626.9928, 628.451, 628.4615, 628.471 634.252, 634.3073, 634.4085, 636.065, 641.255, 641.416, 642.032, 651.024, 651.0245 FS. History–New 7-21-22, Amended 1-7-24.

69O-136.100 Forms Incorporated by Reference.

(1) The forms incorporated in ~~subsection (2) of~~ this rule are available and may be printed from the Office of Insurance Regulation's website: https://www.floir.com/iportal, and are hereby incorporated by reference.

(2)(a) Forms OIR-A3

1. Form OIR-A3-110, "License Continuance Form Service Warranty Association," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXX;

2. Form OIR-A3-453, "Premium Finance Company Surety Bond," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXX;

3. Form OIR-A3-455, "Home or Service Warranty Association Surety Bond," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXX ;

4. Form OIR-A3-467 LR, "Application for License Continuance Motor Vehicle Service Agreement Company," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXX;

5. Form OIR-A3-478, "Legal Expense Insurance Corporation Surety Bond," effective 01/25, available at https://www.flrules.org/Gateway/XXXXXXX;

6. Form OIR-A3-955, "License Continuance Form Service Warranty Association Manufacturer or Affiliate," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXX;

7. Form OIR-A3-1073, "Application for Renewal of License Home Warranty Association," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXX;

8. Form OIR-A3-1077, "Application for License Continuance Legal Expense Insurance," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXXX; and

9. Form OIR-A3-1563, "Application for Renewal of License Premium Finance Company," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXX.

(b) Form OIR-B1-PCR3, "Filing requirements Advisory Organization," effective 7/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16192, electronically at https://www.floir.com/iportal.

(c) ~~(b)~~ Form OIR-B2-1093, "Small Employer Carrier's Application to Become a Risk Assuming Carrier or a Reinsuring Carrier, as Required by section ~~Section~~ 627.6699(9), Florida Statutes," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16193.

(d) ~~(c)~~ Forms OIR-C1

~~1. Form OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16194;~~

~~2. Form OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16195;~~

~~3. Form OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16196;~~

~~4. Form OIR-C1-0503, "UCAA Biographical Affidavit Addendum General," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16197;~~

~~5. Form OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16198;~~

~~6. Form OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16199;~~

~~7. Form OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16200;~~

~~8. Form OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16201;~~

1.~~9.~~ Form OIR-C1-0508, "Uniform Certificate of Authority Application (UCAA) Affidavit of Lost Certificate of Authority," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16202;

~~10. Form OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16203;~~

2.~~11.~~ Form OIR-C1-0510, "Uniform Certificate of Authority Application (UCAA) Corporate Amendments Application Application to Amend Certificate of Authority," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16206;

3.~~12.~~ Form OIR-C1-0511, "Uniform Certificate of Authority Application (UCAA) Corporate Amendments Application Checklist for Corporate Amendments Application Only," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16208;

4.~~13.~~ Form OIR-C1-0512, "Uniform Certificate of Authority Application Questionnaire for Adding or Deleting Lines of Business to an Existing Certificate of Authority," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16210;

~~14. Form OIR-C1-0520, "Uniform Certificate of Authority Application (UCAA) Primary Application Checklist for Primary Application Only" effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16212;~~

~~15. Form OIR-C1-0521, "Uniform Certificate of Authority Application (UCAA) Primary Application" effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16213;~~

5.~~16.~~ Form OIR-C1-0522, "Uniform Certificate of Application (UCAA) Change of Mailing Address/Contact Notification Form," effective 7/23, http://www.flrules.org/Gateway/reference.asp?No=Ref-16214;

6. Form OIR-C1-100, "Application for Permit Domestic Stock or Mutual Insurer", effective 1/25, available at http://www.flrules.org/Gateway/XXXX.

7. Form OIR-C1-101, "Application to Redomesticate a Stock or Mutual Insurer", effective 1/25, available at http://www.flrules.org/Gateway/XXXX.

8.~~17.~~ Form OIR-C1-144, "Service of Process Consent & Agreement," effective 01/25 ~~6/04~~, available at http://www.flrules.org/Gateway/XXXXX ~~http://www.flrules.org/Gateway/reference.asp?No=Ref-14435~~;

9. Form OIR-C1-150, "Application for Acquisition of the Attorney-in-Fact of a Domestic Reciprocal Insurer," effective 01/25, https://www.flrules.org/Gateway/XXXXXXX;

10. Form OIR-C1-151, "Application for Certificate of Authority Domestic Reciprocal Insurer," effective 01/25, available at https://www.flrules.org/Gateway/XXXXXX;

11. Form OIR-C1-152, "Letter of Notification Acquisition of the Attorney-in-Fact of a Domestic Reciprocal Insurer," effective 01/25, available at https://www.flrules.org/Gateway/XXXXXXX;

12. Form OIR-C1-153, "Application for Merger or Conversion Reciprocal Insurer," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXX;

13. ~~18.~~ Form OIR-C1-448, "Application for Acquisition of Controlling Stock, Ownership Interest, Assets, or Control of a Florida Specialty Insurer; Merger or Consolidation," effective ~~7/21~~, available at http://www.flrules.org/Gateway/XXXXXX ~~http://www.flrules.org/Gateway/reference.asp?No=Ref-14436~~;

14. Form OIR-C1-454, "Personal Financial Statement," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXXX;

15. Form OIR-C1-471, "Application for Provisional Certificate of Authority for a Continuing Care Provider," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXX;

16. Form OIR-C1-473, "Application for Certificate of Authority for a Continuing Care Provider," effective 01/25, hereby incorporated by reference and available at http://www.flrules.org/Gateway/XXXXXXXX;

17. Form OIR-C1-480, "Application for Certificate of Authority Legal Expense Insurance," effective 01/25, available at https://www.flrules.org/Gateway/XXXXXXX;

18. Form OIR-C1-483, "Application for Certificate of Authority Prepaid Health Clinic," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXXX;

19. Form OIR-C1-490, "Application for License Home Warranty Association," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXXXXX;

20. ~~19.~~ Form OIR-C1-513, "Application for Registration as a Risk Retention Group," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16216;

21. ~~20.~~ Form OIR-C1-515, "Application for Registration as a Risk Purchasing Group," effective 01/25 ~~7/23~~, available at https://www.flrules.org/Gateway/XXXXXXXXXX; ~~http://www.flrules.org/Gateway/reference.asp?No=Ref-16217~~;

22. ~~21.~~ Form OIR-C1-845, "Application for Certificate of Authority Commercial Self-Insurance Fund," effective 01/25 ~~7/23~~, available at https://www.flrules.org/Gateway/XXXXXXXX ~~http://www.flrules.org/Gateway/reference.asp?No=Ref-16227~~;

~~22. Form OIR-C1-905, "Instructions for Furnishing Background Investigative Reports," effective 6/20, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-14437;~~

23. Form OIR-C1-908, "Application for Permit Domestic Reciprocal Insurer," effective 01/25 ~~7/23~~, available at https://www.flrules.org/Gateway/XXXXXXXXXX; ~~http://www.flrules.org/Gateway/reference.asp?No=Ref-16228;~~

24. Form OIR-C1-916, "Application for Eligibility as a Surplus Lines Insurer," effective 7/23, available at www. http://www.flrules.org/Gateway/reference.asp?No=Ref-16229;

25. Form OIR-C1-918, "Application for Acquisition of Controlling Stock of a Florida Domestic Insurer," effective 01/25 ~~7/21~~, available at https://www.flrules.org/Gateway/XXXXXXXX ~~https://www.flrules.org/Gateway/reference.asp?No=Ref-14438~~;

~~26. Form OIR-C1-938, "Fingerprint Payment and Submission Procedure," effective 6/20, hereby incorporated by reference and available at https://www.flrules.org/Gateway/reference.asp?No=Ref-14439;~~

26. Form OIR-C1-942, "Application for Certificate of Authority Health Maintenance Organization," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXX;

27. Form OIR-C1-957, "Instructions for Statutory Compliance of Forms: Premium Finance Companies," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXX;

28. Form OIR-C1-958, "Application for License Premium Finance Company," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXX;

29. Form OIR-C1-983, "Application for Certificate of Authority Multiple Employer Welfare Arrangement," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXX;

30. Form OIR-C1-989, "Application for License Service Warranty Association Manufacturer or Affiliate," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXX;

31. Form OIR-C1-994, "Application for License Motor Vehicle Service Agreement Company," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXXXX;

32. Form OIR-C1-997, "Application for License Service Warranty Association," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXX;

33. Form OIR-C1-1075, "Application for Certificate of Authority of an Insurance Administrator," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXX;

34. Form OIR-C1-1119, "Application for Certificate of Authority Prepaid Limited Health Service Organization," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXX;

35. Form OIR-C1-1208, "Notification to the Office of Insurance Regulation as a Qualifying Issuer of Donor Annuity Agreements Pursuant to section 627.481, F.S.," effective 01/25, is hereby incorporated by reference and available at https://www.flrules.org/XXXXXX.

36. ~~27.~~ Form OIR-C1-1413, "Uniform Certificate of Authority Application (UCAA) Expansion Application," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16230;

37. ~~28.~~ Form OIR-C1-1414, "Uniform Certificate of Authority Application (UCAA) Expansion Application Checklist For Expansion Application Only," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16231;

38. ~~29.~~ Form OIR-C1-1416, "Uniform Certificate of Authority Application (UCAA) Lines of Insurance," effective 07/23 ~~1/20~~, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16232;

39. ~~30.~~ Form OIR-C1-1422, "Uniform Certificate of Authority Application Questionnaire," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16233;

~~31. Form OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit," effective 12/20, hereby incorporated by reference and available at https://www.flrules.org/Gateway/reference.asp?No=Ref-14441~~

40. ~~32.~~ Form OIR-C1-1424, "Uniform Certificate of Authority Application," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16234;

41. ~~33.~~ Form OIR-C1-1467, "Disclaimer of Control - Individual," effective 7/21, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-14442

42. ~~34.~~ Form OIR-C1-1468, "Disclaimer of Control - Entity," effective 7/21, available at https://www.flrules.org/Gateway/reference.asp?No=Ref-14443;

43. ~~35.~~ Form OIR-C1-1522, "Primary Application Florida Specific Information," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16235;

44. ~~36.~~ Form OIR-C1-1524, "Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process," effective 12/19, available at https://www.flrules.org/Gateway/reference.asp?No=Ref-14444;

45. Form OIR-C1-1606, "Application for License Discount Plan Organization (DPO)," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXXX;

46. ~~37.~~ Form OIR-C1-1654, "Determination of Eligibility to Operate as an Alien Insurer in Florida Pursuant to Section 624.402(9), Florida Statutes," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16236;

47. ~~38.~~ Form OIR-C1-2069, "Letter of Notification," effective 01/25 ~~7/23~~, available at https://www.flrules.org/Gateway/XXXXXXXX
~~http://www.flrules.org/Gateway/reference.asp?No=Ref-16237~~;

48. ~~39.~~ Form OIR-C1-2176, "Letter of Notification/Registration to Operate as a Non-US Based (Alien) Insurer (also referred to as "Offshore Insurer") in Florida Pursuant to Section 624.402(8), Florida Statutes," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16238;

49. ~~40.~~ Form OIR-C1-2211, "Disclaimer of Control – Investment Companies," effective 7/21, available at https://www.flrules.org/Gateway/reference.asp?No=Ref-14445;

50. Form OIR-C1-2218, "Application for Expansion of a Certificated Continuing Care Facility," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXXX;

51. Form OIR-C1-2219, "Application for the Simultaneous Acquisition of a Continuing Care Facility and Issuance of a Certificate of Authority to a Provider," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXX;

52. Form OIR-C1-2220, "Consolidated Application for Provisional Certificate of Authority and Certificate of Authority for a Continuing Care Provider," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXX;

53. ~~41.~~ Form OIR-C1-2221, "Management Information Form," effective 01/25 ~~6/20~~, available at https://www.flrules.org/Gateway/XXXXXXXXXXXX ~~https://www.flrules.org/Gateway/reference.asp?No=Ref-14446~~;

54. ~~42.~~ Form OIR-C1-PCR1, "Application for License Rating Organization," effective 7/23, hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16239; and

55. ~~43.~~ Form OIR-C1-PCR2, "License Renewal Rating Organization," effective 01/25 ~~7/23~~, hereby incorporated by reference and available at https://www.flrules.org/Gateway/XXXXXXX ~~http://www.flrules.org/Gateway/reference.asp?No=Ref-16239~~, filed electronically at https://www.floir.com/iportal.

(e) ~~(d)~~ Forms OIR-D0

1. Form OIR-D0-896, "UCAA Proforma Financial Statements, Property and Casualty Insurance Company," effective 1/19, available at https://www.flrules.org/Gateway/reference.asp?No=Ref-14448;

2. Form OIR-D0-904, "UCAA Proforma Financial Statements, Life & Health Insurer," effective 1/19, available at https://www.flrules.org/Gateway/reference.asp?No=Ref-16761 ~~www.flrules.org/14449;~~

3. Form OIR-D0-2119, "UCAA Proforma Financial Statements, Title Insurance Company," effective 1/19, available at https://www.flrules.org/Gateway/reference.asp?No=Ref-14593; and

4. Form OIR-D0-2165, "UCAA Proforma Financial Statements, Health," effective 1/19, available at https://www.flrules.org/Gateway/reference.asp?No=Ref-14450.

(3) The "biographical information package" is defined as all of the forms listed in this subsection.

(a) All individuals submitting a biographical information package shall complete and submit forms:

1. Form OIR-C1-938, "Fingerprints and Social Security Number," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/reference XXXXXX; and

2. Form OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit," effective 01/25, hereby incorporated by reference and available at https://www.flrules.org/Gateway/reference XXXXXXX;

(b) In addition, the individual shall submit all of the following forms that are applicable to their circumstances:

1. Form OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16194;

2. Form OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16195;

3. Form OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16196;

4. Form OIR-C1-0503, "UCAA Biographical Affidavit Addendum General," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16197;

5. Form OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16198;

6. Form OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16199;

7. Form OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16200;

8. Form OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16201; and,

9. Form OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure," effective 7/23, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16203.

Rulemaking Authority 624.308(1), 624.413(1), 624.439, 624.4431, 624.490, 626.8805(2), 626.8991, 627.481(11), 627.6699, 627.828(2), 628.461(13), 628.4615(15), 628.535, 629.091(2), 629.225(1)(a)1., (11), 629.227(1), ~~629.291(1)~~, (2), 629.525, 634.021, 634.061(1), (2)(c), 634.302, 634.402, 636.067, 636.232, 641.36, 641.403, 641.405(2), 642.021(2), 651.015(3), 651.021(2), 651.022(2), 651.0245(3), (5), (6), 651.0246(1), 651.043 FS. Law Implemented 624.307(1) 624.321, 624.34, 624.401, 624.404, 624.407, 624.413, 624.422, 624.424~~(6)~~, 624.438, 624.439, 624.490, 624.501, 624.5091, 626.8805, 627.6699, ~~626.7451(11)~~. 626.9928, 627.481, 627.828, 627.829, 628.051 628.451, 628.461, 628.4615, 628.471, 628.801, 629.081, 629.091, 629.225, 629.227, 629.291, 634.041, 634.252, 634.304, 634.305, 634.306, 634.307, 634.3073, 634.315, 634.404, 634.407, 634.408, 634.4085, 636.065, 636.005, 636.007, 636.008, 636.009, 636.204, 636.220, 636.226, 636.228, 636.234, 636.236, 641.21, 641.22, 641.227, 641.29(1), 641.255, 641.405, 641.406, 641.407, 641.409, 641.412, 641.416, 641.42, 641.427, 641.43, 641.441, 642.019, 642.021, 642.032, 651.0215, 651.022, 651.023, 651.024, 651.0245, 651.0246 FS.

Rule 69O-171.013 Premium Tax Discounts

(1) Each insurer subject to paying premium tax, pursuant to section 624.509, F.S., and the State Fire Marshal regulatory assessment, pursuant to section 624.515, F.S., must provide discounts for policies that provide coverage for a 12-month period with an effective date between October 1, 2024, and September 30, 2025, consistent with the provisions of section 624.5108, F.S.

(2) The deductions required by section 624.5108(1), F.S., must:

(a) be separately stated on the policy declarations page.

(b) be provided as part of the renewal notice of the policy or the quote provided on new business subject to the time period set forth in paragraph (1).

(c) be applied to the entirety of the premium due at the effectuation of the policy term.

(3) Sections 624.5108(1)(a) and (b), F.S., do not apply to tenant coverage.

(4) Sections 624.5108(1)(a) and (b), F.S., do not apply to condominium unit owner policies that do not contain Coverage A.

(5) Condominium Master policies providing residential coverage on the dwelling of the condominium unit owner are subject to a premium discount, pursuant to sections 624.5108(1)(a) and (b), F.S.

(6) For the purpose of consistency, the discounts provided in section 624.5108(1), F.S., should be titled as follows:

(a) “Legislative Premium Tax Discount” for the discount provided pursuant to section 624.5108(1)(a), F.S.

(b) “Legislative Fire Marshal Discount” for the discount provided pursuant to section 624.5108(1)(b), F.S.

(c) “Legislative Flood Premium Tax Discount” for the discount provided pursuant to section 624.5108(1)(c), F.S.

(7) The discounts provided on a policy subject to both sections 624.5108(1)(a) and (c), F.S., shall not exceed 1.75% of the premium, the amount collectable as premium tax for the policy. Insurers shall report such discounts under the heading “Legislative Premium Tax Discount.”

(8) Every authorized insurer required to provide a premium deduction pursuant to section 624.5108(1), F.S., must submit Form OIR-B1-596, as part of its quarterly and annual statements required by section 624.424, F.S., and due on the same day as the quarterly and annual statements, respectively. The form contains the

information required by section 624.5108(8), F.S., and must be uploaded separately into the Office's Regulatory Electronic Filing system ("REFS"). Form OIR-B1-596, effective 07/24, "Supplemental Policy Credits to Premium Taxes Reporting Form," is incorporated herein by reference and available at http://www.flrules.org/Gateway/referenceXXXX. form can be obtained from https://www.floir.com.

Rulemaking Authority 624.308(1), F.S. Law Implemented 624.5108, F.S. History – New XX-XX-2025

69O-189.003 Workers' Compensation: Application and Audit Procedures.

(1)(a) Each employer applying to a carrier in the voluntary market for workers' compensation coverage required by Section 440.38, F.S., shall use Form ACORD 130 FL (rev. 2019/07), "Florida Workers Compensation Application," which is hereby adopted and incorporated by reference. The form shall be completed and submitted to the carrier with which the employer wishes to contract for coverage.

(b) A carrier wishing to use its own application form shall submit the form electronically to the Florida Office of Insurance Regulation (Office) at http://www.floir.com/iportal, and receive approval prior to its use.

1. At a minimum the form shall require the employer to provide the following information:

a. Name, address, and legal status of the employer;

b. Federal employer identification number;

c. Type of business and contractor licensing number if the employer is a contractor;

d. Rating information including past and prospective payroll;

e. Estimated revenue;

f. Locations;

g. List of officers, sole proprietors and partners including their social security numbers (disclosure of social security number is voluntary; as an alternative, attach a copy of exclusion or inclusion forms filed with the state);

h. List of all employee names, employees' social security numbers and classifications (disclosure of social security numbers is voluntary; as an alternative, the latest RT form with class codes added can be used in lieu of a separate listing of employee names, employees' social security numbers and classifications);

i. Previous workers' compensation experience;

j. Former business names and predecessor companies for the last five years;

k. Former and current owners in the last five years;

l. All names under which the corporation operates; and,

m. Any other information necessary to enable the carrier to accurately underwrite the employer.

2. The application shall contain a statement that the filing of an application containing false, misleading, or incomplete information with the purpose of avoiding or reducing the amount of premiums for workers' compensation coverage is a felony of the third degree.

3. The application shall contain a sworn statement by the employer that ~~which~~ complies with Section 92.525, F.S., attesting to the accuracy of the information submitted.

4. The application shall contain a sworn statement by the agent attesting that ~~which~~ complies with Section 92.525, F.S., that the agent explained to the employer or officer the classification codes that are used for premium calculations.

(c) Each employer applying for workers' compensation coverage in the Florida Workers' Compensation Joint Underwriting Association (FWCJUA) shall use Form ACORD 130 FL (2019/07) unless the FWCJUA files and receives approval by the Office ~~of Insurance Regulation~~ to use a different application form in accordance with paragraph (1)(b). The FWCJUA shall submit any addendum to the application to the Office and receive approval prior to using. The completed application and all addenda shall be submitted to the FWCJUA at the address on the form.

(d) The Office has determined that posting the incorporated materials would be a violation of federal copyright law. Form ACORD 130 FL (rev. 2019/07), "Florida Workers Compensation Application," is available~~:~~

~~1.~~ from ~~From~~ ACORD at https://www.acord.org/home.~~; and,~~

~~2.For~~ Form ACORD 130 FL is available for inspection during regular business hours at the Office of Insurance Regulation, Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0300, and for inspection during regular business hours at the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, FL 32399-0250.

(2)(a) An application complying with this rule is required for all policies having covered Florida exposure. For new business effective after the implementation of this rule, a carrier shall use an application that ~~which~~ complies with this rule. When this new business policy is renewed, the carrier is not required to obtain another application. These requirements also apply to policies written in other states where there is covered Florida exposure other than incidental Florida exposure.

(b) The employer shall sign the application.

(c) It is permissible for insurers to accept electronic signatures in satisfaction of the application signature requirements to the extent that such acceptance of electronic signatures complies with Parts I and II of Chapter 668, F.S.

(3)(a) Each employer in the voluntary market or the FWCJUA may be required by their carrier to submit Form ACORD 175-FL (rev. 3/97), "Florida Workers' Compensation Monthly Change Sheet," which is hereby adopted and

incorporated by reference. Carriers may use their own monthly change sheet containing the same information shown on the adopted form. This form is used to reflect any change in the required application. The monthly change sheet is applicable to new and renewal policies that ~~which~~ have been issued with an application that complies with this rule. It is not necessary for an employer to submit a monthly change sheet if there are no changes to report.

(b) The Office has determined that posting the incorporated materials would be a violation of federal copyright law. Form ACORD 175-FL (rev. 3/97), "Florida Workers' Compensation Monthly Change Sheet," is available: from the Association for Cooperative Operations Research and Development (ACORD), 150 Clove Road, Little Falls, New Jersey 07424, at https://www.acord.org/home. Form ACORD 175-FL is available for inspection during regular business hours at the Office of Insurance Regulation, Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0300, and for inspection during regular business hours at the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, FL 32399-0250.

(4)(a) In order to ensure that the appropriate premium is charged for workers' compensation coverage, each employer and carrier shall comply with:

1. The requirements of Section 440.381, F.S.; and,

2. The current ~~As applicable, the~~ voluntary market ~~minimum~~ audit requirements ~~and FWCJUA minimum audit requirements~~ as set forth in the "NCCI Basic Manual (pages 120-125), Florida State Special Audit Rules", approved for use by the Office effective 1/24, and hereby incorporated by reference. The Office has determined that posting these incorporated materials would be a violation of federal copyright law. The "NCCI Basic Manual (pages 120-125), Florida State Special Audit Rules" is available from the National Council on Compensation Insurance (NCCI) 901 Peninsula Corporate Circle, Boca Raton, Florida 33487-1362 at https://www.ncci.com/pages/default.aspx, for inspection during regular business hours at the Office of Insurance Regulation, Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0300, and for inspection during regular business hours at the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250. ~~paragraphs (4)(b) and (4)(c), below~~.

(b) Each voluntary market carrier and each employer covered by a voluntary market carrier shall comply with the following minimum audit requirements at the expiration of each policy:

1. Final audits shall be conducted for both new and renewal policies as follows:

a. For policies with an estimated annual premium of $10,000 and over, a final physical audit shall be completed annually on all risks regardless of governing classification code;

b. For policies with an estimated annual premium of $1 to $9,999 ~~to $1~~, a final mail or physical audit shall be completed annually on all risks regardless of governing classification;

c. For all new business policies having construction classifications, regardless of premium range a final physical audit shall be completed annually;

d. For all ~~renewal business~~ policies having construction classifications, a final physical onsite audit shall be conducted annually if the estimated annual premium is $10,000 ~~$5,000~~ and over; and,

e. Per capita policies shall have a final mail or physical audit not less than biennially.

2. Physical audits will be made whenever requested by the employer unless such request is unnecessarily repetitive.

3. Mail audit reports by the employer are permitted only where a physical audit is not required.

4. Records examined during the physical audit shall include the use of the following as applicable:

a. Reemployment Tax (RT) forms;

b. Federal reports of employee income;

c. Payroll records;

d. Cash disbursement journals;

e. Other acceptable accounting records;

f. Certificates of insurance covering subcontractors; and,

g. Independent contractor documents.

h. Any other employer records necessary to establish premium or assign classifications.

5. Each voluntary market carrier or the National Council on Compensation Insurance shall conduct audits to ensure the accurate classification assignments for duties of employees.

(c) The FWCJUA or its service provider and each employer covered by the FWCJUA shall comply with the following minimum audit requirements at the expiration of each policy:

1. Final physical audits shall be conducted as follows:

a. For all policies producing an estimated annual premium of $4,000 and over regardless of governing classification code;

b. For all policies producing an estimated annual premium of $3,999 to $3,000, at least once every three years;

c. For all policies with a governing classification code of 2702, 2710, 5022, 5403, 5437, 5445, 5474, 5551, 5606, 5645, 6217, 7219, 8829, 8835, 8861 and 9110, regardless of premium range;

d. For all policies for employers engaged in leasing employees to others or in providing temporary help to others, regardless of premium range;

e. For all new business policies having construction classification codes, regardless of premium range;

f. For all policies with a loss ratio of 120% or greater the first year the employer qualifies and thereafter, regardless of premium range, subject to the FWCJUA's or its service provider's determination whether such audit is unnecessarily repetitive;

g. Whenever requested by the employer, unless such request is unnecessarily repetitive; and,

h. Whenever otherwise warranted by the FWCJUA's or its service provider's evaluation of the type of business, the amount of exposure, the accuracy of classifications, or the reliability of previous mail or physical audits.

2. Mail audit reports by the employer are permitted only where a physical audit is not required.

3. Records examined during the physical audit shall include the use of the following as applicable:

a. Reemployment Tax (RT) forms;

b. Federal reports of employee income;

c. Payroll records;

d. Cash disbursement journals;

e. Other acceptable accounting records;

f. Certificates of insurance covering subcontractors; and,

g. Independent contractor documents.

h. Any other records necessary to establish premium or assign classifications.

4. The FWCJUA, its service provider or the National Council on Compensation Insurance shall conduct audits to ensure the accurate classification assignment for duties of employees.

(d)1. In addition, each employer shall submit a copy of the quarterly earning report required by Chapter 443, F.S., to the carrier at the end of each quarter.

2. Each carrier shall develop its own procedures for terminating coverage when the quarterly earning report forms are not received. However, such forms shall be considered timely if received within 45 days of the end of the quarter reported.

(e) The carrier shall retain new or renewal applications, monthly change sheets, and the quarterly earning reports for a minimum of three years from the date the applications, sheets, or reports were received.

(f) Telephone audits are not permitted in lieu of mail or physical audits.

(g) Signatures.

1.a. A carrier, in order to comply with the signature requirements as provided in Section 440.381(3), F.S., shall use, as applicable:

(I) Form OIR-B1-1562 (rev. 7/03), "Partner's, Sole Proprietor's or Corporate Officer's Statement," hereby incorporated by reference and available at https://www.flrules.org/Gateway/reference.asp?No=Ref-16780. The form may be obtained from https://www.floir.com/iportal;

(II) Form OIR-B1-1561 (rev. 7/03), "Statement of Individual Providing Audit Information (other than Partner, Sole Proprietor or Corporate Officer)" hereby incorporated by reference and available at https://www.flrules.org/Gateway/reference.asp?No=Ref-16781. The form may be obtained from https://www.floir.com/iportal; and,

(III) Form OIR-B1-1560 (rev. 7/03), "Auditor's Statement,." hereby incorporated by reference and available at https://www.flrules.org/Gateway/reference.asp?No=Ref-16782. The form may be obtained from https://www.floir.com/iportal.

b. The forms in this subsection (4) are hereby adopted and incorporated by reference and may be obtained from the Office's website at http://www.floir.com/iportal.

c. These forms shall be signed by the appropriate party and submitted to the carrier at the completion of an audit.

2.a. A carrier wishing to use its own signature forms shall submit the forms electronically to Property and Casualty Product Review at https://iportal.fldfs.com, and receive approval prior to use.

b. At a minimum the forms shall contain all text as it appears on:

(I) Form OIR-B1-1562 (rev. 7/03)~~, "Partner's, Sole Proprietor's or Corporate Officer's Statement" The form may be obtained from https://www.floir.com/iportal.~~;

(II) Form OIR-B1-1561 (rev. 7/03), ~~"Statement of Individual Providing Audit Information (other than Partner, Sole Proprietor or Corporate Officer)"~~; and,

(III) Form OIR-B1-1560 (rev. 7/03)~~, "Auditor's Statement."~~

3. It is permissible for insurers to accept electronic signatures in satisfaction of the signature requirements of Section 440.381(3), F.S. to the extent that such acceptance of electronic signatures complies with parts I and II of Chapter 668, F.S.

Rulemaking Authority 440.381, 624.308(1) FS. Law Implemented 440.105(4)(b)5., 440.381, 624.307, 624.424(1)(c) FS. History–New 8-1-91, Formerly 4-28.007, Amended 10-3-95, 10-10-96, 1-15-98, 11-21-00, 11-5-02, 9-22-03, Formerly 4-189.003, Amended 3-29-05, 3-10-10, 12-26-19, _____.

Florida Office of Insurance Regulation

License Continuance Form
Service Warranty Association

For the period: 03/01/20____ to 02/2__/20____

Due by March 01

Licensee Name: _____

Address: _____

_____
(City) (State) (Zip Code)

Federal Identification Number ("FEIN"): _____

Florida Company Code: _____

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS SERVICE WARRANTY ASSOCIATION LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

_____	_____	_____
Name and Title	Signature	Date
_____	_____	_____
Name and Title	Signature	Date

INSTRUCTIONS:

1. If you wish to renew, submit the completed and signed application along with a license renewal fee of $200.00 USD. This fee is due at the time the renewal application is filed.

2. Application must be signed by:
   a. The owner or authorized representative, if a sole proprietor.
   b. The president and secretary if a corporation.
   c. The managing or senior partner(s) or managing director(s) if a partnership or association. (If necessary, attach additional sheets.)

3. The renewal application and fee must be received on or before March 1.

Florida Office of Insurance Regulation

Bond No: _____

PREMIUM FINANCE COMPANY SURETY BOND

We, _____ (" Principal"), and _____ ("Surety"), are held and firmly bound unto the Commissioner of the Florida Office of Insurance Regulation ("Commissioner"), and all successors in office, the sum of $35,000 United States Dollars ("USD"), to the payment whereof we hereby bind ourselves, jointly and severally, and our successors, assigns, and representatives.

This bond will be effective on the ____ day of _____, 20__, at 12:01 a.m.

Pursuant to Chapter 627, Part XV, Florida Statutes, the Principal is required to show proof of net worth of $35,000 USD, or a deposit of $35,000 USD in cash or approved securities with the Commissioner, or a surety bond in the amount of $35,000 USD underwritten by a surety company authorized to do business in Florida, said bond and company subject to the approval of the Commissioner to assure the faithful performance of the Principal's obligations to all parties to insurance premium financing contracts or other such documents as imposed by Chapter 627, Part XV, Florida Statutes, in the State of Florida.

The Principal has elected to give such surety bond with the Surety named above.

If the Principal named shall faithfully perform its obligations to all parties to insurance premium financing contracts or other such documents as imposed by Chapter 627, Part XV, Florida Statutes, or otherwise imposed upon it by the laws of the State of Florida, then and in that event this bond shall be null and void.

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES HERETO, THAT THIS BOND MAY NOT BE CANCELLED OR RELEASED UNTIL AFTER 30 DAYS NOTICE IN WRITING TO THE COMMISSIONER PROVIDED SUCH CANCELLATION SHALL NOT RELEASE SAID SURETY FROM ANY LIABILITY FOR CLAIMS ARISING OUT OF CONTRACTS ISSUED BEFORE CANCELLATION OF THE BOND.

THE SURETY does hereby grant a period of 12 months from the effective date of said cancellation or release in which to discover any obligation it may have under this bond.

Bond No: _____

IN WITNESS WHEREOF, the said parties hereunto have caused to be set the hands of their respective proper officers and to be affixed their respective corporate seals this _____ day of_____, 20___.

Signed and sealed in the presence of:

_____	_____
Witness Signature	President Signature
_____	_____
Witness Printed Full Name	President Printed Full Name
_____	_____
Witness Signature	Secretary Signature
_____	_____
Witness Printed Full Name	Secretary Printed Full Name

NOTE: Attach to this bond a properly certified copy Agent's Power of Attorney

Executed in _____, Florida
This _____ day of _____, 20___, the
By:_____
Florida Resident Agent of Surety Company

Bond No: _____

HOME OR SERVICE WARRANTY ASSOCIATION SURETY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT _____ _____ AS PRINCIPAL, (Hereinafter referred to as "the Principal") and _____ AS SURETY, (Hereinafter referred to as "the Surety") are held and firmly bound unto the Commissioner of the Office of Insurance Regulation of Florida, and his successors in office, the sum of _____ _____ ($ _____ .00) lawful money of the United States, to the payment whereof we hereby bind ourselves, jointly and severally, and our successors, assigns, and representatives.

This bond will be effective on the _____ day of _____, A.D. 20_____, at 12:01 a.m.

THE CONDITION OF THE ABOVE OBLIGATION IS, THAT, WHEREAS, by virtue of Chapter 634, Florida Statutes, the above bounden, the Principal herein named, is required to make a deposit of $ _____ .00 in cash or approved securities with the Commissioner or a surety bond in the amount of $ _____ .00 of a surety company authorized to do business in the State of Florida, said bond and company to be approved of by said Commissioner to assure the faithful performance of the principal's obligations to its members or subscribers assumed in the State of Florida while this bond is in effect:

AND WHEREAS, the above bounden, the Principal herein named has elected to give such surety bond with the Surety above named;

NOW, THEREFORE, if the said Principal named herein shall faithfully perform its obligations to its members or subscribers, and shall pay each, every and all of its liabilities to its members or subscribers in the State of Florida after the said liabilities shall have been adjusted between the Principal and its members or subscribers in the mode prescribed by the contract between the Principal and its members or subscribers, if a mode be prescribed, or by judgement, order or decree of a Court having jurisdiction of the subject, and shall fully and faithfully respond to and settle all said obligations to its members or subscribers arising from contracts effectuated while this bond is in effect and resting upon it by virtue of its said contracts with its members or subscribers, or imposed upon it by the laws of the State of Florida, then and in that event this bond shall be null and void.

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES HERETO, THAT THIS BOND MAY NOT BE CANCELLED OR RELEASED UNTIL AFTER 60 DAYS NOTICE IN WRITING TO THE COMMISSIONER PROVIDED SUCH CANCELLATION SHALL NOT RELEASE SAID SURETY FROM ANY LIABILITY FOR CLAIMS ARISING OUT OF CONTRACTS ISSUED BEFORE CANCELLATION OF THE BOND.

IN WITNESS WHEREOF, **the said parties hereunto have caused to be set the hands of their respective proper officers and to be affixed their respective corporate seals this _____ day of_____, 2 0_.**

Signed and sealed in the presence of:

_____ By: _____

WITNESS PRESIDENT

_____ _____

WITNESS SECRETARY

NOTE: Attach to this bond a properly certified copy of the Agent's Power of Attorney

Executed at_____, Florida
This_____day of_____, 2 0____.
By:_____
Florida Resident Agent of Surety Company

Florida Office of Insurance Regulation

Application for License Continuance
Motor Vehicle Service Agreement Company

For the period: 03/01/20____ to 02/2__/20____

Due by March 1

Licensee Name: _____

Address: _____

_____
(City) (State) (Zip Code)

Federal Identification Number ("FEIN"): _____

Florida Company Code: _____

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS MOTOR VEHICLE SERVICE AGREEMENT COMPANY LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

President's Name	Signature	Date
Secretary's Name	Signature	Date
Treasurer's Name	Signature	Date

INSTRUCTIONS:

1. If you wish to renew, submit the completed and signed application along with a license renewal fee of $100.00 USD. This fee is due at the time the renewal application is filed.

2. The renewal application and remittance must be received on or before March 1.

Bond No: _____

LEGAL EXPENSE INSURANCE CORPORATION SURETY BOND

We, _____ ("Principal"), and _____ ("Surety"), are held and firmly bound unto the Commissioner of the Florida Office of Insurance Regulation ("Commissioner"), or the Chief Financial Officer for the State of Florida ("CFO"), and all successors in office, the sum of $_____United States Dollars ("USD"), to the payment whereof we hereby bind ourselves, jointly and severally, and our successors, assigns, and representatives.

This bond will be effective on the ____ day of _____, 20__, at 12:01 a.m.

Pursuant to Chapter 642, Florida Statutes, the Principal is required to make a deposit of $_____.00 in cash or approved securities with the Commissioner, or a surety bond in the amount of $_____.00 USD underwritten by a surety company authorized to do business in Florida, said bond and company subject to the approval of the Commissioner to assure the faithful performance of the principal's obligations to its members or subscribers assumed in Florida while this bond is in effect.

The Principal has elected to give such surety bond with the Surety above, and the conditions of the above obligations are as follows:

If the Principal shall perform or caused to be performed all duties and responsibilities for which the Principal may be held liable by reason of the Principal's failure to perform, fulfill, or carry out any duty or responsibility governed by Chapter 642, Florida Statutes, or the rules adopted pursuant to those statutes, then this obligation shall be void. Otherwise, this obligation shall remain in force and effect. This bond shall be in favor of the Commissioner or the CFO and shall specifically authorize recovery by the Commissioner or the CFO on behalf of Florida members or subscribers in the event a delinquency proceeding, pursuant to Chapter 631, Florida Statutes, is commenced against the Principal.

Bond No: _____

IN WITNESS WHEREOF, the said parties hereunto have caused to be set the hands of their respective proper officers and to be affixed their respective corporate seals this _____ day of_____, 20___.

Signed and sealed in the presence of:

_____	By:	_____
Witness Signature		President Signature
_____		_____
Witness Printed Full Name		President Printed Full Name
_____		_____
Witness Signature		Secretary Signature
_____		_____
Witness Printed Full Name		Secretary Printed Full Name

NOTE: Attach to this bond a properly certified copy the Agent's Power of Attorney

Executed in _____, Florida
This _____ day of _____, 20___,
By:_____
Florida Resident Agent of Surety Company

OIR-A3-478
Rev.: 01/25
Rule 69O-136.100

Florida Office of Insurance Regulation

License Continuance Form
Service Warranty Association Manufacturer or Affiliate

For the period: 03/01/20____ to 02/2__/20____

Due by March 01

Licensee Name: _____

Address: _____

_____
(City) (State) (Zip Code)

Federal Identification Number ("FEIN"): _____

Florida Company Code: _____

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS SERVICE WARRANTY ASSOCIATION "MANUFACTURER or AFFILIATE" LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

_____	_____	_____
Name and Title	Signature	Date
_____	_____	_____
Name and Title	Signature	Date

INSTRUCTIONS:

1. If you wish to renew, submit the completed and signed application along with a license renewal fee of $500.00 USD. This fee is due at the time the renewal application is filed.
2. The renewal application and fee must be received on or before March 1.

Florida Office of Insurance Regulation

Application for Renewal of License
Home Warranty Association

For the period: 06/01/20____ to 05/31/20____

Due by May 31

Licensee Name: _____

Address: _____

_____
(City) (State) (Zip Code)

Federal Identification Number ("FEIN"): _____

Florida Company Code: _____

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS HOME WARRANTY ASSOCIATION LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

_____	_____	_____
Name and Title	Signature	Date
_____	_____	_____
Name and Title	Signature	Date

INSTRUCTIONS:

1. If you wish to renew, submit the completed and signed application along with a license renewal fee of $200.00 USD. This fee is due at the time the renewal application is filed.

2. Application must be signed by:
   a. The owner or authorized representative, if a sole proprietorship.
   b. The president and secretary if a corporation.
   c. The managing or senior partner(s) or managing director(s) if a partnership or association. (If necessary, attach additional sheets.)

3. The renewal application and fee must be received on or before May 31.

Florida Office of Insurance Regulation

Application for License Continuance
Legal Expense Insurance

For the period: 06/01/20____ to 05/31/20____

Due by May 31

Licensee Name: _____

Address: _____

_____
(City) (State) (Zip Code)

Federal Identification Number ("FEIN"): _____

Florida Company Code: _____

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR CONTINUANCE OF ITS LEGAL EXPENSE INSURANCE CERTIFICATE OF AUTHORITY AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

_____	_____	_____
Name and Title	Signature	Date
_____	_____	_____
Name and Title	Signature	Date

INSTRUCTIONS:

1. If you wish to continue the license, submit the completed and signed application along with a license continuance fee of $300.00 USD. This fee is due at the time the renewal application is filed.

2. Application must be signed by:
   a. The owner or authorized representative, if a sole proprietorship.
   b. The president and secretary if a corporation.
   c. The managing or senior partner(s) or managing director(s) if a partnership or association.
   (If necessary, attach additional sheets.)

3. The continuance application and fee must be received on or before May 31.

Florida Office of Insurance Regulation

Application for Renewal of License
Premium Finance Company

For the period: 10/01/20____ to 09/30/20____

Due by September 30

Licensee Name: _____

Address: _____

_____
(City) (State) (Zip Code)

Federal Identification Number ("FEIN"): _____

Florida Company Code: _____

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS PERMIUM FINANCE COMPANY LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

_____	_____	_____
Name and Title	Signature	Date
_____	_____	_____
Name and Title	Signature	Date

INSTRUCTIONS:

1. If you wish to renew, submit the completed and signed application along with a license renewal fee of $250.00 USD. This fee is due at the time the renewal application is filed.

2. Application must be signed by:
   a. The owner or authorized representative, if a sole proprietorship.
   b. The president and secretary if a corporation.
   c. The managing or senior partner(s) or managing director(s) if a partnership or association. (If necessary, attach additional sheets.)

3. The renewal application and fee must be received on or before September 30.

APPLICATION FOR PERMIT

DOMESTIC STOCK OR MUTUAL INSURER

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 by following the 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.

INSTRUCTIONS

SECTION I - APPLICATION FORM & FEES

Section I-1 Application and License Fees

Applicants must pay the application fees of $1,525 USD and the annual assessment of $2,000 USD pursuant to section 624.501, Florida Statutes. These fees are due at the time the application packet is filed and are nonrefundable.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Section I-3 Application Checklist and Certification

Applicant should complete pages 10-13 and return them with its application.

SECTION II – LEGAL

Section II-I Draft Organizational Documents

The Office will not approve drafts of the below documents that are inconsistent or not in accordance with applicable law.

1. **Articles of Incorporation**

Submit a copy of Applicant's proposed Articles of Incorporation that are in compliance with section 628.081, Florida Statutes.

2. **Bylaws**

Submit a copy of Applicant's proposed Bylaws that do not conflict with the draft Articles of Incorporation and are otherwise in compliance with applicable Florida Statutes.

Section II-2 Articles of Incorporation (Other Involved Corporations)

For any corporation involved in the financing or formation of Applicant, submit a copy of the Articles of Incorporation, or equivalent document, complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

Section II-3 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent Applicant before the Office in this matter. This letter should be dated within the last year.

SECTION III - FINANCIAL

Section III-1 Plan of Operation

It is important for the Office to have a clear understanding of the proposed operations of the new insurer and the goals it seeks to achieve. To meet this requirement, Applicant must furnish a three-year Plan of Operation. If Applicant will be owned or controlled by a financial institution as defined in section 626.9885, Florida Statutes, please refer to restrictions outlined in this statute when developing the Plan of Operation. The Plan must include all major areas of the proposed operations, including, but not limited to, the following:

1) Provide a narrative statement discussing why Applicant has chosen Florida as its domiciliary jurisdiction. Include discussion of any history Applicant's affiliates have writing insurance in Florida. If any affiliates are currently writing in Florida, differentiate between the products and markets in which Applicant intends to write.

2) Provide a list of counties in which Applicant intends to offer products.

3) Provide a brief description of the management experience of each individual (by name) involved in the following areas: Marketing, Underwriting, Rating, Reserving, Reinsurance, Claims Handling, Accounting, Investments, and Managing General Agents.

4) Attach a proposed organizational depiction (in the format of a flow chart) showing the various executive management, directors, officers, and related material functions that require internal control oversight of Applicant, with the name and official title of those responsible for those offices/functions and the portions of the organization they oversee. Material functions should include, but are not limited to, underwriting, claims adjustment/payments, premium accounting, claims accounting, marketing, financial reporting, and investment management. Note any executive or key staff member who has access to funds or bank accounts.

5) Provide an organizational chart showing the ownership structure of Applicant that includes affiliates, subsidiaries, all upstream ownership, and all individuals or entities who will have direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent of Applicant.

6) Does any proposed officer or salaried employee, exclusive of a director, have in force a license as an insurance agent or broker in Florida? If yes, please identify their proposed position with Applicant.

7) Provide a narrative statement discussing any common facilities or functions that are shared with affiliates or delegated to third parties. Submit copies of any draft or executed agreements including any amendments to these arrangements.

8) Submit a copy of the Applicant's proposed investment policy.

9) Submit Form OIR-C1-1416, Uniform Certificate of Authority Application (UCAA) Lines of Insurance, reflecting the lines of insurance Applicant intends to write in Florida.

10) Provide a description of insurance products to be written in each line of insurance.

11) Submit a narrative statement discussing Applicant's plans for underwriting, claims handling, policyholder administration, loss reserving, accounting, investments, and rating. Specifically address the following:

a) How policies will be underwritten, including the issuance and endorsements;

b) How policies will be cancelled;

c) How premium and other funds will be handled;

d) How personnel will be trained, supervised, and compensated;

e) How the personnel handling claims payments and adjustments will be trained, supervised, and compensated, and if Applicant plans to utilize any outside entities for this process; and

f) How and by whom claims reserves will be set and modified.

12) Applicant should include a statement indicating if any of its stock, bonds, or any other physical or book entry securities will be in the physical possession of another entity. If so, provide a copy of the proposed custodial agreement.

13) Provide copies of draft agreements Applicant will utilize for any services outsourced or with affiliates to carry out its proposed Plan of Operations.

14) Provide a plan of marketing and sales, including commission rates, use of brokering agents, agencies, third-party administrators, managing general agents, and other administrative expenses, and planned dates of initial marketing. Provide copies of any relevant agreements and the advertising plan.

15) Provide the proposed use of reinsurance, including the purpose of the reinsurance and the degree to which it is to be used in relation to the amount of insurance in force. Include retentions and limits of liability for the proposed reinsurance as well as catastrophe coverage and the largest amount retained on one risk.

16) Furnish a list of all consultant and expert services proposed to be used during the first 3 years of operations.

17) Indicate if Applicant plans to operate in other states, and if so the expected timeline for expansion.

18) Provide a statement that Applicant will have a Disaster Coordination or Business Continuity Plan that is in compliance with Rules 69O-128.032 and 69O-128.033, Florida Administrative Code ("F.A.C."). Applicant must provide a copy of the Plan if requested by the Office.

19) If the Applicant is applying for authority to write Variable Annuities, provide copies of any proposed third-party management or service contracts, commission schedules, five-year sales and expense projections, a statement from Applicant's actuary describing reserving procedures including the mortality and expense risks which Applicant will bear under the contract, a statement of the investment policy

of the separate account, a copy of the variable annuity prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law, copies of the variable annuity contracts and applications, a description of any investment advisory services contemplated relating to separate accounts, and a draft Board of Directors resolution authorizing the creation of the separate account.

20) If the Applicant Company is applying for authority to write Variable Life Insurance, provide copies of any proposed variable life policies Applicant intends to issue, the name and experience of persons or firms proposed to supply consulting, investments, administrative, custodial, or distribution services to Applicant; disclose whether each investment advisor i) is registered under the Investment Advisers Act of 1940, or ii) is an investment manager under the Employee Retirement Income Security Act of 1974; or iii) whether Applicant will annually file required information and statements concerning each investment advisor as required by its domiciliary state, a copy of the variable life prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law, a statement of the investment policy of any separate account, and the procedures for changing such policy, a statement from Applicant's actuary describing reserving procedures including the mortality and expense risks which Applicant will bear under the contract, standards of suitability or conduct regarding sales to policyholders, a statement specifying the standards of conduct with respect to the purchase or sale of investments of separate accounts (i.e. Board resolution), and a draft Board of Directors resolution authorizing the creation of the separate account.

21) If Applicant will pay, directly or indirectly, any commission to any officer, director, actuary, medical director, or any other physician charged with the duty of examining risks or applications, provide a written explanation.

22) Provide pro forma financial statements utilizing, as appropriate, Form OIR-D0-896, UCAA Proforma Financial Statements, Property and Casualty Insurance Company; Form OIR-D0-2119, UCAA Proforma Financial Statements, Title Insurance Company; Form OIR-D0-904, UCAA Proforma Financial Statements, Life & Health Insurer; or Form OIR-D0-2165, UCAA Proforma Financial Statements, Health, as relevant, for three years, excluding any spreadsheet that requires nationwide only data, in Excel format. Projections must be provided for each line of insurance proposed to be written. If you should have any questions concerning individual line items, please refer to the National Association of Insurance Commissioner ("NAIC") instructions to the annual statement.

a) Provide a list of all assumptions used in construction of the pro forma financial statements and disclose how these assumptions were derived. The assumptions should at least address how the premium levels have been derived, commission rates, investment income yields, expense levels, and benefits payable under policies and contracts.

b) Provide planned premium volume for nationwide premium and Florida premium by line of insurance for a three-year period from initial marketing date for each line of insurance.

Section III-2 Draft Holding Company Registration Statement

If Applicant will be part of a holding company system, provide a draft copy of Form OIR-D0-516, "Form B -- Insurance Company Holding System Annual Registration Statement." Refer to section 628.801, Florida Statutes and Rule 69O-143.046, F.A.C.

Section III-3 Proposed Address/Contact Information

All of the following information, as far as it is known, is to be provided:

- Home Office Address
- Administrative Office Address
- Mailing Address
- Phone Number(s)
- Billing Contact (Address, Phone, E-Mail, Fax)
- Premium Tax Statement Contact (Address, Phone, E-Mail, Fax)
- Producer Licensing Contact (Address, Phone, E-Mail, Fax)
- Rate/Form Filing Contact (Address, Phone, E-Mail, Fax)
- Consumer Affairs Contact (Address, Phone, E-Mail, Fax)
- Agent Appointment Contact (Address, Phone, E-Mail, Fax)
- Contact for Information Concerning the Application (Address, Phone, E-Mail, Fax)

Section III-4 Statement of Method Used in Financing Insurer

Section 628.051, Florida Statutes, requires, among other things, full disclosure of the terms of all understandings and agreements existing or proposed relative to the insurer, or the formation or financing of the insurer. Applicants should provide a statement of the method to be used in the financing of the proposed insurer, which includes the following information:

1) The amount of surplus as to policyholders to be funded:

a) By source (contributed by whom);

b) Amounts funded by each source;

c) The form in which the funding will be made, i.e., state specific dollar amounts of specific stocks, bonds, certificate of deposit, case, etc.; and

d) Verification that the funds are not encumbered, hypothecated, or pledged.

2) Residence addresses, business background, and qualifications of all individual names in 1(a) above.

3) Copies of all syndicate, association, firm, partnership, organization, or other similar agreements involved in the formation or financing of the proposed insurer.

4) Copies of any securities or of any proposed documents evidencing any right or interest proposed to be offered.

5) If Applicant will be a member of a holding company system, it must submit a debt-to-equity ratio statement that includes the following information:

a) Consolidated outside debt to consolidated equity ratio on a GAAP basis for the holding company. Please provide the amount of debt and debt to consolidated equity ratio due within 5 years, 10 years, and 20 years;

b) The most recent consolidated holding company financial statement;

c) Provide projections with assumptions for a three-year period for the holding company on a consolidated basis;

d) Clearly substantiate the sources of repayment of any debt, including, but not limited to, whether the sources of repayment are independent from the future income of Applicant. Provide a calculation of the debt service required of each insurer in the holding company system as a percentage of Applicant's capital and surplus;

e) List any assets of the holding company that are pledged to fund the debt service or debt repayment of an affiliate or parent. Include the assets or stock of any insurer or subsidiaries; and

f) List any guarantees, personal or otherwise, that are from the shareholders for repayment of the debt.

6) If an upstream member of Applicant's holding company system has made a filing with the Securities and Exchange Commission in connection with a public offering, or filed an 8K, 12K, or 10Q within the last 12 months, indicate that such filing is available for review.

For mutual insurers only, provide a copy of a fidelity bond or insurance policy, per section 628.171, Florida Statutes. For additional financial requirements affecting mutual insurers, please see Part I of Chapter 628, Florida Statutes.

SECTION IV – MANAGEMENT

Section IV-1 Management Information Forms

Submit Management Information Form OIR-C1-2221, fully describing Applicant's incorporators, proposed management, ownership, and all individuals or entities who will have direct or indirect control, up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the first, middle, and last name of listed individuals. Please state if a middle name does not exist.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete Forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and Form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor who has been approved for use by the National Association of Insurance Commissioners, directly to the Office, at bkgrnd-inv@floir.com. Submission should be in Microsoft Word format, with appropriate reference to the Applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. Applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants) or to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in Form OIR-C1-938.

In addition, pursuant to section 119.071(5), Florida Statutes, Social Security Numbers collected by an agency are confidential and exempt from disclosure under section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, and must be submitted as part of the Biographical Information Package.

APPLICATION FOR PERMIT DOMESTIC STOCK OR MUTUAL INSURER

CHECKLIST

Applicant Name:_____

_____
(Street Address) (City) (State) (Zip Code)

_____
(Phone Number) (Website)

Contact Person at Company:_____

_____
(Email) (Phone Number)

<u>Please complete and check off all items prior to submission.</u> Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FORM & FEES

- ☐ **1.** Application and license fees paid
- ☐ **2.** All fingerprint fees paid electronically
- ☐ **a.** Copies of online payment confirmation
- ☐ **3.** Checklist & Certification

SECTION II – LEGAL

1. Draft Organizational Documents

- ☐ **a.** Draft Articles of Incorporation
- ☐ **b.** Draft Bylaws
- ☐ **2.** Articles of Incorporation for other involved corporations
- ☐ **3.** Authorization Letter

SECTION III – FINANCIAL

- ☐ **1.** Plan of Operation
- ☐ **a.** Narrative statement
- ☐ **b.** List of counties
- ☐ **c.** Management experience
- ☐ **d.** Proposed internal organization chart
- ☐ **e.** Ownership organizational chart
- ☐ **f.** Employees licensed as agents or brokers

- ☐ **g.** Common facilities or functions, including any agreements
- ☐ **h.** Proposed investment policy
- ☐ **i.** Form OIR-C1-1416, Uniform Certificate of Authority Application (UCAA) Lines of Insurance
- ☐ **j.** Description of products for each line of insurance
- ☐ **k.** Narrative statement discussing plans for underwriting, claims handling, policy holder administration, loss reserving, accounting, investments, and rating, including:
  - ☐ **i.** How policies will be written
  - ☐ **ii.** How policies will be cancelled
  - ☐ **iii.** How premiums and other funds will be handled
  - ☐ **iv.** How personnel will be handled
  - ☐ **v.** How personnel handling claims will be handled and if outside parties will be used
  - ☐ **vi.** How and by whom claims reserves will be set and modified.
- ☐ **l.** Statement whether stock, bonds, or any other physical or book entry securities will be held by another, and copies of agreements
- ☐ **m.** Draft agreements for any services used to carry out the Plan of Operation
- ☐ **n.** Plan of marketing and sales with relevant agreements and advertising plan
- ☐ **o.** Proposed use of reinsurance
- ☐ **p.** List of all consultant and expert services proposed for first 3 years
- ☐ **q.** Expansion plans
- ☐ **r.** Statement regarding Disaster Coordination or Business Continuity Plan
- ☐ **s.** Information regarding variable annuity plans, if applicable
- ☐ **t.** Information regarding variable life insurance plans, if applicable
- ☐ **u.** Written explanation if Applicant will provide commission payments
- ☐ **v.** Pro forma financial statement on the applicable of: Form OIR-D0-896, UCAA Proforma Financial Statements, Property and Casualty Insurance Company; Form OIR-D0-2119, UCAA Proforma Financial Statements, Title Insurance Company; Form OIR-D0-904, UCAA Proforma Financial Statements, Life & Health Insurer; or Form OIR-D0-2165, UCAA Proforma Financial Statements, Health
  - ☐ **i.** Assumptions
  - ☐ **ii.** Planned premium

☐ **2.** Draft Holding Company Registration Statement

☐ **3.** All required address and contact information

☐ **4.** Statement of method used in the formation or financing of Applicant

- ☐ **a.** Amount of surplus as to policyholders
  - ☐ **i.** By source

- ☐ **ii.** Amount from each source
- ☐ **iii.** Form of funding
- ☐ **iv.** Fund verification
- ☐ **b.** Addresses, backgrounds, and qualifications
- ☐ **c.** Copies of all involved agreements
- ☐ **d.** Copies of securities or proposed documents on proposed interest
- ☐ **e.** Holding company system debt-to-equity statements including:
  - ☐ **i.** Consolidated outside debt to equity on GAAP basis for 5, 10, and 20 years
  - ☐ **ii.** Most recent consolidated holding company financial statement
  - ☐ **iii.** Projections with assumptions for 3 years for the holding company
  - ☐ **iv.** Substantiate sources of repayment of any debt
  - ☐ **v.** Assets of the holding company pledged to fund the debt service or debt repayment of an affiliate or parent
  - ☐ **vi.** Any guarantees from shareholders for repayment of the debt
- ☐ **f.** Indication regarding SEC filing of upstream entities

☐ **5.** If a mutual, copy of a fidelity bond or insurance policy per section 628.171, Florida Statutes

SECTION IV – MANAGEMENT

- ☐ **1.** Management Information Form (Form OIR-C1-2221) submitted for all required entities
- ☐ **2.** Biographical Information Package submitted for all required individuals
- ☐ **3.** All information completed on the applicable forms (no blanks)
  - ☐ **a.** "Yes" answers explained
  - ☐ **b.** Signed
  - ☐ **c.** Form OIR-C1-1423, Uniform Certificate of Authority Application (UCAA) Biographical Affidavit, is notarized
- ☐ **4.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application. Proof of the order and confirmation of payment must also be submitted to the Office.
- ☐ **5.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

APPLICATION CERTIFICATION

The undersigned states that they are an incorporator of Applicant and have personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to seek a Permit to form a Domestic Insurer; 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 represents that they have the authority to bind the Applicant and, that by their signature here below, the Applicant has executed the instrument.

The undersigned understands that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of their 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: Incorporator

Date: _____

APPLICATION TO REDOMESTICATE

A STOCK OR MUTUAL INSURER

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 by following the 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.

INSTRUCTIONS

SECTION I - APPLICATION FORM & FEES

Section I-1 Application and License Fees

Applicants must pay the application fees of $1,525 USD and the annual assessment of $2,000 USD, pursuant to section 624.501, Florida Statutes. These fees are due at the time the application packet is filed and are nonrefundable.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Section I-3 Application Checklist, Certification, and Questionnaire

Applicant should complete pages 9-20 and return them with its application.

SECTION II – LEGAL

Section II-I Draft Organizational Documents

The Office will not approve drafts of the below documents that are inconsistent or not in accordance with applicable law.

1. **Articles of Incorporation**

Submit a copy of Applicant's proposed Articles of Incorporation that are in compliance with section 628.081, Florida Statutes.

2. **Bylaws**

Submit a copy of Applicant's proposed Bylaws that do not conflict with the draft Articles and are otherwise in compliance with applicable Florida Statutes.

Section II-2 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent Applicant before the Office in this matter. This letter should be dated within the last year.

SECTION III - FINANCIAL

Section III-1 Plan of Operation

It is important for the Office to have a clear understanding of the proposed operations of the insurer and the goals it seeks to achieve. To meet this requirement, Applicant must furnish a three-year Plan of Operation. If Applicant is owned or controlled by a financial institution as defined in section 626.9885, Florida Statutes, please refer to restrictions outlined in this statute when developing the Plan of Operation. The Plan must include all major areas of the proposed operations, including, but not limited to, the following:

1) Provide a narrative statement discussing why Applicant has chosen Florida as its domiciliary jurisdiction. Include discussion of any history Applicant or its affiliates have writing insurance in Florida.

2) If Applicant is not currently operating in Florida, provide a list of counties in which Applicant intends to offer products. If Applicant is operating in Florida, indicate if there will be any changes to where it operates in this state as a result of the redomestication.

3) Provide a brief description of the management experience of each individual (by name) involved in the following areas: Marketing, Underwriting, Rating, Reserving, Reinsurance, Claims Handling, Accounting, Investments, and Managing General Agents.

4) Provide an organizational chart showing the ownership structure of Applicant that includes affiliates, subsidiaries, all upstream ownership, and all individuals or entities who will have direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent of Applicant.

5) Submit a copy of the Applicant's investment policy.

6) Submit Form OIR-C1-1416, Uniform Certificate of Authority Application (UCAA) Lines of Insurance, reflecting the lines of insurance Applicant intends to write in Florida.

7) Provide a description of insurance products to be marketed in each line of insurance.

8) Submit a narrative statement discussing Applicant's underwriting, claims handling, policy holder administration, loss reserving, accounting, investments, and rate making.

9) Applicant should include a statement indicating if any of its stock, bonds, or any other physical or book entry securities are or will be in the physical possession of another entity. If so, provide a copy of the custodial agreement.

10) Provide copies of any agreements regarding any services Applicant does or will utilize in carrying out its Plan of Operation. Include red-lined copies reflecting any proposed changes as a result of the redomestication.

11) Submit a three-year plan of marketing and sales, including commission rates, use of brokering agents, agencies, third-party administrators, managing general agents, and other administrative expenses. Provide copies of any relevant agreements and the advertising plan.

12) Provide a statement regarding the use of reinsurance including the purpose of the reinsurance and the degree to which it is to be used in relation to the amount of insurance in force. Include retentions and limits of liability for the reinsurance as well as catastrophe coverage and the largest amount retained on one risk.

13) Furnish a list of all current and proposed consultant and expert services to be used during the first three years after the redomestication.

14) Indicate if there are any pending applications with any other regulatory authorities, including, but not limited to, expansions, corporate amendments, withdrawals, etc.

15) Provide a statement that Applicant will have a Disaster Coordination or Business Continuity Plan that is in compliance with Rule 69O-128.032 and 69O-128.033, Florida Administrative Code ("F.A.C."). Applicant must provide a copy of the Plan if requested by the Office.

16) Provide pro forma financial statements utilizing, as appropriate, Form OIR-D0-896, UCAA Proforma Financial Statements, Property and Casualty Insurance Company; Form OIR-D0-2119, UCAA Proforma Financial Statements, Title Insurance Company; Form OIR-D0-904, UCAA Proforma Financial Statements, Life & Health Insurer; or Form OIR-D0-2165, UCAA Proforma Financial Statements, Health, as relevant, for three years, excluding any spreadsheet that requires nationwide only data. Projections must be provided for each line of insurance proposed to be written. If you should have any questions concerning individual line items, please refer to the National Association of Insurance Commissioner ("NAIC") instructions to the annual statement.

a) Provide a list of all assumptions used in construction of the pro forma financial statements and disclose how these assumptions were derived. The assumptions should at least address how the premium levels have been derived, commission rates, investment income yields, expense levels, and benefits payable under policies and contracts.

b) Provide planned premium volume for nationwide premium and Florida premium by line of insurance for a three-year period from initial marketing date for each line of insurance.

Section III-2 Holding Company

1) If the Applicant Company is a member of a holding company system, the application must include either the most recent Holding Company Act (HCA) filings, including Form OIR-D0-516, "Form B -- Insurance Company Holding System Annual Registration Statement" and related Form OIR-A1-2118, "Form F -- Enterprise Risk Report," or a statement substantially similar, according to the NAIC Insurance Holding Company System Regulatory Act (#440). The filing should include all attachments, exhibits and appendices referenced in the HCA filings. Include all attachments and any amendments up to the application filing date and include copies of all advisory, management and service agreements referenced in responses to questions in the attached Questionnaire.

2) If Applicant is a member of a Holding Company System, it must submit a debt-to-equity ratio statement that includes the following information:

a) Consolidated outside debt to consolidated equity ratio on a GAAP basis for the Holding Company. Please provide the amount of debt and debt to consolidated equity ratio due within 5 years, 10 years, and 20 years.

b) The most recent consolidated holding company financial statement.

c) Provide projections with assumptions for a three-year period for the holding company on a consolidated basis.

d) Clearly substantiate the sources of repayment of any debt, including, but not limited to, if the sources of repayment are independent from the future income of Applicant. Provide a calculation of the debt service required of each insurer in the Holding Company System as a percentage of Applicant's capital and surplus.

e) List any assets of the Holding Company that are pledged to fund the debt service or debt repayment of an affiliate or parent. Include the assets or stock of any insurer or subsidiaries.

f) List any guarantees, personal or otherwise, that are from the shareholders for repayment of the debt.

3) If an upstream member of Applicant's Holding Company System has made a filing with the Securities and Exchange Commission in connection with a public offering, or filed an 8K, 12K, or 10Q, within the last 12 months, indicate that such filing is available for review.

For mutual insurers only, provide a copy of a fidelity bond or insurance policy per section 628.171, Florida Statutes. For additional financial requirements affecting mutual insurers, please see Part I of chapter 628, Florida Statutes.

Section III-3 Proposed Address/Contact Information

All of the following information, as far as it is known, is to be provided:

- Home Office Address
- Administrative Office Address
- Mailing Address
- Phone Number(s)
- Billing Contact (Address, Phone, E-Mail, Fax)
- Premium Tax Statement Contact (Address, Phone, E-Mail, Fax)
- Producer Licensing Contact (Address, Phone, E-Mail, Fax)
- Rate/Form Filing Contact (Address, Phone, E-Mail, Fax)
- Consumer Affairs Contact (Address, Phone, E-Mail, Fax)
- Agent Appointment Contact (Address, Phone, E-Mail, Fax)
- Contact for Information Concerning the Application (Address, Phone, E-Mail, Fax)

SECTION IV – MANAGEMENT

Section IV-1 Management Information Forms

Submit Management Information Form OIR-C1-2221, fully describing Applicant's management, ownership, and all individuals or entities who will have direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the first, middle, and last name of listed individuals. Please state if a middle name does not exist.

Section IV-2 Previous Florida History

If any officer or director of Applicant was previously an officer or director of an insurer doing business in Florida, list the name of the individual, the name of the Florida insurer, the period of employment, and if the insurer had an insolvency after 2002.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
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- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete Forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and Form OIR-C1-1423 must be notarized. All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted, by a background investigation vendor who has been approved for use by the National Association of Insurance Commissioners, directly to the Office at bkgrnd-inv@floir.com. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. Applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants) or to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in Form OIR-C1-938.

In addition, pursuant to section 119.071(5), Florida Statutes, Social Security Numbers collected by an agency are confidential and exempt from disclosure under section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of Form OIR-C1-938, and must be submitted as part of the Biographical Information Package.

CHECKLIST

Applicant Name:_____

_____
(Street Address) (City) (State) (Zip Code)

_____
(Phone Number) (Website)

_____
(FEIN) (NAIC No.)

Contact Person at Company:_____

_____
(Email) (Phone Number)

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FORM & FEES

- ☐ **1.** Application fees and license assessment paid
- ☐ **2.** Copies of online payment confirmation
- ☐ **3.** Checklist, Questionnaire, & Certification

SECTION II – LEGAL

- ☐ **1.** Draft Organizational Documents
  - ☐ **a.** Draft Articles of Incorporation
  - ☐ **b.** Draft Bylaws
- ☐ **2.** Historical Organizational Documents
  - ☐ **a.** Current Articles of Incorporation
  - ☐ **b.** Current Bylaws
- ☐ **3.** Authorization Letter

SECTION III – FINANCIAL

- ☐ **1.** Plan of Operation
  - ☐ **a.** Narrative statement
  - ☐ **b.** List of counties
  - ☐ **c.** Management experience
  - ☐ **d.** Ownership organizational chart
  - ☐ **e.** Investment policy

- ☐ **f.** Form OIR-C1-1416, Uniform Certificate of Authority Application (UCAA) Lines of Insurance
- ☐ **g.** Description of products for each line of insurance
- ☐ **h.** Narrative statement discussing plans for underwriting, claims handling, policy holder administration, loss reserving, accounting, investments, and rating making
- ☐ **i.** Statement of whether stock, bonds, or any other physical or book entry securities will be held by another, and copies of agreements
- ☐ **j.** Draft agreements for any services used to carry out the Plan of Operation
- ☐ **k.** Three-year plan of marketing and sales with relevant agreements and advertising plan
- ☐ **l.** Proposed use of reinsurance
- ☐ **m.** List of all consultant and expert services proposed for first 3 years
- ☐ **n.** Expansion or other pending regulatory application
- ☐ **o.** Statement regarding Disaster Coordination or Business Continuity Plan
- ☐ **p.** Pro forma financial statement on the applicable of: Form OIR-D0-896, UCAA Proforma Financial Statements, Property and Casualty Insurance Company; Form OIR-D0-2119, UCAA Proforma Financial Statements, Title Insurance Company; Form OIR-D0-904, UCAA Proforma Financial Statements, Life & Health Insurer; or Form OIR-D0-2165, UCAA Proforma Financial Statements, Health
  - ☐ **i.** Assumptions
  - ☐ **ii.** Planned premium

2. Holding Company

- ☐ **a.** Form OIR-D0-516, “Form B -- Insurance Company Holding System Annual Registration Statement” (or comparable)
- ☐ **b.** Form OIR-A1-2118, “Form F -- Enterprise Risk Report” (or comparable)
- ☐ **c.** Any agreements, attachments, exhibits, or appendices related to the above forms or answers to the Questionnaire
- ☐ **d.** Holding Company System debt-to-equity statements including:
  - ☐ **i.** Consolidated outside debt to equity on GAAP basis for 5, 10, and 20 years
  - ☐ **ii.** Most recent consolidated holding company financial statement
  - ☐ **iii.** Projections with assumption for 3-years for the holding company
  - ☐ **iv.** Substantiate sources of repayment of any debt
  - ☐ **v.** Assets of the Holding Company pledged to fund the debt service or debt repayment of an affiliate or parent
  - ☐ **vi.** Any guarantees from shareholders for repayment of the debt
- ☐ **e.** Indication regarding SEC filing of upstream entities

3. ☐ If a mutual, copy of a fidelity bond or insurance policy per section 628.171, Florida Statutes.

☐ **4.** All contact information

SECTION IV – MANAGEMENT

☐ **1.** Management Information Form (Form OIR-C1-2221) submitted for all required entities

☐ **2.** Biographical Information Package submitted for all required individuals

☐ **3.** All information completed on the applicable forms (no blanks)

☐ **a.** "Yes" answers explained

☐ **b.** Signed

☐ **c.** Form OIR-C1-1423, Uniform Certificate of Authority Application (UCAA) Biographical Affidavit, is notarized

☐ **4.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application. Proof of the order and confirmation of payment must also submitted to the Office.

☐ **5.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual

☐ **a.** All information completed (no blanks)

☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

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 redomesticate to Florida; 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.

Questionnaire

Applicant Company Name: _____

Directions: Each "Yes" or "No" question is to be answered by marking an "X" in the appropriate space. All questions should be answered. If Applicant denotes a question as “Not Applicable” (N/A) an explanation must be provided. Other answers and additional explanations or details may be provided in writing attached to the questionnaire.

1. I hold the position(s) of _____ with Applicant.

2. A. Has Applicant transferred or encumbered any portion of its assets or business, or has its outstanding capital stock been directly or indirectly pledged?

   Yes____No ____

   B. Has Applicant merged or consolidated with any other company within the last five years?

   Yes____No ____

   If the answer to either question is yes, provide the details in writing and attach to the Questionnaire.

3. Is Applicant presently negotiating for or inviting negotiations for any transaction described above?

   Yes____No ____

   If yes, provide the details in writing and attach to the Questionnaire.

4. Has Applicant ever changed its name?

   Yes____No ____

   If yes, attach copies of the instruments effecting such transaction certified by the Secretary over corporate seal as a true copy of the originals, including any official state regulatory approvals and filing data.

5. A. Has Applicant undergone a change of management or control since the date of its latest annual statement filed in support of this application?

   Yes____No ____

   B. Does Applicant contemplate a change in management or any transaction that would normally result in a change of management within the reasonably foreseeable future?

   Yes____No ____

   If the answer to either question is yes, provide the details in writing and attach to the Questionnaire.

6. Is Applicant owned or controlled by a holding corporation?

   Yes____No ____

   If yes, attach and make a part hereof an affidavit by an executive officer of Applicant who knows the facts listing the principal owners (10% or more of the outstanding shares) of such holding corporation by name and residence address, business occupation, and business affiliations.

7. Is Applicant owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?

Yes____No ____

If yes, provide the details in writing and attach to the Questionnaire

8. A. Has Applicant's certificate of authority to do business in any state been suspended or revoked within the last ten years?

Yes____No ____

B. Has Applicant's application for admission to any state been denied within the last ten years?

Yes____No____

If the answer to either question is yes, provide the details in writing and attach to the Questionnaire.

9. Has any person who is presently an officer or director of Applicant, or an individual who directly or indirectly controls 10% or more of Applicant, been convicted on, or pleaded guilty or nolo contendere to, an indictment or information in any jurisdiction charging a felony for theft, larceny or mail fraud or, of violating any corporate securities statute or any insurance statute?

Yes____No ____

If yes, provide the details in writing and attach to the Questionnaire.

10. Is Applicant presently engaged in a dispute with any state of federal regulatory agency?

Yes____No____

If yes, provide the details in writing and attach to the Questionnaire.

11. Is Applicant a plaintiff or defendant in any legal action other than one arising out of policy claims?

Yes____No____

If yes, provide a summary of each case and an estimate of Applicant's probable liability, if any, and attach to the Questionnaire.

12. Does Applicant purchase investment securities through any investment banking or brokerage house or firm from whom any of Applicant's officers, directors, trustees, investment committee members or controlling stockholders receive a commission on such purchases?

Yes____No____

If yes, provide the details in writing and attach to the Questionnaire.

13. Is Applicant a,

A. Bank

Yes____No ____

B. Bank holding company, subsidiary or affiliate?

Yes____No ____

C. Financial holding company?

Yes____No ____

D. Other financial institution?

Yes____No ____

If yes, identify the bank(s), bank holding company(ies) or financial institution and the affiliation of Applicant. Provide the details in writing and attach to the Questionnaire.

14. Has Applicant, within 18 months last preceding the date of this affidavit, done any of the following:

A. Made a loan to an entity owned or controlled directly or through a holding corporation by one or more of Applicant's officers, directors, trustees or investment committee members, or to any such person?

Yes____No____

B. Sold or transferred any of its assets or property, real or personal, to any such entity or person?

Yes____No____

C. Had its outstanding capital stock directly or indirectly pledged for the debt of an affiliate?

Yes_____No _____

D. Purchased securities, assets or property of any kind from an entity owned or controlled by one or more of Applicant's officers, directors, trustees, or any persons who have authority in the management of Applicant's funds (including a controlling stockholder)?

Yes____No____

If the answer to any of the last four questions is affirmative, did any officer, director, trustee or any person who had authority in the management of Applicant's funds (including a controlling stockholder) receive any money or valuable thing for negotiating, procuring, recommending or aiding in such transaction?

Yes____No ____

If yes, provide the details in writing and attach to the Questionnaire.

15. Attach an organizational depiction (in the format of a flow chart) showing the various executive management, directors and officers and related material functions that require internal control oversight of Applicant, with the name and official title of those responsible for those offices/functions and the portions of the organization they oversee. Material functions should include, but are not limited to, underwriting, claims adjustment/payments, premium accounting, claims accounting, marketing, financial reporting, and investment management. Note any executive or key staff that has access to funds or bank accounts. Submit a map or narrative explaining where offices are geographically located and the approximate number of employees at each location.

A. Designate any common facilities and/or any of the above functions that are shared with affiliates.

B. Designate any of the above office/functions that are delegated to third parties.

C. Attach copies of signed agreements for office functions delegated to either affiliates or third parties.

D. As applicable, attach a separate chart reflecting any other management positions (if different than what was noted above) that exercise control over insurance operations in other jurisdiction where Applicant is seeking admission.

E. Attach any similar information that was submitted to lenders or investment partners.

F. Attach a copy of Applicant's investment policy.

16. Provide a detailed description of Applicant's sales techniques. The description should include:

    A. Information regarding recruitment and training of sales representatives.

    B. Identification as to whether Applicant will be a direct writer or will use agents, brokers or a combination thereof.

    C. Explanation of the compensation and control to be provided by Applicant to its agents, brokers or sales personnel.

    D. Sample copies of any agreements entered into between Applicant and its agents or brokers.

    E. If Applicant will use a specific agency or managing general agent, identification of the agency or managing general agent and a copy of the agreement for this arrangement.

    F. Sample contract forms of all types used and remuneration schedule, including those for general agents, if any.

17. For each state in which Applicant Company operates, explain:

    A. The product lines currently sold or planned by Applicant,

    B. Specialty line or lines currently sold and planned,

    C. Captive business,

    D. Applicant's marketing plan, including a description of the financial, corporate or other connections productive of insurance,

    E. Applicant's current and expected competition (both regionally and nationally), and

    F. How each state in which admission has been granted or requested fits into the marketing plan. General description of the classes to be transacted is not an adequate response. For example, if Applicant plans to market credit life and disability products tailored for use by credit unions, simply stating that it will transact credit life and disability is inadequate.

18. If a parent, subsidiary and/or affiliated insurer is admitted for the classes of insurance requested in the pending application, please differentiate the products and/or markets of Applicant from those of the admitted insurer(s).

19. Provide a detailed description of the advertising that will be used by Applicant to market its products in each state. Include a detailed explanation as to how Applicant will develop, purchase, control and supervise its advertising.

20. For each State, explain in detail the following:

    A. How Applicant's policies will be underwritten, including the issuance of policies and endorsements,

    B. How policies will be cancelled,

    C. How premiums and other funds will be handled, and

    D. How personnel will be trained, supervised, and compensated.

21. Explain in detail how Applicant will adjust and pay claims.

A. Describe how Applicant will train, supervise and compensate the personnel handling claims adjusting and claims payment.

B. Provide detailed information as to how and by whom claim reserves will be set and modified.

C. Does Applicant pay any representative given discretion as to the settlement or adjustment of claims whether in direct negotiation with the claimant or in supervision of the person negotiating, a compensation which is in any way contingent upon the amount of settlement of such claims?

Yes____No ____

22. Is Applicant a member of a group of companies that shares any of the following:

A. Common facilities with another company or companies

Yes____No ____

B. Services (e.g. accounting personnel for financial statement preparation)

Yes____No ____

C. Or, is a party to a tax allocation agreement in common with another company

Yes____No ____

If the answer to any of the above is yes, explain the division of costs between participants. If costs are pro-rated, what is the basis for division? Attach a copy of relevant contracts and include a summary of any attached contract.

23. Does Applicant have any reinsurance contracts which contracts that in effect provide that Applicant will reimburse or indemnify the Reinsurer for losses payable there under?

Yes____No____

If yes, provide the details in writing and attach to the Questionnaire.

24. Does any salaried employee or officer, exclusive of a director, presently have in force a license as an insurance broker Florida Department of Financial Services?

Yes____No____

If yes, please identify his/her license and position held with Applicant.

25. Does Applicant have outstanding unexercised stock options?

Yes____No ____

A. If yes, to whom and in what number of shares?

B. If options are outstanding for a number of shares greater than 10% of the number of shares presently issued and outstanding, a copy of the option form and of the plan pursuant to which they were granted are attached.

26. Are any of Applicant 's policies being sold in connection with a mutual fund or investment in securities?

Yes____No____Not Applicable ____

If yes, supply details including all sales literature which refers to the insurance and mutual fund or other investment literature that refers to the insurance and mutual fund or other investment plan connection.

27. If Applicant is applying for authority to write Variable Annuities, provide the following:

A. Copy(ies) of any third-party management or service contracts

B. Commission schedules

C. Five-year sales and expense projections

D. A statement from Applicant's actuary describing reserving procedures including the mortality and expense risks which Applicant will bear under the contract

E. Statement of the investment policy of the separate account

F. Copy of the variable annuity prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law

G. Copies of the variable annuity laws and regulations of the state of domicile

H. Copy(ies) of the variable annuity contract(s) and application(s)

I. A description of any investment advisory services contemplated relating to Separate Accounts

J. Board of Directors resolution authorizing the creation of the separate account

28. If Applicant is applying for authority to write Variable Life Insurance, provide the following:

A. Copy(ies) of variable life policy(ies) Applicant intends to issue

B. Name and experience of person(s) or firm(s) proposed to supply consulting, investments, administrative, custodial or distribution services to Applicant

C. Disclose whether each investment advisor i) is registered under the Investment Advisers Act of 1940, or ii) is an investment manager under the Employee Retirement Income Security Act of 1974, or iii) whether Applicant will annually file required information and statements concerning each investment advisor as required by its domiciliary state

D. Copy of the variable life prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law

E. Statement of the investment policy of any separate account, and the procedures for changing such policy

F. Copies of the variable life insurance laws and regulations of the state of domicile

G. A statement from Applicant’s actuary describing reserving procedures including the mortality and expense risks which Applicant will bear under the contract

H. Standards of suitability or conduct regarding sales to policyholders

I. Statement specifying the standards of conduct with respect to the purchase or sale of investments of separate accounts (i.e. Board resolution)

J. Board of Directors resolution authorizing the creation of the separate account

29. If Applicant is applying for authority to write Life Insurance, has Applicant at any time in any jurisdiction while operating under its present management, or at any time within the last five years irrespective of changes in management, taught or permitted its agents to sell insurance by using any of the following devices, or representations resembling any of the following:

A. "Centers of influence" and "advisory board,"

Yes____No_____

B. A charter or founder's policy,

Yes____No____

C. A profit sharing plan,

Yes___No_____

D. Only a limited number of a certain policies will be sold in any given geographical area;

Yes____No_____

E. "Profits" will accrue or be derived from mortality savings, lapses and surrenders, investment earnings, savings in administration;

Yes____No_____

F. A printed list of several large American or Canadian insurers showing the dollar amounts of "savings," "profits," or "earnings" they have made in such categories.

Yes____No_____

If the answer to any of the above is yes, supply a complete set of all sales material including the sales manual, Applicant instructional material, brochures, illustrations, diagrams, literature, "canned" sales talks, copies of the policies which are no longer in use, list of states where such methods were used and the date (by year) when they were used, the approximate amount of insurance originally written in each state on each policy form thusly sold, the amount currently in force, and the lapse ratio on each form year by year and cumulatively in gross to the present date.

30. Does Applicant pay, directly or indirectly, any commission to any officer, director, actuary, medical director or any other physician charged with the duty of examining risks or applications?

Yes_____No_____Not Applicable_____

If yes, provide the details in writing and attach to the Questionnaire.

31. Does the Applicant Company have any permitted practices allowed by its current state of domicile?

Yes_____No_____Not Applicable_____

If yes, provide the details in writing and attach a copy of the state of domicile's approval to the Questionnaire.

32. Does Applicant's current state of domicile prescribe any practices of Applicant that are not in accordance with,

A. Laws, regulations or bulletins of proposed state of domicile;

Yes_____No_____Not Applicable_____

If yes, provide the details in writing and attach to the Questionnaire.

B. Reserving requirements of proposed state of domicile; or

Yes_____No_____Not Applicable_____

If yes, provide the details in writing and attach to the Questionnaire.

C. NAIC guidelines

Yes_____No_____Not Applicable_____

If yes, provide the details in writing and attach to the Questionnaire.

33. Will Applicant's investments comply with the investment laws, regulations or bulletins of the proposed state of domicile?

Yes_____No_____Not Applicable_____

If no, provide the details in writing and attach to the Questionnaire.

34. Does the Applicant Company have any outstanding surplus notes?

Yes_____No_____Not Applicable_____

If yes, provide the details in writing and attach to the Questionnaire and attach copy(ies) of the surplus notes reflecting the state of domicile's approval.

SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

☐ Original Designation ☐ Insurer Name Change ☐ Merger / Acquisition ☐ Update Delivery Information

Insurer or Company Name: _____
Previous Name (If applicable): _____
Home Office Address: _____
City, State, Zip _____

FEI # _____ FL Company Code _____ Telephone # _____

The entity named above, organized under the laws of the state of domicile, registered to do business in the State of Florida, and holding a certificate of authority to do business in the State of Florida, agrees to appoint the Chief Financial Officer of the State of Florida as the designated individual whom may be served any notice, process, or pleading as required by the laws of the State of Florida, including the Florida Insurance Code. Said entity further agrees to designate the person listed below as the person to whom the Chief Financial Officer shall forward service of process.

The entity also consents to the jurisdiction of any county in the State of Florida for any lawful cause of action following the service of process upon the Chief Financial Officer of the State of Florida. It stipulates that said service of process shall be considered valid and binding upon it and any of its successors as if personal service had been effectuated upon the President or Secretary, or any other duly authorized and accredited officer.

Said entity agrees to submit an amended Service of Process Consent & Agreement if its name changes or if there are any changes as it relates to the designation of the designated person to whom service of process is to be forwarded. The entity shall immediately file a new Service of Process Consent & Agreement with the Chief Financial Officer at the address shown on the bottom of this page.

Designated Person to receive process: _____ **E-Mail Address:** _____
Phone#: _____ **Fax#:** _____

Mailing Address: _____ ***Street Address:*** _____
_____ _____
_____ _____

Signature: _____

I hereby consent and agree to the Chief Financial Officer of the State of Florida forwarding service of process for the above named entity to the designated person named above.

We, the President or Chief Executive Officer and Secretary of said entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, certify under penalty of perjury under the laws of the State of Florida that all of the foregoing is true and correct, executed at _____.

_____
President or CEO's Signature

_____
President or CEO's Name (Typed or Printed)

SEAL

_____
Secretary's Signature

_____
Secretary's Name (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.

OIR-C1-144
Rev: 1/2025
Rule 69O-136.100

Service of Process Section
200 East Gaines Street • PO Box 6200 • Tallahassee, FL 32314-6200 •(850) 413-4200 • Fax (850) 922-2544

Florida Office of Insurance Regulation

APPLICATION FOR ACQUISITION OF THE ATTORNEY-IN-FACT OF A DOMESTIC RECIPROCAL INSURER

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 by selecting Company Admissions – iApply Login at the following link:

https://www.floir.com/iportal

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

APPLICATION FOR ACQUISITION OF THE ATTORNEY-IN-FACT OF A DOMESTIC RECIPROCAL INSURER

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fees

Applicant must pay the acquisition application fee of $1,500 U.S. Dollars, pursuant to Section 624.501, Florida Statutes, or an amount otherwise in accordance with Section 624.5091, Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Disclaimer of Control Pursuant to Section 629.225(11)

If Applicant is considered a "passive investor" and will be submitting a disclaimer of control affidavit or Schedule 13G as per Section 629.225(11), Florida Statutes, it may omit the items in Section II 3-5, Section III, and Section IV. These omitted items must be provided if requested by the Office to determine the appropriateness of the disclaimer of control or Schedule 13G. If there are any purchase agreements, tender or exchange offers, or similar agreements related to the transaction, they must be provided with the application.

SECTION II - LEGAL

Section II-1 Description of Transaction

Submit a narrative statement describing the transaction resulting in the acquisition of the controlling stock, ownership interest, assets, or control of the attorney in fact of a domestic reciprocal insurer ("Attorney-in-Fact").

Section II-2 Notification Statements

a. Submit a statement that the acquiring entity has sent to the principal office of the Attorney-in-Fact, any controlling company of the Attorney-in-Fact, the subscribers' advisory committee, and the domestic reciprocal insurer the notification statement in compliance with Section 629.225(1)(a)1., Florida Statutes.

b. Submit a statement that the acquiring entity has sent to the principal office of the Attorney-in-Fact a copy of the application in compliance with Section 629.225(3), Florida Statutes.

Control is presumed to exist if a person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing 10% or more of the voting securities or ownership interests of another person.

Section II-3 Certificate of Status

Submit a certificate of status dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, and shows that the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-4 Organizational Documents

Submit a copy of Applicant's organizational or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, etc., complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant.

Section II-5 Bylaws

Submit a copy of Applicant's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted unless the Applicant does not have this position.

Section II-6 Service of Process Form

Included in this packet is the Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process (Form OIR-C1-1524). This document must be executed and submitted after an acquisition is completed if the information on record with the Office has changed as a result of the transaction.

Section II-7 Statutory Statements

Submit a detailed response to paragraphs (b)-(f) of Section 629.225(3), Florida Statutes, listed below. Each of these sections should be clearly labelled and responded to individually.

> **(b)** The source and amount of the funds or other consideration used, or to be used, in making the acquisition.
>
> **(c)** Any plans or proposals which such persons may have made to liquidate the Attorney-in-Fact or controlling company, to sell any of their assets or merge or consolidate them with any person, or to make any other major change in their business or corporate structure or management.

(d) The nature and the extent of the controlling interest which the person or affiliated person of such person proposes to acquire, the terms of the proposed acquisition, and the manner in which the controlling interest is to be acquired of an Attorney-in-Fact or controlling company which is not a stock corporation.

(e) The number of shares or other securities which the person or affiliated person of such person proposes to acquire, the terms of the proposed acquisition, and the manner in which the securities are to be acquired.

(f) Information as to any contract, arrangement, or understanding with any party with respect to any of the securities of the Attorney-in-Fact or controlling company, including, but not limited to, information relating to the transfer of any of the securities, option arrangements, puts or calls, or the giving or withholding of proxies, which information names the party with whom the contract, arrangement, or understanding has been entered into and gives the details thereof.

Section II-8 **Authorization Letter**

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

SECTION III – FINANCIAL

Section III-1 **Applicant's Quarterly Financial Statement**

Furnish a copy of Applicant's most recent quarterly financial statement.

Section III-2 **Applicant's Annual Financial Statement**

Furnish a copy of Applicant's most recent annual financial statement.

Section III-3 **Plan of Operation**

A domestic insurer licensed in the state of Florida must keep the Office apprised of its business plan. If the proposed acquisition will result in any substantive changes to the operations of the insurer, submit an updated Plan of Operation.

Section III-4 **Previous Florida Business History of Acquiring Company**

In this section the acquiring company should detail its history in the state of Florida.

Section III-5 **Purchase Agreements, Tender or Exchange Offers, or Similar Documents**

Furnish a copy of all purchase agreements, tender or exchange offers and offering documents, or similar documents associated with the acquisition.

Section III-6 **Other Agreements**

Furnish copies of any agreements whereby the acquiring entity accepts obligations, debts, and encumbrances which would affect the domestic insurer or are relevant to this transaction. Additionally, furnish copies of any other agreements referenced in this filing.

Section III-7 **Organizational Charts**

Furnish complete organizational charts for the Applicant and for the Attorney-in-Fact. Each set of organizational charts should fully disclose the complete corporate structure and the relationship between all entities, including all parent, holding, subsidiary, and any and all affiliated companies, and must clearly state all ownership percentages if applicable. One set of charts should be submitted for the Applicant and one for the Attorney-in-Fact showing each respective organization prior to the proposed acquisition, and another set of charts that shows the Applicant's entire structure after the proposed acquisition.

SECTION IV - MANAGEMENT

Section IV-1 **Management Information Forms**

Please submit Management Information Form OIR-C1-2221 fully describing the post-acquisition management, ownership, and control, direct or indirect, of the Attorney-in-Fact up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the First, Middle, and Last Names of listed individuals. Please state if a Middle Name does not exist.

Section IV-2 **Biographical Information Package**

Each person listed in Section IV-1, must submit a complete Biographical Information Package. The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"

- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants) or to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

APPLICATION FOR ACQUISITION OF THE ATTORNEY-IN-FACT OF A DOMESTIC RECIPROCAL INSURER

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

CHECKLIST

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FORM & FEES

☐ **1.** Application fee paid (if the entity being acquired holds a COA issued by the Office)

☐ **2.** All fingerprint fees paid electronically

☐ **a.** Copies of online payment confirmation

SECTION II – LEGAL

☐ **1.** Description of Transaction

☐ **2.** Statement of compliance with:

☐ **a.** Notification statement, Section 629.225(1)(a), Florida Statutes; and

☐ **b.** Application furnished to appropriate parties, Section 629.225(3)(b)-(f), Florida Statutes

☐ **3.** Certificate of Status

☐ **4.** Organizational Documents (Articles of Incorporation or equivalent documents)

☐ **a.** Certified by domiciliary jurisdiction

☐ **5.** Bylaws (or equivalent documents)

☐ **a.** Certified by Secretary

☐ **6.** Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process (Form OIR-C1-1524) (see instructions in II-7)

☐ **7.** Statutory Statements, Section 629.225(3)(b)-(f), Florida Statutes

☐ **8.** Authorization Letter

CHECKLIST

Applicant Name: _____

SECTION III – FINANCIAL

1. Applicant's quarterly financial statement

☐ **a.** A copy of Applicant's most recent quarterly financial statement

2. Applicant's annual financial statement

☐ **a.** A copy of Applicant's most recent annual financial statement

☐ **3.** Plan of Operation

☐ **4.** Applicant's statement of previous Florida business history

☐ **5.** Copies of any purchase agreements, tender or exchange offers, or similar documents

☐ **6.** Copies of other agreements related to the acquisition or referenced in the filing

7. Organizational Charts

☐ **a.** Chart showing Applicant's organization prior to acquisition or merger

☐ i. With ownership percentages

☐ **b.** Chart showing specialty insurer's organization prior to acquisition or merger

☐ i. With ownership percentages

☐ **c.** Chart showing all entities after the acquisition or merger

☐ i. With ownership percentages

CHECKLIST

Applicant Name: _____

APPLICATION FOR ACQUISITION OF THE ATTORNEY-IN-FACT OF A DOMESTIC RECIPROCAL INSURER

SECTION IV – MANAGEMENT

☐ **1.** Management Information Form (Form OIR-C1-2221) submitted for all required entities

☐ **2.** Biographical Information Package submitted for all required individuals

☐ **a.** All information completed (no blanks)

☐ **b.** "Yes" answers explained

☐ **c.** Signed

☐ **d.** Notarized

☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.

☐ **a.** Proof of order and confirmation of payment submitted to the Office

☐ **4.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.

☐ **a.** All information completed (no blanks)

☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

APPLICATION FOR ACQUISITION OF THE ATTORNEY-IN-FACT OF A DOMESTIC RECIPROCAL INSURER

APPLICATION CERTIFICATION

To be executed by Applicant if an individual or an officer of Applicant.

The undersigned states that they have personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to acquire the Attorney-in-Fact of a Florida domestic reciprocal insurer, either directly, indirectly, or via merger; 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 understands 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: _____

APPLICATION FOR CERTIFICATE OF AUTHORITY

DOMESTIC RECIPROCAL INSURER

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 by following the 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.

INSTRUCTIONS

Applicants must have previously received a Permit to form a Domestic Reciprocal Insurer in Florida from the Office before filing an application for a Certificate of Authority to operate as a Domestic Reciprocal Insurer in Florida.

In addition to meeting the requirements of the Permit, Applicant must submit all of the following:

SECTION I – UPDATES

Section I-1 Any Changes to Information Previously Submitted

Updated information or documents if there have been any changes to the information and documents submitted as part of the Permit application. For information regarding the submission of background information for any persons for whom it has not previously been submitted please see the instructions in OIR-C1-908, Application for Permit Domestic Reciprocal Insurer.

SECTION II – LEGAL

Section II-1 Appointment of Attorney-in-Fact and Power of Attorney

An executed, or otherwise finalized, copy of the proposed designation and appointment of the Attorney-in-Fact and power of attorney.

Section II-2 Charter of the Subscriber's Advisory Committee

An executed, or otherwise finalized, copy of the charter for the Subscribers' Advisory Committee, or equivalent document.

Section II-3 Subscribers' Agreement

A copy of the final version of the subscriber's agreement.

Section II-4 Uniform Consent to Service of Process

Executed Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process, Form OIR-C1-1524. NO other signature will be accepted other than that of the Chairman of the Subscribers' Advisory Committee, which must be under seal if one exists.

Section II-5 Authorization Letter

If there have been any changes to representation since the Permit application, provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

SECTION III - FINANCIAL

Section III-1 Statutory Statements

Pursuant to Section 629.091, Florida Statutes, Applicant must provide the following:

1. A statement that all moneys paid to the reciprocal shall, after deducting therefrom any sum payable to the attorney, be held in the name of the insurer and for the purposes specified in the subscribers' agreement.

2. A statement that each of the original subscribers has in good faith applied for insurance of a kind proposed to be transacted, and that the insurer has received from each such subscriber the full premium or premium deposit required for the policy applied for, for a term of not less than 6 months at an adequate rate theretofore filed with and approved by the Office.

3. A statement of the financial condition of the insurer, a schedule of its assets, and a statement that the surplus as required by Section 629.071, Florida Statutes, is on hand.

Section III-2 Attorney-in-Fact Bond

Pursuant to Section 629.121, Florida Statutes, a bond in the amount of $100,000, with an authorized corporate surety subject to the approval of the Office must be filed with this section of the application. A deposit may be maintained with the Bureau of Collateral Management in lieu of the bond, as provided for in Section 629.131, Florida Statutes.

Section III-3 Statutory Deposit

Pursuant to Section 624.411, Florida Statutes, every domestic insurer shall be required to make a statutory deposit with the Office for the protection of the insurer's policyholders and creditors. This deposit shall have at all times a value of not less than $250,000 to transact casualty insurance, $100,000 to transact all other kinds of insurance, per kind of insurance, and a maximum of $300,000 for any insurer authorized to write more than one kind of insurance. Contact the Bureau of Collateral Management at (850) 413-3167 for the procedures involved in establishing a deposit. Verification from the Bureau of Collateral Management that the funds have been deposited will be required.

Section III-4 Verification of Funds

A domestic reciprocal is required to have a minimum of $1 million in surplus as to policyholders, unless it will write non-assessable policies, in which case its surplus as to policyholders must be in compliance with Section 624.407, Florida Statutes. These funds should be held in a financial institution pursuant to Section 625.306, Florida Statutes. The funds must be verified by a letter from an officer of the financial institution where the funds are being held and should include the name of depositor and Federal ID Number; account numbers and amounts of funds in each account; form of funds on deposit; if funds are in the form of a certificate of deposit, include certificate numbers and maturity dates; and any restrictions on the withdrawal of the funds.

CHECKLIST

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - UPDATES

☐ **1.** Any changes to information previously submitted have been provided

SECTION II – LEGAL

☐ **1.** Appointment of Attorney-in-Fact and Power of Attorney

☐ **2.** Charter of the Subscriber's Advisory Committee

☐ **3** Subscribers' Agreement

☐ **4.** Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process (Form OIR-C1-1524)

☐ **5** Authorization Letter (if applicable)

SECTION III – FINANCIAL

☐ **1.** Statutory Statements

☐ **a.** All three statutory statements

☐ **b.** Schedule of Applicant's assets

☐ **2.** Attorney-in-Fact Bond

☐ **3.** Statutory Deposit

☐ **4.** Verification of Funds

APPLICATION CERTIFICATION

The undersigned state that they are the Chairman of the Subscribers' Advisory Committee and have personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to seek a Certificate of Authority to operate as a Domestic Reciprocal Insurer in Florida; 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 represents that they have the authority to bind the Applicant, and that by their signature here below the Applicant has executed the instrument.

The undersigned understands 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: Chairman, Subscribers' Advisory Committee

Date: _____

Florida Office of Insurance Regulation

Letter of Notification

Acquisition of the Attorney-in-Fact of a Domestic Reciprocal Insurer

This letter serves as notification of the acquisition of the below named entity, pursuant to the requirements of the Florida Insurance Code. The company being acquired is the Attorney-in-Fact of _____. Pursuant to Section 629.225(6)(a), Florida Statutes, a substantially affected person may file a written request for a hearing with the Office within the latter of either 10 days after the date on which notice of the filing is given, or 10 days after which notice of the filing is sent to the subscribers by the subscribers' advisory committee.

Filing ID:

Date of Notification:

Expected Date of Transaction:

Contact Person

Name:

Email:

Address:

Acquiring Entity or Person

Name:

Email:

Address:

Telephone:

Company Being Acquired

Name:

Address:

FEIN:

Contact Name:

Telephone:

Contact Email:

Request for Waiver:

Request for Disclaimer in lieu of filing:

Florida Office of Insurance Regulation

APPLICATION FOR MERGER OR CONVERSION RECIPROCAL INSURER

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 by selecting iApply – Online Company Admissions at the following link:

https://www.floir.com/iportal

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

APPLICATION FOR MERGER OR CONVERSION RECIPROCAL INSURER

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 **Application Fees**

Applicants filing for a merger must pay the application fee of $1,500 U.S. Dollars, pursuant to Section 624.501, Florida Statutes, or an amount otherwise in accordance with Section 624.5091, Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Section I-2 **Fingerprint Fees**

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

SECTION II - LEGAL

Section II-1 **Authorization Letter**

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

Section II-2 **Service of Process Form (post-approval)**

Included in this packet is the Service of Process Consent & Agreement form (OIR-C1-144). This document must be executed and submitted after the merger or conversion is completed if the information on record with the Office has changed as a result.

FOR MERGERS:

Section II-3 **Organizational Documents**

Provide drafts of the revised documentation for the surviving entity if any of the documents listed below, previously approved by the Office, will change as a result of the merger. Final or executed copies of the approved drafts will need to be provided once the merger has been completed.

a. Charter of the Subscriber's Advisory Committee

b. Subscriber's Agreement and Power of Attorney

c. Attorney-in-Fact Agreement

FOR CONVERSIONS:

Section II-4 **Articles of Incorporation**

Applicant should submit draft Articles of Incorporation that comply with the requirements of Section 628.081, Florida Statutes. Applicant should note that, as per Chapter 628, Florida Statutes, Applicant may not incorporate as a domestic stock insurer in Florida without the stamped approval of the Office on its final executed Articles.

Once the application is approved and Applicant is incorporated, it will need to provide the Office with a copy of its articles of incorporation certified by the Florida Secretary of State.

Section II-5 **Bylaws**

Applicant should submit a draft of its proposed Bylaws. The Bylaws must not be inconsistent with the proposed Articles of Incorporation or applicable law.

Once Applicant is incorporated, it will need to provide the Office with a copy of its Bylaws, certified by its corporate Secretary.

Section II-6 **Certificate of Status (post-approval)**

After the application is approved and Applicant is incorporated, it will need to provide the Office with a copy of a Certificate of Status from the Florida Secretary of State.

SECTION III – FINANCIAL

Section III-1 **Description**

Submit a narrative statement describing the merger or conversion. This statement should address, at a minimum, the following points:

For a Merger:

a. How are the merging subscribers going to be incorporated into the surviving entity?

b. Discuss the transfer of the merging subscriber savings accounts.

c. How notice was provided to the subscribers of the merging and surviving entity and how long they had to respond.

d. How this benefits the current subscribers of both merging entities.

For a Conversion:

a. Ownership of the proposed new stock corporation.

b. How will the subscriber's interests be handled as part of the conversion?

c. Will the Attorney-in-Fact, or any of its officers, directors, managers, or upstream interest holders have any role in, control of, or direct or indirect influence over, the proposed stock insurer?

d. How was notice provided to the subscribers of the merging and surviving entities and how long did they have to respond?

e. How does this benefit the current subscribers?

Section III-2 Confirmation of Voting Results

Submit confirmation of voting results for both entities in the event of a merger, or the licensee in the event of a conversion. Include the total number of subscribers for each respective entity and the total number of votes received in favor of and against for each.

Section III-3 Plan of Merger or Conversion

Submit a copy of the Plan of Merger or Conversion.

Section III-4 Quarterly Financial Statement

Furnish a copy of Applicant's most recent quarterly financial statement.

Section III-5 Annual Financial Statement

Furnish a copy of Applicant's most recent annual financial statement.

Section III-6 Plan of Operation

An insurer licensed in the state of Florida must keep the Office apprised of its business plan. If the proposed merger or conversion will result in any substantive changes to the operations of the surviving entity if a merger, or the licensee if a conversion, submit an updated Plan of Operation as outlined below.

If the subject of the merger or conversion is not in compliance with Florida Statutes, then a plan to bring the insurer into compliance should be submitted to the Office in this section.

Applicant should furnish a three-year Plan of Operation. The Plan must include all major areas of the proposed operations and include the following:

a. A description of the management experience of each individual (by name) involved in the operation of the entity.

b. A description of products to be offered.

c. A three-year plan of marketing, including commission rates and the use of sales persons.

d. A statement regarding any planned changes in operations during the next three years. If no changes are planned, a statement to that effect.

e. In Excel format, a National Association of Insurance Commissioners ("NAIC") UCAA pro forma statement (Form 13), showing expected premium projections reflecting the merger or conversion, along with a statutory balance sheet and income statement.

f. A list of all assumptions used in creating the pro forma and an explanation of how these assumptions were derived.

g. A list of all consultant and expert services in use or proposed during the three-year period.

Section III-7 **Previous Florida Business History of Surviving Entity (mergers only)**

In this section, the surviving entity should detail its history in the state of Florida.

Section III-8 **Transaction Agreements**

Furnish a copy of any transactional documents associated with the merger or conversion, including, but not limited to, any purchase agreements, financial agreements, or subscriber offerings.

Section III-9 **Other Agreements**

Furnish copies of any agreements whereby entities involved in the merger or conversion accept obligations, debts, or encumbrances which would affect a licensee, or are relevant to the merger or conversion. Additionally, furnish copies of any other agreements referenced in this filing.

Section III-10 **Organizational Charts**

Furnish complete organizational charts. Each set of organizational charts should fully disclose the complete organizational structure and the relationship between all entities, including all

parent, holding, subsidiary, Attorney-in-Fact, or similar parties, and any and all affiliated companies, and must clearly state all ownership percentages if applicable. One set of charts should be submitted showing the licensee's entire structure before the merger or conversion and another set of charts that shows the licensee or surviving entity's entire structure following merger or conversion.

SECTION IV - MANAGEMENT

Section IV-1 Management Information Forms

1. For a Merger: Using OIR-C1-2221, Management Information Form, provide the full names of all proposed members of the Subscribers' Advisory Committee, as well as those of the officers, directors, managers, or equivalent positions, and 10% or greater shareholders/owners of the proposed Attorney-in-Fact, up through and including the ultimate parent corporation, with their respective titles and ownership percentages. A separate form should be used for each entity.
2. For a Conversion: Using OIR-C1-2221, Management Information Form, provide the full names of the post-conversion officers, directors, managers, or equivalent positions, and any 10% or greater shareholders/owners up through and including the ultimate parent corporation or holding company, with their respective titles and ownership percentages. A separate form should be used for each entity.

Forms should contain the First, Middle, and Last Names of listed individuals. Please state if a middle name does not exist.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants) or to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR MERGER OR CONVERSION RECIPROCAL INSURER

CHECKLIST

SECTION I - APPLICATION FORM & FEES

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FEES

☐ **1.** Application fee paid

☐ **2.** All fingerprint fees paid electronically (Form OIR-C1-938)

☐ **a.** Copies of online payment confirmation

☐ **3.** Checklist & Certification

SECTION II – LEGAL

☐ **1.** Authorization Letter

☐ **2.** Service of Process (post-approval, if necessary)

MERGERS:

3. Drafts of Organizational Documents (if amending)

☐ **a.** Charter Subscriber's Advisory Committee

☐ **b.** Subscriber's Agreement and Power of Attorney

☐ **c.** Attorney-in-Fact Agreement

CONVERSIONS:

☐ **4.** Draft Articles of Incorporation

Applicant Name: _____

☐ **5.** Draft Bylaws

6. Certificate of Status (post-approval)

SECTION III – FINANCIAL

1. Description should include at least the following:

MERGERS:

☐ **a.** Incorporation of subscribers

☐ **b.** Transfer of subscriber savings accounts

☐ **c.** Notice

☐ **d.** Benefits to subscribers

CONVERSIONS:

☐ **a.** Ownership

☐ **b.** Subscriber's interests

☐ **c.** Control

☐ **d.** Notice

☐ **e.** Current subscribers

☐ **2.** Confirmation of voting results

☐ **3.** Plan of merger or conversion

☐ **4.** Quarterly financial statement

☐ **5.** Annual financial statement

☐ **6.** Plan of operation

☐ **a.** Management experience

☐ **b.** Description of products

Applicant Name: _____

- ☐ **c.** Plan of marketing
- ☐ **d.** Planned changes in operations
- ☐ **e.** Pro forma
- ☐ **f.** List of assumptions
- ☐ **g.** Consultant and expert services

☐ **7.** Previous Florida business history (mergers only)

☐ **8.** Transaction agreements

☐ **9.** Other agreements

☐ **10.** Organizational charts

SECTION IV – MANAGEMENT

☐ **1.** Management Information Form (Form OIR-C1-2221) submitted for all required entities

☐ **2.** Biographical Information Package submitted for all required individuals

- ☐ **a.** All information completed (no blanks)
- ☐ **b.** "Yes" answers explained
- ☐ **c.** Signed
- ☐ **d.** Notarized

☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Affidavit Packages submitted to the Office with this Application.

- ☐ **a.** Proof of order and confirmation of payment submitted to the Office

☐ **4.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.

- ☐ **a.** All information completed (no blanks)

☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

APPLICATION CERTIFICATION

The below certification must be executed by two members of the SAC of Applicant.

The undersigned state that they are members of the Subscriber's Advisory Committee having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to merge or convert pursuant to Section 629. 291, 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: _____

Florida Office of Insurance Regulation

APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST, ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR CONSOLIDATION

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 by selecting Company Admissions – iApply Login at the following link:

https://www.floir.com/iportal

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

APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST, ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR CONSOLIDATION

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fees

Applicant must pay the acquisition application fee of $1,500 U.S. Dollars, pursuant to Section 624.501, Florida Statutes, or an amount otherwise in accordance with Section 624.5091, Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Disclaimer of Control Pursuant to Section 628.4615(11)

If Applicant is considered a "passive investor" and will be submitting a disclaimer of control or Schedule 13G as per Section 628.4615(11), Florida Statutes, it may omit the items in Section II 3-5, Section III, and Section IV. These omitted items must be provided if requested by the Office to determine the appropriateness of the disclaimer of control or Schedule 13G. If there are any purchase agreements, tender or exchange offers, or similar agreements related to the transaction, they must be provided with the application.

SECTION II - LEGAL

Section II-1 Description of Transaction

Submit a narrative statement describing the transaction resulting in the acquisition of the controlling stock, ownership interest, assets, or control of a Florida specialty insurer, or a description of the merger or consolidation.

Section II-2 Notification Statement

Submit a statement that the acquiring entity has sent to the insurer and **any** controlling company:

a. The notification statement by registered mail in compliance with Section 628.4615(2)(a), Florida Statutes, and;

b. A complete copy of the application pursuant to Section 628.4615(4), Florida Statutes.

Section 628.4615(14)(c), Florida Statutes, defines a controlling company, generally, as an entity holding 25% or more of the voting securities or ownership interests of the specialty insurer.

Section II-3 Certificate of Status

Submit a certificate of status dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, and shows that the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-4 Organizational Documents

Submit a copy of Applicant's organizational or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, etc., complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant.

Section II-5 Bylaws

Submit a copy of Applicant's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted unless the Applicant does not have this position.

Section II-6 Service of Process Form

Included in this packet is the Service of Process Consent & Agreement (Form OIR-C1-144). This document must be executed and submitted after an acquisition is completed if the information on record with the Office has changed as a result of the transaction.

Section II-7 Statutory Statements

Submit a detailed response to paragraphs (b)-(f) of Section 628.4615(4), Florida Statutes, listed below. Each of these sections should be clearly labelled and responded to individually.

> **(b)** The source and amount of the funds or other consideration used, or to be used, in making the acquisition.
>
> **(c)** Any plans or proposals which such persons may have made to liquidate the specialty insurer, to sell any of its assets or merge or consolidate it with any person, or to make any other major change in its business or corporate structure or management; and any plans or proposals which such persons may have made to liquidate any controlling company of the specialty insurer, to sell any of its assets or merge or consolidate it with any person, or to make any other major change in its business or corporate structure or management.

(d) The nature and the extent of the controlling interest which the person or affiliated person of such person proposes to acquire, the terms of the proposed acquisition, and the manner in which the controlling interest is to be acquired of a specialty insurer or controlling company which is not a stock corporation.

(e) The number of shares or other securities which the person or affiliated person of such person proposes to acquire, the terms of the proposed acquisition, and the manner in which the securities are to be acquired.

(f) Information as to any contract, arrangement, or understanding with any party with respect to any of the securities of the specialty insurer or controlling company, including, but not limited to, information relating to the transfer of any of the securities, option arrangements, puts or calls, or the giving or withholding of proxies, which information names the party with whom the contract, arrangement, or understanding has been entered into and gives the details thereof.

Section II-8 **Authorization Letter**

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

Mergers

If the acquisition is, or includes, the merger of an HMO, Applicant must provide the following in addition to all other items in this application. If Applicant is requesting a waiver pursuant to Section 628.4615(3), Florida Statutes, it must still submit the items below as well as Section III-3(F).

Section II-9 **Statement of Compliance**

If the merger involves a for-profit HMO, submit a statement that Applicant is in compliance with Section 628.451(1), Florida Statutes. If the merger involves a not-for-profit HMO, the statement should instead reference Section 628.471, Florida Statutes.

Section II-10 **Confirmation of Voting Results**

Submit confirmation of voting results, board resolution, or equivalent documents.

Section II-1l **Plan of Merger**

Submit a copy of the Plan of Merger.

SECTION III – FINANCIAL

Section III-1 Applicant's Quarterly Financial Statement

Furnish a copy of Applicant's most recent quarterly financial statement.

Section III-2 Applicant's Annual Financial Statement

Furnish a copy of Applicant's most recent annual financial statement.

Section III-3 Plan of Operation

A specialty insurer licensed in the state of Florida must keep the Office apprised of its business plan. If the proposed acquisition will result in any substantive changes to the operations of the licensee, submit an updated plan of operation as outlined below.

If the subject of the acquisition is not in compliance with Florida Statutes, then a plan to bring the insurer into compliance should be submitted to the Office in this section.

If applicable, Applicant should furnish a three-year Plan of Operations. The plan must include all major areas of the proposed operations and include the following:

(A) A brief history of the entity since its incorporation.

(B) A brief description of the management experience of each individual (by name) involved in the operation of the entity.

(C) A description of products to be offered, broken down by contract type.

(D) A three-year plan of marketing, including commission rates and the use of salespersons.

(E) A statement regarding any planned changes in operations during the next three years. If no changes are planned, a statement to that effect.

(F) In Excel format, a pro forma statutory balance sheet and statutory income and expense statements showing expected premium projections by contract type (omit if no changes in business plan).

(G) A list of all assumptions used in construction of the pro forma and an explanation of how these assumptions were derived (omit if no changes in business plan).

(H) A list of all consultant and expert services in use or proposed during the three-year period.

Section III-4 **Previous Florida Business History of Acquiring Company**

In this section the acquiring company should detail its history in the state of Florida.

Section III-5 **Purchase Agreements, Tender or Exchange Offers, or Similar Documents**

Furnish a copy of all purchase agreements, tender or exchange offers and offering documents, or similar documents associated with the acquisition.

Section III-6 **Other Agreements**

Furnish copies of any agreements whereby the acquiring entity accepts obligations, debts, and encumbrances which would affect the licensee or are relevant to this transaction. Additionally, furnish copies of any other agreements referenced in this filing.

Section III-7 **Organizational Charts**

Furnish complete organizational charts for the Applicant and for the specialty insurer. Each set of organizational charts should fully disclose the complete corporate structure and the relationship between all entities, including all parent, holding, subsidiary, and any and all affiliated companies, and must clearly state all ownership percentages if applicable. One set of charts should be submitted for the Applicant and one for the specialty insurer showing each respective organization prior to the proposed acquisition, and another set of charts that shows the Applicant's entire structure after the proposed acquisition.

SECTION IV - MANAGEMENT

Section IV-1 **Management Information Forms**

Please submit Management Information Form OIR-C1-2221 fully describing the post-acquisition management, ownership, and control, direct or indirect, of the specialty insurer up to and including any 10% or greater interest holders of the ultimate parent (5% if the transaction involves an HMO). A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

Section IV-2 **Biographical Information Package**

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the

selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants) or to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions. for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST, ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR CONSOLIDATION

CHECKLIST

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FORM & FEES

☐ **1.** Application fee paid (if the entity being acquired holds a COA issued by the Office)

☐ **2.** All fingerprint fees paid electronically

☐ **a.** Copies of online payment confirmation

APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST, ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR CONSOLIDATION

CHECKLIST

Applicant Name: _____

SECTION II – LEGAL

- ☐ **1.** Description of Transaction
- ☐ **2.** Statement of compliance with:
  - ☐ **a.** Notification statement, Section 628.4615(2)(a), Florida Statutes; and
  - ☐ **b.** Application furnished to appropriate parties, Section 628.4615(4), Florida Statutes
- ☐ **3.** Certificate of Status
- ☐ **4.** Organizational Documents (Articles of Incorporation or equivalent documents)
  - ☐ **a.** Certified by domiciliary jurisdiction
- ☐ **5.** Bylaws (or equivalent documents)
  - ☐ **a.** Certified by Secretary
- ☐ **6.** Service of Process Form (Form OIR-C1-144) (see instructions in II-7)
- ☐ **7.** Statutory Statements, Section 628.4615(4)(b)-(f), Florida Statutes
- ☐ **8.** Authorization Letter

For Transactions that are, or Involve, HMO Mergers

- ☐ **9.** Statement of Compliance
- ☐ **10.** Confirmation of Voting Results
- ☐ **11.** Plan of Merger

APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST, ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR CONSOLIDATION

CHECKLIST

Applicant Name: _____

SECTION III – FINANCIAL

1. Applicant's quarterly financial statement

☐ **a.** A copy of Applicant's most recent quarterly financial statement

2. Applicant's annual financial statement

☐ **a.** A copy of Applicant's most recent annual financial statement

☐ **3.** Plan of Operation

☐ **4.** Applicant's statement of previous Florida business history

☐ **5.** Copies of any purchase agreements, tender or exchange offers, or similar documents

☐ **6.** Copies of other agreements related to the acquisition or referenced in the filing

7. Organizational Charts

☐ **a.** Chart showing Applicant's organization prior to acquisition or merger

☐ i. With ownership percentages

☐ **b.** Chart showing specialty insurer's organization prior to acquisition or merger

☐ i. With ownership percentages

☐ **c.** Chart showing all entities after the acquisition or merger

☐ i. With ownership percentages

APPLICATION FOR ACQUISITION OF CONTROLLING STOCK, OWNERSHIP INTEREST, ASSETS, OR CONTROL OF A FLORIDA SPECIALTY INSURER; MERGER OR CONSOLIDATION

CHECKLIST

Applicant Name: _____

SECTION IV – MANAGEMENT

☐ **1.** Management Information Forms (Form OIR-C1-2221) submitted for all required entities

☐ **2.** 2. Biographical Information Package submitted for all required individuals

☐ **a.** All information completed (no blanks)

☐ **b.** "Yes" answers explained

☐ **c.** Signed

☐ **d.** Notarized

☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Affidavits submitted to the Office with this Application.

☐ **a.** Proof of order and confirmation of payment submitted to the Office

☐ A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.

☐ **a.** All information completed (no blanks)

☐ **b.** Signed

APPLICATION CERTIFICATION

To be executed by Applicant if an individual or an officer of Applicant.

The undersigned states that they have personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to acquire a Florida specialty insurer, either directly, indirectly, or via merger; 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 understands 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: _____

[Corporate Seal]

Print Name: _____

Title: _____

Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or

☐ online notarization, this ____ day of _____ 20____, by _____
(name of person)

as _____ for _____.
(type of authority; e.g., officer) (company name)

_____
(Signature of the Notary)

_____
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires _____

OIR-C1-448
Rev.: 01/25
Rule: 69O-136.100

Florida Office of Insurance Regulation

PERSONAL FINANCIAL STATEMENT

NAME(S)_____ADDRESS_____

This statement is made of my (our) financial condition as of_____, 20__ in support of the application of_____for license to operate as a premium finance company. The undersigned warrants and represents that this is a complete and true statement of the financial condition of the undersigned as of this date.

PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED. USE "NO" OR "NONE" WHERE NECESSARY

ASSETS	IN EVEN DOLLARS	LIABILITIES	IN EVEN DOLLARS
Cash in Banks (See Schedule A)	$	Notes Payable to Banks - Secured (See Schedule H)	$
Listed Securities (See Schedule B)	$	Notes Payable to Banks - Unsecured (See Schedule H)	$
Unlisted Securities (See Schedule C)	$	Amounts Payable to Others - Secured/Unsecured (See Schedule H)	$
Securities Held By Broker in Margin Accounts	$	Due to Brokers (See Schedule H)	$
Partial Interest in Real Estate Equities (See Schedule D)	$	Accounts and Bills Due	$
Real Estate Owned (See Schedule E)	$	Real Estate Mortgages Payable (See Schedules D & E)	$
Accounts, Loans, Notes, Mortgages (See Schedule F)	$	Unpaid Income Tax	$
Vehicles	$	Other Unpaid Taxes and Interest	$
Cash Value - Life Insurance (See Schedule G)	$	Loans on Life Insurance Policies (See Schedule G)	$
Other Assets - Itemize:		Other Debts - Itemize:	$
		Total Liabilities	$
		Net Worth	$
Total Assets	$	**Total Liabilities and Net Worth**	$

Are all bad and doubtful assets excluded from this statement_____If no, explain: _____

Income taxes settled through what date?_____Additional assessments: $_____

ANNUAL SOURCES OF INCOME		PERSONAL AND GENERAL INFORMATION
Salary - Individual	$	Have you ever been bankrupt or involved in any other insolvency proceedings? (If yes, give details)
Salary - Spouse	$	
Bonus & Commissions	$	Are you a stockholder, partner, or officer in any other venture? (If yes, give details)
Dividends	$	
Other Income - Itemize:	$	Are you obligated to pay alimony, child support, or maintenance payments? (If yes, how much?)
	$	Are any assets pledged? (If yes, give details)
Total	$	
Do you have any contingent liabilities? (If yes, give details)		Are you defendant in any suits or legal actions? (If yes, give details)

(COMPLETE SCHEDULES AND SIGN ON THE LAST PAGE)

SUPPLEMENTARY SCHEDULES

SCHEDULE A - BANKING DEPOSIT RELATIONS (A list of all my bank accounts including Savings and Loan.)

Name and Location of Bank or Branch	Account Number	Balance

SCHEDULE B - LISTED SECURITIES (U.S. GOVERNMENTS AND MARKETABLE)

No. of Shares or Face Value (Bonds)	Description	In Name of	Market Value	To Whom Pledged

SCHEDULE C - UNLISTED SECURITIES

No. of Shares Owned	% Owned	Description	Cost	Market Value	To Whom Pledged

SCHEDULE D - PARTIAL INTERESTS IN REAL ESTATE EQUITIES

% Owned	Year of Purchase	Type	Location of Property	Cost	Mortgage	Market Value	Value of Equity at Lower of Cost or Market

SCHEDULE E - REAL ESTATE OWNED

Description of Property	In Name of	Date Acquired	Cost	Market Value	Mortgage	Monthly Payment	To Whom

(USE ADDITIONAL SCHEDULES WHEN NECESSARY)

SCHEDULE F - ACCOUNTS, LOANS NOTES AND MORTGAGES RECEIVABLE					
Name and Address of Debtor	Amount	Age of Debt	Nature of Debt	Description of Security Held	Payment Expected

SCHEDULE G - LIFE INSURANCE CARRIED, INCLUDING W. S. L. I. AND GROUP INSURANCE				
Face Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans or Pledged To

SCHEDULE H - NOTES PAYABLE TO BANKS/UNSECURED OR SECURED NOTES AND/OR ACCOUNTS PAYABLE TO OTHERS					
Amount	Payable To	Security Pledged (If Any)	Title of Account	Terms of Payment	Date of Origination

(USE ADDITIONAL SCHEDULES WHEN NECESSARY)

The undersigned make(s) this statement with intent that it shall be relied upon by the Office of Insurance Regulation in consideration of the application of _____ for license to operate a premium finance company whether direct or indirect. The undersigned warrant(s) and represents that this statement is a complete and true statement of the financial condition of the undersigned as of this date.

Signed this___day of_____, 20___at_____, Florida.

_____ _____

Signature Signature

_____ _____

Print Name Print Name

OIR-C1-454
Rev.: 01/25
Rule: 69O-136.100

APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

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.

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fees

Applicants must pay an application-filing fee of $50 U.S. Dollars ("USD") pursuant to Section 651.015(2)(e), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Section I-2 Fingerprint Processing Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

SECTION II - LEGAL

Section II-1 Authorization Letter

Provide a letter of authorization for anyone other than company personnel or the company-sponsoring agent, designating the named individual to represent the Applicant.

Section II-2 Organizational Documents

Submit a copy of Applicant's organizational documents or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, Association Membership Agreements, etc., complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant.

Section II-3 Bylaws

Submit a copy of Applicant's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless the Applicant does not have this position.

Section II-4 Certificate of Status

Submit a certificate of status dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-5 **Fictitious Name Filing**

If the Applicant plans to utilize a fictitious name, provide documentation of compliance with Section 865.09, Florida Statutes, dealing with fictitious names.

Section II-6 **Parent Companies and Controlling Partners**

Provide complete documents required in Sections II-2 through II-5 for all entities controlling the Applicant upward to the ultimate controlling entity.

Section II-7 **Organizational Charts**

Furnish complete organizational charts for Applicant. The organizational charts should disclose the relationship between all entities in the organizational structure, include all parent, holding, subsidiary, and other affiliated companies, and state all ownership percentages.

Section II-8 **Service of Process Consent & Agreement**

Provide a properly executed Service of Process Consent & Agreement form (Form OIR-C1-144).

SECTION III - FINANCIAL

Section III-1 **Plan of Operations**

Submit a general summary of the plan of operations of Applicant. The plan should include management structure, healthcare delivery system, and a description of the types of continuing care contracts offered, including health care benefits and refundable contract options. This plan should be consistent with the feasibility study.

Section III-2 **Interrogatories**

Submit complete responses to all interrogatories attached as Exhibit III-2.

Section III-3 **Applicant's Unaudited Quarterly Financial Statements**

Furnish a copy of Applicant's most recent unaudited quarterly financial statements. If Applicant relies on funding from an affiliate or controlling company, provide the most recent quarterly

financial statements for that entity as well.

Section III-4 Applicant's Annual Financial Statements

Furnish a copy of Applicant's most recent annual financial statements. Please provide audited financial statements, if available. If Applicant relies on funding from an affiliate or controlling company, provide the most recent annual financial statements or audit for that entity as well.

Section III-5 Applicant's History in the Industry

Furnish a history of the Applicant including the following information.

(A) A brief history of the company since its incorporation.

(B) A history of the Applicant's operations in Florida.

(C) A brief description of the management experience of each individual (by name) involved in the operation of the Applicant and the facility.

(D) A description of the experience of any controlling company or management company in the field of continuing care.

(E) Provide a listing of all continuing care facilities currently or previously owned, managed or developed by the Applicant. As used in this paragraph, "Applicant" includes the Applicant and its affiliates and principals. The listing must include the following information:

i. The facility's name, address, city, and state;
ii. An indication of if Applicant's role with the facility was that of an owner, manger, developer, or a combination thereof;
iii. An indication regarding whether Applicant is currently involved with the facility or if their involvement has ceased;
iv. For facilities located outside of the state of Florida, an indication of whether the facility is regulated by a state agency similar to the Office of Insurance Regulation. If so, please provide the name of the agency and indicate whether the facility currently holds a license issued by the agency or if a license was previously held; and
v. Disclosure of any administrative actions, bankruptcy or receivership proceedings, violations of financing covenants and related defaults, or similar significant financial or regulatory issues that occurred while the facility was owned, managed, or being developed by Applicant. For previously owned, managed, or developed facilities, include any such

occurrences up to one year after the relationship was terminated.

Applicant may submit documentation, including but not limited to written explanations, consultant reports, court filings, and audited financial statements, to describe the circumstances surrounding the issue(s) and their resolution.

(F) Regarding the facilities identified in (E) above, please provide financial statements for comparable facilities meeting the criteria described below. If audited financial statements were prepared, provide audited financial statements. If audited financial statements were not prepared, provide a statement that audited financial statements were not prepared and unaudited annual financial statements.

1. Current Facilities: For comparable facilities currently owned, managed, or being developed, provide the most recent financial statements. If there are more than 2 comparable facilities, please provide financial statements for at least 2 facilities based on the criteria below.

a. A facility that would be representative of the average financial and operating performance based on debt service coverage ratio, days cash on hand, occupancy, and net operating margin; and

b. The facility whose financial and operating performance is the least strong when evaluated on the basis of debt service coverage ratio, days cash on hand, occupancy, and net operating margin.

2. Previous Facilities: For comparable facilities previously owned, managed, or developed, provide the financial statements prepared for the last period in which the facility was owned, managed, or being developed by Applicant. If there are more than 2 comparable facilities, please provide financial statements for at least 2 facilities based on the criteria below.

a. A facility that would be representative of the average financial and operating performance based on debt service coverage ratio, days cash on hand, occupancy, and net operating margin; and

b. The facility whose financial and operating performance is the least strong when evaluated on the basis of debt service coverage ratio, days cash on hand, occupancy, and net operating margin.

Section III-6 Proof of Ownership, Right to Operate, or Manage

If Applicant is the owner of the proposed facility site, attach a copy of the warranty deed or contract for deed. If the Applicant intends to operate the facility, attach a copy of the proposed

operating agreement. If the Applicant intends to manage or employ a management company to manage the facility, attach a copy of the proposed or executed management agreement.

Section III-7 Feasibility Study

Submit an independent feasibility study that complies with the requirements of Section 651.022(3), Florida Statutes. The Application Checklist below lists the required components of the feasibility study.

The provider may submit any other information it deems relevant and appropriate to provide to enable the Office to make a more informed determination. If such information is submitted, please provide an explanation of why the additional information is relevant and appropriate to consider in reviewing the application filing.

Section III-8 Financial Ratio Projections

Please provide a projected days cash on hand, occupancy, and debt service coverage ratio calculations for the first 5 years of operations. Please explain when the provider anticipates meeting the minimum requirements provided in Sections 651.011(16) and 651.011(26), Florida Statutes. These projections should be consistent with the feasibility study.

Section III-9 Minimum Liquid Reserve Projections

Provide a projected calculation of the facility's minimum liquid reserves for the first 5 years of operations broken down by debt service reserve, operating reserve, and renewal and replacement reserve, as well as a description of how Applicant will fund the minimum liquid reserves. These projections should be consistent with the feasibility study.

Section III-10 Funding Plan and Supporting Documents

Furnish a Sources and Uses of Funds statement explaining the projects proposed method of financing and disclosing all sources and all uses of funds to be used to develop the project. The statement should describe construction and long-term financing for the facility.

Please provide available documentation regarding the Sources and Uses of Funds statement. This includes financing agreements, commitments, letters of intent to finance, term sheets, or other agreements or similar documents with affiliates, lenders, or underwriters regarding funding for the proposed facility. Please note if the documents are drafts or in final form. Provide executed copies for any agreements that are already in-force. If no such documents exist at this time, please provide a statement that such documentation is not available at this time.

If agreements have not been executed at the time of filing, please provide an explanation of the conditions precedent to the parties executing the various agreements and a timeline of when the agreements are expected to be executed.

Note that the aggregate amount of entrance fees received by or pledged to the Applicant, plus anticipated proceeds from any long-term financing commitment, and funds from all other sources in the actual possession of the Applicant, must equal at least 100% of the aggregate cost of constructing or purchasing, equipping, and furnishing the facility plus 100% of the anticipated startup losses of the facility.

Note that the Office may not approve an application that includes in the plan of financing any encumbrance of the operating reserves or renewal and replacement reserves required by Chapter 651, Florida Statutes.

Section III-11 Escrow Agreements

Submit draft escrow agreements in compliance with Sections 651.0215, 651.023, 651.033, and 651.035, Florida Statutes. The following escrow agreements should be included:

- Entrance fee escrow agreement
- Seven-day escrow agreement
- Minimum liquid reserve escrow agreements
    - Debt Service Reserve
    - Operating Reserve
    - Renewal and Replacement Reserve

A provider may submit a statement that it intends to deposit its minimum liquid reserves with the Department of Financial Services Bureau of Collateral Management pursuant to Section 651.033(1)(a), Florida Statutes, in lieu of submitting a minimum liquid reserve escrow agreement. If, after licensure, Applicant wishes to establish a minimum liquid reserve escrow account, they may submit an escrow agreement in REFS for review and approval. Escrow accounts may not be established without the prior written approval of the escrow agreement by the Office pursuant to Section 651.033(1)(c), Florida Statutes.

Note that if the Applicant will have outstanding indebtedness that requires a debt service reserve to be held in escrow pursuant to a trust indenture or mortgage lien on the facility and for which the debt service reserve may only be used to pay principal and interest payments on the debt that the debtor is obligated to pay, pursuant to Section 651.035(1)(b), Florida Statutes, such an escrow account may be included in the debt service portion of its minimum liquid reserves. Please explain if Applicant will have such a debt service reserve and provide supporting documentation.

After licensure, for such an account to be applied to debt service reserves, the provider must furnish a copy of the agreement under which such debt service is held and a statement of the amount being held in escrow for the debt service reserve certified by the lender or trustee and the provider to be correct.

Section III-12 Continuing Care Contracts

Provide copies of each continuing care contract, reservation agreement, waitlist agreement, and addendum, to be entered into between the Applicant and residents, which must meet the minimum requirements of 651.022, 651.023, 651.055, and 651.061 Florida Statutes. The contracts must include a statement describing the procedures required by law relating to the release of escrowed entrance fees. Such a statement may be furnished through an addendum.

If Applicant will offer personal services or nursing services through written contractual agreement, the contractual agreement to provide personal services or nursing services must be disclosed in the contract for continuing care.

Please note that continuing care contracts must be approved by the Office before use. Review and approval of the continuing care contract forms, reservation agreements, and addendums to such agreements is independent of the application process. To begin this review process, contract forms must also be submitted for review through the IRFS portal. Such contracts may be submitted through the portal after the application has been accepted by the Office.

Section III-13 Contractors, Vendors, Services, and Other Agreements

Furnish copies of any agreements whereby the Applicant accepts obligations, debts, and encumbrances which would affect the facility.

Submit copies of any contract entered into or to be entered into by the Applicant in relation to marketing, construction, or long-term financing, leases of land or property, or management of the facility and the provision of shelter, food, and health care to residents. For example, management agreements, leases, development agreements, etc.

Please indicate if any person whose name is required to be provided in this application pursuant to Section 651.022(2)(b)1.-10., Florida Statutes, owns any interest in or receives any remuneration from, directly or indirectly, any professional service firm, association, trust, partnership, or corporation providing goods, leases, or services to the facility for which the application is made, with a real or anticipated value of $10,000 USD or more.

If so, provide the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held; describe such goods, leases, or services, the probable cost to the facility or provider; and why such goods, leases, or services should not be purchased from an independent entity. Explain whether the contract or

arrangement is the result of arms-length negotiations, a bid, or otherwise. If no person meets these conditions, please provide a statement to that effect.

Additionally, furnish copies of any other agreements referenced in this filing.

Section III-14 Advertisements

Furnish the form of any advertisement or other written material proposed to be used in the solicitation of residents.

SECTION IV - MANAGEMENT

Section IV-1 Management Information Forms

Please submit a Management Information Form (Form OIR-C1-2221) fully describing the management, ownership, and control of Applicant up to and including any 10% or greater shareholders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the first, middle, and last name of each officer, director, and 10% or greater owner of the entity named on the form.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigative Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

CHECKLIST

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

Please note that if any material change occurs in the facts set forth in this application while it is pending before the Office, an amendment setting forth such change must be filed with the Office within 10 business days after the Applicant becomes aware of such change, and a copy of the amendment must be sent by registered mail to the principal office of the facility and to the principal office of the controlling company. Submit copies of the registered mail return receipts when filing with the Office.

SECTION I – APPLICATION FORM AND FEES

☐ **1.** Application fee paid

☐ **2.** All fingerprint fees paid electronically

☐ **a.** Copies of online payment confirmation

☐ **3.** Application certification and checklist

CHECKLIST

SECTION II - LEGAL

☐ **1.** Authorization Letter

☐ **2.** Organizational Documents

☐ **a.** Certified by the Secretary of State (if applicable)

☐ **3.** Bylaws (or equivalent document)

- ☐ **a.** Certified by corporate Secretary
- ☐ **4.** Certificate of Status
- ☐ **5.** Fictitious Name Filing (if applicable)
- ☐ **6.** Parent Companies and Controlling Partners
  - ☐ **a.** Organizational Documents
    - ☐ **i.** Certified by the Secretary of State (if applicable)
  - ☐ **b.** Bylaws
    - ☐ **ii.** Certified by corporate Secretary
  - ☐ **c.** Certificates of Status
  - ☐ **d.** Fictitious Name Filings (if applicable)
- ☐ **7.** Organizational Charts
  - ☐ **a.** Complete charts showing all parent, holding, affiliate, and subsidiary companies
  - ☐ **b.** With ownership percentages
- ☐ **8.** Service of Process Form (Form OIR-C1-144)

CHECKLIST

SECTION III – FINANCIAL

- ☐ **1.** Plan of Operations
- ☐ **2.** Interrogatories, Exhibit III-2
- ☐ **3.** Quarterly Financial Statements
  - ☐ **a.** Applicant's most recent unaudited quarterly financial statements
  - ☐ **b.** Most recent unaudited quarterly financial statements for affiliate or controlling company, if required (see directions in III-3)
- ☐ **4.** Annual Financial Statements

a. Applicant's most recent annual financial statements, audited if available

☐ **b.** Most recent annual financial statements or audit for affiliate or controlling company, if required (see directions in III-4)

☐ **5.** Applicant's History in the Industry

☐ **a.** Brief history of the company since its incorporation

☐ **b.** History in Florida

☐ **c.** Management experience of individuals

☐ **d.** Experience of controlling companies and management companies

☐ **e.** Detailed listing of continuing care experience

☐ **f.** Audited financial reports of comparable facilities

☐ **6.** Proof of Ownership, Right to Operate, or Manage

☐ **7.** Feasibility Study

☐ **a.** Indicate the page number where each of the following required elements is located within the feasibility study:

A description of the proposed facility, including:

- The location pg _____
- The size pg _____
- The healthcare delivery system pg _____
- Anticipated completion date pg _____
- Proposed construction program pg _____

The primary market area pg _____

The secondary market area, if applicable pg _____

Projected unit sales per month pg _____

Projected revenues, including: pg _____

- Anticipated entrance fees pg _____
- Monthly service fees pg _____
- Nursing care revenues, if applicable pg _____
- Other sources of revenue pg _____

Projected expenses, including: pg _____

Staffing requirements and salaries	pg _____
Cost of property, plant, and equipment	pg _____
Depreciation expense	pg _____
Interest expense	pg _____
Marketing expense	pg _____
Other operating expense	pg _____
Projected balance sheet of the Applicant	pg _____
Expectations for the financial condition of the project, including:	pg _____
Projected cash flow statement	pg _____
Estimate of funds necessary to cover startup losses	pg _____
Inflation factor, if any, and a statement of how and where it is applied	pg _____
Project costs	pg _____
Total amount of debt financing required	pg _____
Marketing activities, including:	pg _____
Marketing projections	pg _____
Resident rates, fees, and charges	pg _____
The breakeven point	pg _____
The competition	pg _____
Resident contract provisions, including:	pg _____
The projected amount of contractual liability attributable to refundable contracts	pg _____
Any other factors that may affect the feasibility of the facility	pg _____
Appropriate population projections, including:	pg _____
Morbidity assumptions	pg _____
Mortality assumptions	pg _____
Any other assumptions used in the study	pg _____
The name of the person who prepared the feasibility study and their experience in preparing similar studies or otherwise consulting in the field of continuing care	pg _____

In addition to the list above, any other information that the Applicant deems relevant and appropriate to enable the Office to make a more informed determination may be included in the feasibility study.

☐ **8.** Financial Ratio Projections

☐ **a.** Days cash on hand

☐ **b.** Debt service coverage ratio

- ☐ c. Occupancy
- ☐ **9.** Minimum Liquid Reserve Projections
  - ☐ **a.** Debt Service Reserve
  - ☐ **b.** Operating Reserve
  - ☐ **c.** Renewal and Replacement Reserve
- ☐ **10.** Funding Plan and Supporting Documents
  - ☐ **a.** Sources and Uses of Funds
  - ☐ **b.** Financing agreements
  - ☐ **c.** Bond documents (if applicable)
- ☐ **11.** Escrow Agreements
  - ☐ **a.** Entrance fee escrow agreement
  - ☐ **b.** Seven-day escrow agreement
  - ☐ **c.** Minimum liquid reserve escrow agreements
    - ☐ **i.** Debt Service Reserve
    - ☐ **ii.** Operating Reserve
    - ☐ **iii.** Renewal and Replacement Reserve
- ☐ **12.** Continuing Care Contracts
  - ☐ **a.** Continuing care contracts
  - ☐ **b.** Reservation agreements
  - ☐ **c.** Waitlist agreements
  - ☐ **d.** Addendums
- ☐ **13.** Contractors, Vendors, Services, and Other Agreements
  - ☐ **a.** Marketing agreements
  - ☐ **b.** Development or construction contracts

- ☐ **c.** Construction or long-term financing agreements
- ☐ **d.** Leases of land or property
- ☐ **e.** Management agreements
- ☐ **f.** Contracts related to the provision of the following to residents
  - ☐ **i.** Shelter
  - ☐ **ii.** Food
  - ☐ **iii.** Health care to residents
- ☐ **g.** Affiliated contracts pursuant to Section 651.022(2)(b)8., Florida Statutes

☐ **14.** Advertisements

CHECKLIST

SECTION IV – MANAGEMENT

☐ **1.** Management Information Form submitted for all required entities (Form OIR-C1-2221)

☐ **2.** Biographical Information Package submitted for all required individuals

- ☐ a. All information completed (no blanks)
- ☐ b. "Yes" answers explained
- ☐ **c.** Signed
- ☐ d. Notarized

☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application

- ☐ **a.** Proof of order and confirmation of payment submitted to the Office

☐ **4.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.

- ☐ **a.** All information completed (no blanks)
- ☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

EXHIBIT III-2

INTERROGATORIES

1. The Applicant is:

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

2. The contact person for the Applicant is:

Name: _____

Employer: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Email Address: _____

3. The continuing care facility that is the subject of this application is:

Facility Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

4. The number and type of units at the proposed facility is as follows:

_____ Independent living units
_____ Assisted living units
_____ Sheltered skilled nursing beds
_____ Community skilled nursing beds
_____ Rental units
_____ Total units

5. Health care will be provided:
_____ by the Applicant
_____ by an affiliate, pursuant to contract
_____ by a third-party, pursuant to contract

6. Health care will be provided (check one):
_____ on-site
_____ off-site

7. The assisted living or skilled nursing facilities proposed to provide care to residents are:

Facility Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Facility Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

8. Identify the entity that has or will apply for the proposed nursing bed "Certificate of Need" with the Florida Agency for Health Care Administration:

Provider Name: _____

Address _____
(Street Address) (City) (State) (Zip Code)

9. The total number of sheltered skilled nursing beds proposed is: _____.

10. The total number of community skilled nursing beds proposed is: _____.

11. Will the Applicant own or lease the facility?
_____ own
_____ lease

12. Will the Applicant employ a management company to operate the facility?
_____ yes
_____ no

If yes, submit a copy of the agreement, which must comply with Section 651.1151, Florida Statutes, in Section III-13. Submit the information required in Section IV – Management, for the management company, including complete biographical information for all owners, officers, and

directors of the management company.

13. Pursuant to Section 651.022(2)(b), Florida Statutes, please attach a listing the full names, residences, and business addresses of each of the following:

a. The proprietor, if the Applicant or provider is an individual.

b. Every partner or member, if the Applicant or provider is a partnership or other unincorporated association, however organized, having fewer than 50 partners or members, together with the business name and address of the partnership or other organization.

c. The principal partners or members, if the Applicant or provider is a partnership or other unincorporated association, however organized, having 50 or more partners or members, together with the business name and business address of the partnership or other organization. If such unincorporated organization has officers and a board of directors, the full name and business address of each officer and director may be set forth in lieu of the full name and business address of its principal members.

d. The corporation and each officer and director thereof, if the Applicant or provider is a corporation.

e. Every trustee and officer if the Applicant or provider is a trust.

f. The manager, whether an individual, corporation, partnership, or association.

g. Any stockholder holding at least a 10% interest in the operations of the facility in which the care is to be offered.

h. Any person whose name is required to be provided in the application under this paragraph and who owns any interest in or receives any remuneration from, directly or indirectly, any professional service firm, association, trust, partnership, or corporation providing goods, leases, or services to the facility for which the application is made, with a real or anticipated value of $10,000 or more, and the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held. The Applicant shall describe such goods, leases, or services and the probable cost to the facility or provider and shall describe why such goods, leases, or services should not be purchased from an independent entity.

i. Any person, corporation, partnership, association, or trust owning land or property leased to the facility, along with a copy of the lease agreement.

j. Any affiliated parent or subsidiary corporation or partnership.

14. Has any person identified in the listing required by question 10 above, the administrator of the facility, the manager of the facility, or any such person living in the same location:

a. Been convicted of a felony or pleaded nolo contendere to a felony charge, been held liable or enjoined in a civil action by final judgement, if the felony or civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation of property?
_____ yes
_____ no

b. Is such a proceeding currently pending?
_____ yes
_____ no

c. If so, provide a certified copy of the complaint and the final adjudication by the recording public official.

15. Has any person identified in the listing required by question 10 above, the administrator of the facility, the manager of the facility, or any such person living in the same location:

a. Subject to a currently effective injunctive or restrictive order or federal or state administrative order relating to business activity or health care as a result of an action brought by a public agency or department, including, without limitation, an action affecting a license under Chapters 400 or 429, Florida Statutes?
_____ yes
_____ no

b. If so, provide a certified copy of the complaint and the final adjudication by the recording public official.

16. The Applicant's fiscal year-end is: _____.

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 this application submitted to the Florida Office of Insurance Regulation by _____("Applicant"), that they have read said application, and that they know the contents thereof and verify that the items indicated in the application checklist are true and complete to the best of their knowledge and have been submitted with the application. The undersigned represent that they have the authority to bind the Applicant, and that by their signatures on the instrument, the Applicant on behalf of which they have 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, 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, or similar persons with the authority to bind Applicant, will be accepted only if the Applicant does not have these positions.

Form OIR-C1-471
Rev.: 01/25
Rule 69O-136.100

Florida Office of Insurance Regulation

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

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.

Form OIR-C1-473
Rev.: 01/25
Rule 69O-136.100

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fees

Applicant must pay the application fee of $75 U.S. Dollars ("USD") pursuant to Section 651.015(2)(a), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Section I-2 Fingerprint Processing Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

SECTION II – LEGAL

Section II-1 Authorization Letter

Provide a letter of authorization for anyone other than company personnel or the company-sponsoring agent, designating the named individual to represent the Applicant.

Section II-2 Certificate of Status

Submit a certificate of status dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-3 Changes to Any Previously Submitted Legal Documents

If there have been any revisions, amendments, or other changes to the Section II – Legal documents filed with the **A**pplication for **P**rovisional **C**ertificat**e** of **A**uthority for a **C**ontinuing **C**ar**e** **P**rovid**e**r, Form OIR-**C1**-4 71, ("**PCOA**"), please submit the revised documents or amendments. If the revised documents or amendments required certification in the PCOA application, a properly certified document or amendment should be provided. If none of the documents provided with the PCOA application have been revised, amended, or otherwise changed, submit a statement that there have been no revisions, amendments, or other changes to the Section II – Legal documents provided with the PCOA application and that there are no new documents to submit.

SECTION III - FINANCIAL

Section III-1 Feasibility Study

Submit an independent feasibility study that complies with the requirements of Section 651.023(1)(b), Florida Statutes. The Application Checklist below lists the required components of the feasibility study.

The provider may submit any other information it deems relevant and appropriate to enable the Office to make a more informed determination. If such information is submitted, please provide an explanation of why the additional information is relevant and appropriate for the Office to consider in reviewing the application filing.

Section III-2 Changes to Any Previously Submitted Financial Documents

If there have been any revisions, amendments, or other changes to the Section III – Financial documents filed with the Application for Provisional Certificate of Authority for a Continuing Care Provider, (Form OIR-C1-471) please submit the revised documents or amendments. If none of the documents provided with the PCOA application have been revised, amended, or otherwise changed, submit a statement that there have been no revisions, amendments, or other changes to the Section III – Financial documents provided with the PCOA application and that there are no new documents to submit.

Section III-3 Financing Plan Documentation

Submit documents evidencing that commitments have been secured for both construction financing and long-term financing, or that a documented plan acceptable to the Office has been adopted by the Applicant for long-term financing.

Please provide financing agreements, commitments, letters of intent to finance, term sheets, or other agreements or similar documents with affiliates, lenders, or underwriters that describe the proposed plan for the financing and funding plan for the proposed facility. Please note if the documents are drafts or in final form. Provide executed copies for any agreements that are already in-force.

If agreements have not been executed at the time of filing, please provide an explanation of the conditions precedent to the parties executing each agreement and a timeline of when the agreements are expected to be executed.

If bonds are to be issued in connection with the project, submit the official statement used in connection with the proposed bond issue, a copy of the bond indenture, and a sample form of the bond. Submit drafts if final versions are not yet available. The final documents will be due to the Office within 30 days after the bonds are issued.

Section III-4 Satisfaction of Lending Conditions

For projects financed in whole or part by one or more lenders, whether affiliated or third-party, submit documentation from the lender(s) that all conditions of the lender have been satisfied to activate the commitment to disburse funds. The lender should explain any other conditions precedent to the disbursement of funds. This requirement does not apply to projects financed by public bond issue.

Section III-5 Sufficiency of Funds

Submit documents evidencing that the aggregate amount of entrance fees received by or pledged to the Applicant, plus anticipated proceeds from any long-term financing commitment, plus funds from all other sources in the actual possession of the Applicant, equal at least 100% of the aggregate cost of construction or purchasing, equipping, and furnishing the facility plus 100% of the anticipated startup losses of the facility.

Submit documents evidencing that Applicant will be able to comply with the minimum liquid reserve requirements of Section 651.035, Florida Statutes.

Section III-6 Audited Annual Financial Statements

Submit a complete audited financial report of the Applicant, prepared by an independent certified public accountant in accordance with generally accepted accounting principles, as of the date the Applicant commenced business operations or for the fiscal year that ended immediately preceding the date of the application, whichever is later.

If Applicant relies on funding from an affiliate or controlling company, provide the most recent annual financial statements or audit for that entity as well.

Section III-7 Unaudited Quarterly Financial Statements

Submit complete unaudited quarterly financial statements attested to by the Applicant for each quarter after the date of the last audit.

Section III-8 Escrow Statements

Submit documents evidencing that the Applicant has complied with the escrow requirements of Section 651.023(5), Florida Statutes, and will be able to comply with Section 651.035, Florida Statutes. Statements should be dated within 1 month of the filing date of the Application.

Section III-9 Reservation Deposit Requirement

Submit documentation evidencing that the project has a minimum of 30% of the units reserved for which the provider is charging an entrance fee. The Office may not issue a Certificate of Authority until it has received documentation evidencing that a minimum of 50% of the units have been reserved.

In order for a unit to be considered reserved, the provider must collect a minimum deposit of the lesser of $40,000 USD or 10% of the then-current entrance fee for that unit. Initial entrance fee means the total entrance fee charged by the facility to the first occupant of a unit.

As evidence of meeting the reservation deposit requirement, please submit a schedule detailing each unit reservation. For each reservation, the schedule should include the name(s) of the payor or resident(s), the unit being reserved, the price of the care contract, and the amount of money paid, and the date the reservation contract was executed. The schedule should also include the percentage of units that have been reserved.

The schedule should be supported by one or more entrance fee escrow statement(s) submitted as part of Applicant's response to Section III-8. The entrance fee escrow statement(s) need not include every item detailed in the schedule, but should provide enough detail for the Office to substantiate the accuracy of the schedule. For example, the escrow statement may include the amount of funds in escrow broken down by the name(s) of the payor or resident(s) or unit number. If the statement issued by the escrow agent is not sufficient to verify the individual reservations submitted in the schedule, Applicant may submit other documentation providing sufficient detail that is certified by the escrow agent to be true and correct.

SECTION IV - MANAGEMENT

Section IV-1 Management Information Forms

Please submit a Management Information Form (Form OIR-C1-2221) fully describing the management, ownership, and control of Applicant up to and including any 10% or greater shareholders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the first, middle, and last name of each officer, director, and 10% or greater owner of the entity named on the form.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
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- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigative Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants) or to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

CHECKLIST

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

Please note that if any material change occurs in the facts set forth in this application while it is pending before the Office, an amendment setting forth such change must be filed with the Office within 10 business days after the Applicant becomes aware of such change, and a copy of the amendment must be sent by registered mail to the principal office of the facility and to the principal office of the controlling company. Submit copies of the registered mail return receipts when filing with the Office.

SECTION I – APPLICATION FORM AND FEES

☐ **1.** Application fee paid

☐ **2.** All fingerprint fees paid electronically

☐ **a.** Copies of online payment confirmation

☐ **3.** Application certification and checklist

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

CHECKLIST

SECTION II – LEGAL

☐ **1.** Authorization Letter

☐ **2.** Certificate of Status

☐ **3.** Updates or amendments to any previously submitted legal documents, or statement of no changes made and no documents to submit

Legal Documents Previously Submitted with PCOA Application (for reference):

- **a.** Organizational Documents
  - **i.** Certified by the Secretary of State (if applicable)
- **b.** Bylaws
  - **i.** Certified by corporate Secretary
- **c.** Certificate of Status
- **d.** Fictitious Name Filing (if applicable)
- **e.** Parent Companies and Controlling Partners
  - **i.** Organizational Documents
    Certified by the Secretary of State (if applicable)
  - **ii.** Bylaws
    Certified by corporate Secretary
  - **iii.** Certificate of Status
  - **iv.** Fictitious Name Filing (if applicable)
  - **v.** Organizational Charts
    With ownership percentages
- **f.** Service of Process Form

CHECKLIST

SECTION III – FINANCIAL

☐ **1.** Feasibility Study

☐ **a.** Prepared by an independent certified public accountant or an independent consulting actuary

☐ **b.** Indicate the page number where each of the following required elements is located within the feasibility study:

A description of the proposed facility, including:	
The location	pg _____
The size	pg _____
The healthcare delivery system	pg _____
Anticipated completion date	pg _____
Proposed construction program	pg _____
The primary market area	pg _____
The secondary market area, if applicable	pg _____
Projected unit sales per month	pg _____
Projected revenues, including:	pg _____
Anticipated entrance fees	pg _____
Monthly service fees	pg _____
Nursing care revenues, if applicable	pg _____
Other sources of revenue	pg _____
Projected expenses, including:	pg _____
Staffing requirements and salaries	pg _____
Cost of property, plant, and equipment	pg _____
Depreciation expense	pg _____
Interest expense	pg _____
Marketing expense	pg _____
Other operating expense	pg _____
Projected balance sheet of the Applicant	pg _____
Expectations for the financial condition of the project, including:	pg_____
Projected cash flow statement	pg _____
Estimate of funds necessary to cover startup losses	pg _____

Inflation factor, if any, and a statement of how and where it is applied	pg _____
Project costs	pg _____
Total amount of debt financing required	pg _____
Marketing activities, including:	pg _____
Actual marketing results to date	pg _____
Marketing projections	pg _____
Resident rates, fees, and charges	pg _____
The breakeven point	pg _____
The competition	pg _____
Resident contract provisions, including:	pg _____
The projected amount of contractual liability attributable to refundable contracts	pg _____
Any other factors that may affect the feasibility of the facility	pg _____
Appropriate population projections, including:	pg _____
Morbidity assumptions	pg _____
Mortality assumptions	pg _____
Any other assumptions used in the study	pg _____

The name of the person who prepared the feasibility study and their experience in preparing similar studies or otherwise consulting in the field of continuing care pg _____

Financial forecasts or projections prepared in accordance with standards adopted by the American Institute of Certified Public Accountants or in accordance with standards for feasibility studies for continuing care retirement communities adopted by the Actuarial Standards Board pg _____

If the study is prepared by an independent certified public accountant, it must contain an examination opinion or a compilation report containing a financial forecast or projections for the first 5 years of operations which take into account an actuary's mortality and morbidity assumptions as the study relates to turnover, rates, fees, and charges. pg _____

If the study is prepared by an independent consulting actuary, it must contain mortality and morbidity assumptions as the study relates to turnover, rates, fees, and charges and an actuary's signed opinion that the project as proposed is feasible and that the study has been prepare in accordance with standards adopted by the American Academy of Actuaries. pg _____

In addition to the list above, any other information that the Applicant deems relevant and appropriate to enable the Office to make a more informed determination may be included in the feasibility study.

☐ **2.** Updates of amendments to any previously submitted financial documents, or statements of no changes made and no documents to submit

Financial Documents Previously Submitted with PCOA Application (for reference):

- **a.** Plan of Operation
- **b.** Interrogatories
- **c.** Applicant's History in the Industry
  - **i.** Brief history of the company since its incorporation.
  - **ii.** History in Florida
  - **iii.** Management experience of individuals
  - **iv.** Experience of controlling company and management company
  - **v.** Detailed listing of continuing care experience
  - **vi.** Audited financial reports of comparable facilities
- **d.** Proof of Ownership, Right to Operate, or Manage
- **e.** Financial Ratio Projections
  - **i.** Days cash on hand
  - **ii.** Occupancy
  - **iii.** Debt service coverage ratio
- **f.** Minimum Liquid Reserve Projections
  - **i.** Debt Service Reserve
  - **ii.** Operating Reserve
  - **iii.** Renewal and Replacement Reserve
- **g.** Escrow Agreements
  - **i.** Entrance fee escrow agreement
  - **ii.** Seven-day escrow agreement
  - **iii.** Minimum liquid reserve escrow agreements
    1. Debt Service Reserve
    2. Operating Reserve
    3. Renewal and Replacement Reserve

- **h.** Continuing Care Contracts
  - **i.** Continuing care contracts
  - **ii.** Reservation agreements
  - **iii.** Waitlist agreements
  - **iv.** Addendums
- **i.** Contractors, Vendors, Services, and Other Agreements
  - **i.** Marketing agreements
  - **ii.** Development or construction contracts
  - **iii.** Construction or long-term financing agreements
  - **iv.** Leases of land or property
  - **v.** Management agreements
  - **vi.** Contracts related to the provision of the following to residents
    1. Shelter
    2. Food
    3. Health care to residents
  - **vii.** Affiliated contracts pursuant to Section 651.022(2)(b)8., Florida Statutes
- **j.** Advertisements

☐ **3.** Financial Plan documentation

☐ **4.** Satisfaction of lending conditions

☐ **5.** Sufficiency of funds

☐ **6.** Annual financial statements

☐ **a.** Complete audited financial report

☐ **b.** Prepared by an independent certified public accountant

☐ **7.** Quarterly statements

☐ **a.** Complete unaudited quarterly statements since date of last audit

☐ **b.** Attested to by Applicant

☐ **8.** Escrow statements

☐ **9.** Reservation deposit requirement

a. Schedule of deposits

b. Escrow statement or supporting documentation

CHECKLIST

SECTION IV – MANAGEMENT

- ☐ **1.** Management Information Form submitted for all required entities (Form OIR-C1-2221)
- ☐ **2.** Biographical Information Package submitted for all required individuals
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** "Yes" answers explained
  - ☐ **c.** Signed
  - ☐ **d.** Notarized
- ☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.
  - ☐ **a.** Proof of order and confirmation of payment submitted to the Office
- ☐ **4.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

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 this application submitted to the Florida Office of Insurance Regulation by_____("Applicant"), that they have read said application, and that they know the contents thereof and verify that the items indicated in the application checklist are true and complete to the best of their knowledge and have been submitted with the application. The undersigned represent that they have the authority to bind the Applicant, and that by their signatures on the instrument, the Applicant on behalf of which they have 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, 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, or similar persons with the authority to bind Applicant, will be accepted only if Applicant does not have these positions.

Florida Office of Insurance Regulation

APPLICATION FOR CERTIFICATE OF AUTHORITY
LEGAL EXPENSE INSURANCE

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 pcappcoord@floir.com.

INSTRUCTIONS

SECTION I - APPLICATION & FEES

Section I-1 Application and License Fees

Applicants must pay an application fee of $250 USD and a license fee of $300 USD, pursuant to Section 642.0301, Florida Statutes. These fees are due at the time the application packet is filed and are nonrefundable.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Section I-3 Application Checklist and Certification

Applicant should have pages 9-12 completed and returned with its application.

SECTION II - LEGAL

Section II-1 **Articles of Incorporation**

Submit a copy of Applicant's Articles of Incorporation, complete with all amendments, certified within the last year by the Florida Secretary of State.

Section II-2 **Certificate of Status from Florida**

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-3 **Company Bylaws**

Submit a copy of Applicant's Bylaws. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted.

Section II-4 **Service of Process Consent and Agreement**

Submit the executed Service of Process Consent and Agreement, Form OIR-C1-144. No signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted.

Section II-5 **Authorization Letter**

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

Section II-6 **Fictitious Name Filing**

If the organization plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

SECTION III – FINANCIAL

Section III-1 Financial Statements

Applicant must submit complete financial statements for the 3 most recent years, reflecting a net worth of at least $10,000 USD or 10% of Applicant's total liabilities, whichever is greater, and contain a balance sheet, income statement, retained earnings statement, and statement of cash flows. These statements should be certified as true and correct by two officers and the most recent may not be more than 12 months old.

Applicant should also submit the same for its immediate parent, if applicable.

Section III-2 Financial Requirements

Applicant must agree to establish and maintain an unearned premium reserve as outlined by Section 625.051, Florida Statutes, and Rule 69O-201.005, Florida Administrative Code.

Section III-3 Deposit

Pursuant to Section 642.023, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of one of the two options below:

a. a securities deposit of $50,000 USD

A securities deposit should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Department of Financial Services
Bureau of Collateral Management
200 East Gaines Street
Tallahassee, FL 32399-0345

b. a surety bond for $50,000 USD

Pursuant to Section 642.023(2), Florida Statutes, and subject to the approval of the Office, a Legal Expense Insurance Corporation may file a surety bond issued by an authorized surety insurer in lieu of the deposit outlined above. See Form OIR-A3-478, Legal Expense Insurance Corporation Surety Bond. These amounts may be adjusted annually pursuant to Section 642.023(1), Florida Statutes.

Section III-4 Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the Legal Expense Insurance Corporation and the goals it seeks to achieve. To fulfill this requirement, the Plan of Operations must contain the following information:

a. The geographical area in which Applicant intends to conduct business in the first 5 years;

b. The types of insurance intended to be written in the first 5 years, including specification as to whether and to what extent indemnity, rather than service benefits, is to be provided; and

c. The proposed marketing methods.

Additionally, Applicant must provide the following information:

d. A complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable;

e. A statement of the amount and sources of funds available for organization expenses and the proposed arrangements for reimbursement and compensation of incorporators, shareholders, or other persons;

f. A statement of compensation to be provided to officers and directors;

g. A copy of each agreement relating to Applicant to which any director, officer, or any shareholder who owns or controls 10% or more of Applicant is a party; and

h. A statement signed by two officers attesting that Applicant is knowledgeable of the provisions of Chapter 642, Florida Statutes, and is otherwise in compliance with the law.

Section III-5 Financial Projections

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract.

Section III-6 States Where Applicant is Currently Doing Business

In this section, Applicant should provide a list of states in which it or affiliated companies conduct legal expense insurance business.

Section III-7 Alphabetical List of Proposed Sales Representatives

Applicant should provide a list of its proposed sales representatives. It is understood that most Applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Florida Department of Financial Services, Division of Agent & Agency Services, by calling 1-877-MY-FL-CFO (1-877-693-5236), or (850) 413-3089, if calling from out of state.

Section III-8 Forms and Rates

Applicant shall provide the form of all legal service contracts that Applicant proposes to offer, showing the rates to be charged for each form of the contract, as well as the forms to be used for any proposed contracts between Applicant and the participating attorneys, as well as any proposed contracts between Applicant and corporations which perform administration, marketing, or management services, and the forms relating to the provision of services to insureds.

Applicant shall provide evidence that it has filed the information required by Section 642.021(3), Florida Statutes, with the Florida Bar.

SECTION IV – MANAGEMENT

Section IV-1 Management Information Forms

Submit Management Information Form OIR-C1-2221, fully describing Applicant's management, ownership, and all individuals or entities having direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants) or to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

CHECKLIST

Applicant Name:_____

Federal Employer Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FORM & FEES

- ☐ **1.** Application and license fees paid
- ☐ **2.** All fingerprint fees paid electronically
- ☐ **a.** Copies of online payment confirmation
- ☐ **3.** Application certification and checklist

SECTION II – LEGAL

- ☐ **1.** Articles of Incorporation
- ☐ **a.** Certified by public official
- ☐ **2.** Certificate of Status from Florida
- ☐ **3.** Company Bylaws
- ☐ **a.** Certified by Secretary
- ☐ **4.** Service of Process Consent and Agreement Form OIR-C1-144
- ☐ **5.** Authorization Letter (if applicable)
- ☐ **6.** Fictitious Name Filing (if applicable)

APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

CHECKLIST

SECTION III – FINANCIAL

- ☐ **1.** Financial Statements
  - ☐ **a.** Balance Sheet
  - ☐ **b.** Income Statement
  - ☐ **c.** Retained earnings statement
  - ☐ **d.** Statement of Cash Flows
  - ☐ **e.** Certified by 2 Officers
  - ☐ **f.** Not more than 12 months old
  - ☐ **g.** Provided for Parent (as applicable)
- ☐ **2.** Financial Requirements
  - ☐ **a.** Statement regarding unearned premium reserves
- ☐ **3.** Securities Deposit (a **or** b)
  - ☐ **a.** Securities deposit of $50,000 USD; **or**
  - ☐ **b.** Surety Bond for $75,000 USD
    - ☐ **i.** OIR-A3-478, Legal Expense Insurance Corporation Surety Bond
- ☐ **4.** Plan of Operations
  - ☐ **a.** Geographical area
  - ☐ **b.** Types of insurance
  - ☐ **c.** Organizational chart
  - ☐ **d.** Amount and source of funds
  - ☐ **e.** Statement of compensation
  - ☐ **f.** Copy of agreements
  - ☐ **g.** Officer attestation
- ☐ **5.** List of states where Applicant and affiliates are currently doing business
- ☐ **6.** Financial Projections for 3 years
- ☐ **7.** List of Proposed Sales Representatives
- ☐ **8.** Forms and Rates
  - ☐ **a.** Forms for all legal service contracts with rates
  - ☐ **b.** Forms for any proposed contracts between Applicant and attorneys
  - ☐ **c.** Forms for any proposed contracts between Applicant and other corporations
  - ☐ **d.** Evidence that the above has been filed with the Florida Bar

CHECKLIST SECTION IV – MANAGEMENT

- ☐ **1.** Management Information Form (OIR-C1-2221) submitted for all required entities
- ☐ **2.** Biographical Information Package submitted for all required individuals
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** "Yes" answers explained
  - ☐ **c.** Signed
  - ☐ **d.** Notarized
- ☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.
  - ☐ **a.** Proof of order and confirmation of payment submitted to the Office
- ☐ **4.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

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 licensure as a Legal Expense Insurance Corporation; 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.

Florida Office of Insurance Regulation

APPLICATION FOR CERTIFICATE OF AUTHORITY

PREPAID HEALTH CLINIC

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 by selecting Company Admissions – iApply Login at the following link:

https://www.floir.com/iportal

Any questions concerning this application packet or iApply for Life and Health applicants may be directed to lhappcoord@floir.com.

Statutory Authority

☐ S. 641.405(1)

Pursuant to Chapter 641, Part III, Florida Statutes, application is hereby made to operate a Prepaid Health Clinic.

Proposed name of Prepaid Health Clinic ("PHC"):

Name: _____

Address: _____

Phone: _____

FEIN: _____

How long has the PHC been in operation? (specify beginning date): _____

Please be specific in your answers and provide supporting documentation for each item. The items are as follows:

ORGANIZATIONAL

Statutory Authority	
☐ **1.** S. 641.405(2)(f)	Enclose a copy of the Health Care Provider Certificate, as issued by the Agency for Health Care Administration or evidence that application has been made for a Health Care Provider Certificate.
☐ **2.** S. 641.412(1)(a)	Non-refundable Application filing fee of $150.
☐ **3.** S. 641.405(2)(a)	A copy of the PHC's basic organizational documents including Articles of Incorporation, Articles of Association, Partnership Agreement(s), Trust Agreement, or other applicable documents and all amendments thereto.
☐ **4.** S. 641.405(2)(a)	If the proposed PHC is already incorporated, a copy of the Certificate of Incorporation as filed with the Secretary of State.
☐ **5.** S. 641.405(2)(b)	A copy of the proposed PHC's Bylaws, Rules or Regulations, or similar form of document.
☐ **6.** S. 641405(2)(c)	A list of names, addresses, and official capacities of all persons who are to be responsible for the conduct of the PHC's affairs including officers and directors, trustees, partners, and associates. Use Management Information Form OIR-C1-2221.
☐ **7.** S. 641.406(7)	A list of the owners of the PHC, including the number of shares of stock or ownership interest of each person.
☐ **8.** S. 641.406(7)	Complete biographical information, to be submitted Uniform Certificate of Authority Application (UCAA) Biographical Affidavit, Form OIR-C1-1423, on all persons controlling 10% or more of the ownership interest of the PHC, and all officers, directors, trustees, partners, or associates of the Prepaid Health Clinic. All questions must be answered. All "Yes" answers must be explained. Each Biographical Affidavit must be signed and notarized. The affiant's social security number must be submitted to the Office. 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 to ensure that the owners,

management, officers, and directors of any entity regulated by the Office 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 or more.

However, pursuant to Section 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, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to Form OIR-C1-1423 that is also included in this packet.

☐ **9.** S. 641.405(2)(c) Copies of all contracts, past or current, between the PHC and any person listed in item "6", or with any entity of which any of these persons is an officer, director, partner, trustee, or associate, in which he or any member of his family owns 10% or more of stock or other financial interest including any possible conflicts of interest.

☐ **10.** S. 641.406(7) Documentary evidence that the governing body of the PHC has designated a qualified administrator to manage the PHC's operations. This should include a resume of the administrator.

CONTRACTUAL

☐ **11.** S. 641.405(2)(e) One copy of every contract, rider, endorsement, certificate, application, or other form the PHC proposes to offer to its subscribers. Follow the list of requirements for individual and group contracts enclosed in this application kit, as well as the requirements in the law concerning the definition of basic services and for PHC contracts. Every subscriber contract must be identified by a unique fom, number located on the lower left corner of each page of the contract.

☐ **12.** S. 641.427 A list of the reasons for which the PHC can terminate a subscriber's contract and the reasons for which the subscriber can terminate his or her contract.

☐ **13.** S. 641.405(2)(e)	A table of rates proposed to be charged for each form of subscriber contract.
☐ **14.** S. 641.42(5)	A complete description of the procedure established for handling subscriber grievances.

MARKETING

☐ **15.** S. 641.405(2)(d)	A statement generally describing the clinic and its operations.
☐ **16.** S. 641.441	A copy of all advertising to be used or currently in use. This includes print advertising and scripts for TV or radio advertising.
☐ **17.** S. 641.406(4)	A complete explanation of the manner in which the PHC will merchandise subscriber contracts.
☐ **18.** S. 641.405(2)(c)	A list of the names and addresses of all sales representatives.

FINANCIAL

☐ **19.** S. 641.406(6)	Executed copies of the insurance policies covering general liability and medical malpractice insurance for the PHC.
☐ **20.** S. 641.406(6)	An executed copy of the PHC's fidelity bond covering employee dishonesty.
☐ **21.** S. 641.406(6)	If the PHC has secured catastrophic or back-up insurance coverage (reinsurance for the excess loss coverage), you are required to submit executed copies of the policy or policies.
☐ **22.** S. 641.405(2)(g)	A current financial statement, including all assets and liabilities of the PHC, also contingent liabilities, unpaid obligations, and actions or suits pending against or anticipated, prepared on the basis of generally accepted accounting principles
☐ **23.** S. 641.407	A statement of the proposed initial working capital reserves of the PHC.
☐ **24.** S. 641.405(2)(g)	If your group is already operating as a clinic, provide a profit and loss statement and balance sheet.

☐ **25.** S. 641.405(2)(g)	If your group has not been operating as a PHC, a pro-forma (projected) operating statement for the first year and a projected balance sheet (statement of financial position) at the end of the first year
☐ **26.** S. 641.406(3)	The method in which the PHC shall comply with the minimum surplus requirement of Section 641.407, Florida Statutes.
☐ **27.** S. 641.405(2)(g)	A cash flow analysis of the PHC for the period until the PHC shows three months of profitability. (If the PHC Is already profitable, provide one year analysis).
☐ **28.** S. 641.409(1)(a) S. 641.409(1)(b) S. 641.409(3)	The method in which the PHC shall comply with the minimum surplus requirement of Section 641.409, Florida Statues. All PHCs must make a deposit with the Office of Insurance Regulation in the amount of $30,000. Also, PHCs must purchase insurance or a surety bond in the amount acceptable to the Office, which shall cover the subscribers in the event of insolvency of the PHC.
☐ **29.** S. 641.406(2)	An actuarial analysis of the rates of the PHC, showing that the proposed rates are actuarially sound for the benefits provided, including administrative costs.
☐ **30.** S. 641.43	Written contracts identifying each physician or physician group that will be providing service to PHC subscribers. Such contracts must include the hold- harmless clause for subscribers which is required by Section 641.43, Florida Statutes.

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 a Certificate of Authority as a Prepaid Health Clinic; 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.

OIR-C1-483
Rev.: 01/25
Rule: 69O-136.100

APPLICATION FOR LICENSE
HOME WARRANTY ASSOCIATION

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 pcappcoord@floir.com.

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fees

Applicants must pay a license fee of $200 U.S. Dollars ("USD"), pursuant to Section 634.306(3)(c), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Section I-3 Application Checklist and Certification

Applicant should fill out pages 8-11 and submit it with the application.

SECTION II - LEGAL

Section II-1 Articles of Incorporation

Submit a copy of Applicant's Articles of Incorporation, or other charter document, complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

Section II-2 Certificate of Status from State of Domicile

If Applicant is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-3 Certificate of Status from Florida

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-4 **Company Bylaws**

Submit a copy of Applicant's Bylaws or equivalent document. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted.

Section II-5 **Service of Process Consent and Agreement**

Submit the executed Service of Process Consent and Agreement (Form OIR-C1-144). No signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted.

Section II-6 **Authorization Letter**

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

Section II-7 **Fictitious Name Filing**

If the organization plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

SECTION III – FINANCIAL

Section III-1 **Financial Statements**

Applicant must submit complete financial statements that contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than 12 months old. Applicant should also submit the same for its immediate parent.

Section III-2 **Financial Requirements**

The applicant must comply with one of the following three options:

a. Supply the Office with a copy of an approved executed contractual liability insurance policy containing the provisions set forth in Section 634.3077(3), Florida Statutes. The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are not acceptable.

b. Supply the Office with a sworn statement of the applicant's intentions to establish and maintain a 25% reserve as outlined by Section 634.3077(1), Florida Statutes. If the applicant has home warranties on its books at the time of application, provide a list of the assets funding the reserve.

c. A home warranty association need not maintain an unearned premium reserve account, or liability insurance, and may allow its premiums to exceed the ratio described in (4), if it, or its parent company if it is a wholly owned subsidiary, submits Form OIR-A3-1000 "Home Warranty Association Exception", and all required supporting documentation and the exemption is approved by the Office. The form may be obtained at: https://www.floir.com/Sections/Specialty/is_sp_required_filing.aspx.

Section III-3 Deposit

Pursuant to Section 634.305, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of either:

a. a securities deposit of $100,000 USD, or

b. a securities deposit of $25,000 USD, as well as a surety bond for $75,000 USD. See Form OIR-A3-455, Home or Service Warranty Association Surety Bond.

These deposits should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Department of Financial Services
Bureau of Collateral Management
200 East Gaines Street
Tallahassee, FL 32399-0345

Section III-4 Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the specialty insurer and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

a. **History**: Applicant should prepare a brief history of the company since its incorporation. Indicate any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

   In this section list all companies or individuals affiliated with the Applicant. If a company, indicate what its principal business is. In addition, provide a list of all d/b/a's, trade names,

or fictitious names, plan or contract names, or any other name the general public may recognize.

Provide any names, trademark, or emblem which is distinctive and not similar to the name or trademark of any other association, corporation, or organization already doing business in this State as will tend to mislead or confuse the public, as required by Section 634.304 (3), Florida Statutes.

b. **Organizational Chart:** Furnish complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable.

c. **Management:** Applicant should provide its home warranty experience in the areas of marketing, claims handling, accounting, and investments.

d. **Products:** Applicant should give a description of each product it plans to market.

e. **Marketing and Growth:** Applicant should furnish a plan of marketing including methods, rates, and commissions, projected growth pattern, and other pertinent information affecting marketing plans.

Section III-5 Financial Projections

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract. This information should be provided for Florida only, as well as separately for all business.

Section III-6 States Where Applicant is Currently Doing Business

Applicant should provide a list of states in which it or affiliated companies conduct home warranty business.

Section III-7 Alphabetical List of Proposed Sales Representatives

Applicant should provide a list of its proposed sales representatives. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Florida Department of Financial Services, Division of Agent & Agency Services, by calling 1-877-MY-FL-CFO (1-877-693-5236), or (850) 413-3089, if calling from out of state.

SECTION IV – MANAGEMENT

Section IV-1 Management Information Forms

Submit Management Information Form OIR-C1-2221 fully describing Applicant's management, ownership, and all individuals or entities having direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a

background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants) or to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

CHECKLIST

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FORM & FEES

- ☐ **1.** Application fee paid
- ☐ **2.** All fingerprint fees paid electronically
  - ☐ **a.** Copies of online payment confirmation
- ☐ **3.** Application checklist and certification

SECTION II – LEGAL

- ☐ **1.** Articles of Incorporation
  - ☐ **a.** Certified by public official
- ☐ **2.** Certificate of Status from Domiciliary Jurisdiction (if applicable)
- ☐ **3.** Certificate of Status from Florida
- ☐ **4.** Company Bylaws
  - ☐ **a.** Certified by Secretary
- ☐ **5.** Service of Process Consent and Agreement Form OIR-C1-144
- ☐ **6.** Authorization Letter (if applicable)
- ☐ **7.** Fictitious Name Filing (if applicable)

SECTION III – FINANCIAL

1. Financial Statements

- ☐ **a.** Balance Sheet
- ☐ **b.** Income Statement
- ☐ **c.** Statement of Cash Flows
- ☐ **d.** Certified by 2 Officers
- ☐ **e.** Not more than 12 months old
- ☐ **f.** Provided for Parent (as applicable)

2. Financial Requirements (a, b, **or** c)

- ☐ **a.** Executed Contractual Liability Policy,
- ☐ **b.** A sworn statement to establish and maintain an unearned premium reserve, **or**
  - ☐ **i.** List of assets funding the reserve (if applicable)
- ☐ **c.** An approved Form OIR- A3-1000 Home Warranty Association Exception

3. Securities Deposit (a **or** b)

- ☐ **a.** Securities deposit of $100,000 USD; **or**
- ☐ **b.** Securities deposit of $25,000 USD and Surety Bond for $75,000 USD
  - ☐ **i.** OIR-A3-455, Home or Service Warranty Association Surety Bond.

☐ 4. Plan of Operations

- ☐ **a.** History
- ☐ **b.** Organizational Chart
- ☐ **c.** Management
- ☐ **d.** Products
- ☐ **e.** Marketing and Growth
- ☐ **f.** Contract Forms

☐ 5. List of states where Applicant and affiliates are currently doing business

☐ 6. Financial Projections for 3 years

a. Florida

☐ **b.** Nationwide

☐ **7.** Alphabetical List of Proposed Sales Representatives

SECTION IV – MANAGEMENT

☐ **1.** Management Information Form (OIR-C1-2221) submitted for all required entities

☐ **2.** Biographical Information Package submitted for all required individuals

☐ **a.** All information completed (no blanks)

☐ **b.** "Yes" answers explained

☐ **c.** Signed

☐ **d.** Notarized

☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.

☐ **a.** Proof of order and confirmation of payment submitted to the Office

☐ **4.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.

☐ **a.** All information completed (no blanks)

☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

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 licensure as a Home Warranty Association; 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.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

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 pcappcoord@floir.com.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

Part A

1a. Name of the Risk Retention Group as it appears on its Certificate of Authority:

_____

1b. Address of the Risk Retention Group:

_____

1c. NAIC Company Code:

_____

1d. FEIN:

_____

1e. State of domicile, date licensed and date chartered:

_____

1f. Primary contact person for state of domicile to whom questions regarding the Risk Retention Group should be addressed (include name, phone number and email address):

_____

2. List any other name(s) by which the Risk Retention Group is known or may be doing business in this State or any other state:

_____

_____

3. The Risk Retention Group is authorized to engage in the following lines and/or classifications of liability insurance under the laws of its chartering State:

_____

_____

a) Applicant must a Certificate of Compliance from its domiciliary jurisdiction dated within the last year.

4. Give a general description of the liability insurance coverages the Risk Retention Group plans to write in the state it is registering to do business in.

_____

_____

_____

_____

5. Has the Risk Retention Group's domiciliary state approved the Risk Retention Group to register and expand its writings in the state it is seeking to become registered in?

_____

_____

6. Ownership of the Risk Retention Group consists of one or the other of the following (check one):

a) ____ the owners of the Group are only persons who comprise the membership of the Group and who are provided insurance by the Group.

b) ____ the sole owner of the Group is: _____

_____

(Name and Address of Organization)

an organization which has as its members only persons who comprise the membership of the Group and which has as its owners only persons who comprise the membership of the Group and who are provided insurance by the Group.

7. The Risk Retention Group members are engaged in businesses or activities similar or related with respect to the liability to which such members are exposed by virtue of any related, similar or common business (whether profit or nonprofit), trade, product, services (including professional services), premises or operations. Give a general description of businesses or activities engaged in by the Group's members:

_____

_____

8. **(a)** List the name, position with the Risk Retention Group, and address of each officer and director of the Risk Retention Group: (Attach additional pages, if necessary.)

_____

_____

_____

_____

_____

_____

(b) Identify and give the telephone number of the officer or director of the Risk Retention Group who can be contacted for any information regarding the management of the insurance activities of the Group:

Name:_____Telephone #: _____
Email: _____

9. List the name, address, and telephone number of the company responsible for managing the insurance operations of the Risk Retention Group and the company contact person's name, telephone number and email. (If none, answer none.)

_____

_____

_____

Contact Person:_____Telephone # _____

Email: _____

10. List the name(s) NPR#, and address(es) of the Florida licensed insurance agents or brokers (or soon to be Florida licensed) who will be responsible for marketing the Risk Retention Group's insurance policies in the State of Florida and the current licensing status in the State of Florida: (If none, answer none. Attach additional pages, if necessary.)

Name	NPR#	Address	License Status in State Registering

11. In accordance with the Liability Risk Retention Act, we verify the following:

a) The Risk Retention Group is a corporation or other limited liability association whose primary activity consists of assuming and spreading all, or any portion, of the liability exposure of its members.

i. Applicant must attach a copy of its Articles of Incorporation or equivalent document certified within the last year by its domiciliary jurisdiction.

b) The Risk Retention Group is organized for the primary purpose of conducting the activity described under Item "A" above.

c) The Risk Retention Group does not exclude any person from membership in the Group solely to provide for members of the Group a competitive advantage over such a person.

d) The activities of the Risk Retention Group do not include the provision of insurance other than:

i. liability insurance for assuming and spreading all or any portion of the similar or related liability exposure of its Group members; and

ii. reinsurance with respect to the similar or related liability exposure of another Risk Retention Group (or a member of such other Risk Retention Group) engaged in business or activities so that such Risk Retention Group or member meets the requirement under Item #7 above for membership in the Risk Retention Group which provides such reinsurance.

12. In accordance with the LRRA, the RRG agrees to the following:

a) The Risk Retention Group will comply with the unfair claim settlement practices laws of this State.

b) The Risk Retention Group will pay, on a non-discriminatory basis, applicable premium and other taxes which are levied on admitted insurers, surplus line insurers, brokers, or policyholders under the laws of this State.

i. List the name, address, and phone number of the company or individual responsible for payment of these fees.

_____

_____

_____

_____

_____

_____

c) The Risk Retention Group will participate, on a nondiscriminatory basis, in any mechanism established or authorized under the law of the State for the equitable apportionment among insurers of liability insurance losses and expenses incurred on policies written through such mechanism.

d) The Risk Retention Group will designate the Chief Financial Officer of this State as its agent solely for the purpose of receiving service of legal documents or process by executing Part B of this form, attached hereto.

e) The Risk Retention Group will submit to examination by the Insurance Commissioner of this State to determine the Group's financial condition, if:

i. the Insurance Commissioner [Director, Superintendent] of the Group's chartering State has not begun or has refused to initiate an examination of the Group; and

ii. any such examination by the Insurance Commissioner shall be coordinated to avoid unjustified duplication and unjustified repetition.

f) The Risk Retention Group will comply with a lawful order issued in a delinquency proceeding commenced by the Insurance Commissioner of this State upon a finding of financial impairment, or in a voluntary dissolution proceeding.

g) The Risk Retention Group will comply with the laws of this State regarding deceptive, false or fraudulent acts or practices, including any injunctions regarding such conduct obtained from a court of competent jurisdiction.

h) The Risk Retention Group will comply with an injunction issued by a court of competent jurisdiction upon petition by the Insurance Commissioner of this State alleging that the Group is in hazardous financial condition or is financially impaired.

i) The Risk Retention Group will provide the following notice, in at least 10-point type, in any insurance policy issued by the Group:

NOTICE

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.

13. In accordance with the LRRA, the Risk Retention Group affirms that it has submitted to the Insurance Commissioner as part of this filing and before it has offered any insurance in this State, a copy of the plan of operation or feasibility study which it has filed with the Insurance Commissioner [Director, Superintendent] of its state of domicile. This plan or study includes the name of the State in which the Group is chartered, as well as the Group's principal place of business, and such plan of operation or feasibility study further includes the coverages, deductibles, coverage limits, rates, and rating classification systems for each line of liability insurance the Group intends to offer. The Group has also submitted to the Insurance Commissioner of this State any revisions of such plan of operation or feasibility study to reflect any changes if the Group intends to offer any additional lines of liability insurance or change in the designation of the State in which it is chartered.

14. The Risk Retention Group will submit a copy of its annual financial statement as submitted to its chartering state, to the Insurance Commissioner of this State by March 1st. The annual financial statement shall be certified by an independent public accountant and include a statement of opinion on loss and loss adjustment expense reserves made by a member of the American Academy of Actuaries or a qualified loss reserve specialist. The annual financial statement, certification and statement of opinion on loss and loss adjustment expense reserves will be submitted to the Insurance Commissioner of this State by the date it is required to be submitted to its chartering state.

15. The Risk Retention Group will not solicit or sell insurance to any person in this State who is not eligible for membership in the Group.

16. The Risk Retention Group will not solicit or sell insurance in this State, or otherwise operate in this State, if the Group is in hazardous financial condition or is financially impaired.

17. In accordance with the LRRA, the terms of any insurance policy provided by the Risk Retention Group shall not provide or be construed to provide insurance policy coverage prohibited generally by State statute or declared unlawful by the highest court of the State whose law applies to such policy.

18. To the extent required by the LRRA, the Risk Retention Group will comply with all other applicable state laws.

19. The Risk Retention Group will notify the Insurance Commissioner as to any subsequent changes in any of the items included in this form (except for items #1f, #8 and #10).

20. Applicant must submit a copy each examination of the risk retention group as certified by the insurance commissioner of the public official conducting the examination.

21. Applicant must submit a copy of any audit performed with respect to the risk retention group.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

CHECKLIST

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted. Submit the completed checklist with the application.

- ☐ **1.** Items 1-21 requiring a response are answered completely and correctly.
- ☐ **2.** A Certificate of Compliance from its domiciliary jurisdiction dated within the last year.
- ☐ **3.** A copy of its Articles of Incorporation or equivalent document certified within the last year by its domiciliary jurisdiction.
- ☐ **4.** A copy each examination of the risk retention group as certified by the insurance commissioner of the public official conducting the examination.
- ☐ **5.** A copy of any audit performed with respect to the risk retention group.
- ☐ **6.** Application Certification and Checklist (pages 8-9)
- ☐ **7.** Appointment of Attorney to Accept Service and Designation (page 10)
- ☐ **8.** Board Resolution (page 11)

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

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 as a Risk Retention Group in Florida; 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.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

Part B

APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE AND DESIGNATION

The _____ ("the Group"), a risk retention group which is chartered and licensed as a liability insurance company under the laws of the State of _____, having notified the Insurance Commissioner of the State of Florida of its intention to do business in this State as a risk retention group pursuant to the federal Liability Risk Retention Act of 1986, hereby appoints the Chief Financial Officer of the State of Florida, any successor in office, and any authorized deputy its true and lawful attorney, in and for the State of Florida, upon whom all legal documents or process in any proceeding against it may be served. Such service of legal documents or process shall be of the same legal force and validity as if served personally upon the Group.

This appointment may be withdrawn only upon a written notice of termination and, in any event, shall not be terminated by the Group or its successor so long as any contracts or liabilities or duties arising out of contracts entered into by the Group while it was doing business in this State are in effect.

The Group designates:

_____
(Name)

_____
(Email Address)

_____
(Street Address)

_____
(State and ZIP Code)

as its officer, agent, or other person to whom shall be forwarded all legal documents or process served upon the Chief Financial Officer of the State of Florida, any successors in office, or any authorized deputy, for the Group. This designation shall continue in full force and effect until superseded by a new written designation filed with the Insurance Commissioner.

This appointment and designation is made pursuant to a resolution by the Group's governing body authorizing it. This appointment shall be binding upon any person or corporation which as successor acquires the Group's assets or assumes its liabilities, by merger or consolidation or otherwise.

IN WITNESS OF THIS APPOINTMENT, said Group, pursuant to a resolution duly adopted by its Board of Directors, has caused this instrument to be executed in this manner by its President/CEO and Secretary, and its corporate seal to be affixed at the City of _____ , State of _____, this ___ day of _____, 20 ____ .

_____
President or CEO of Risk Retention Group

_____
(Print Name)

[Corporate Seal]

_____
Secretary of Risk Retention Group

_____
(Print Name)

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

Board Resolution:

I HEREBY CERTIFY that the following resolution was adopted by the entire Board of Directors of:

_____

_____

_____

_____

at a meeting held by the Board of Directors of the Company on this ____day of_____, 20___.

"RESOLVED, that the President or Chief Executive Officer and Secretary of this corporation are hereby authorized to execute, for and on behalf of this corporation, the attached Appointment of Attorney to Accept Service and Designation under the Laws of Florida."

_____
Name of Risk Retention Group

_____ [Corporate Seal]
President or CEO of Risk Retention Group

_____
(Print Name)

_____
Secretary of Risk Retention Group

_____
(Print Name)

APPLICATION FOR REGISTRATION AS A RISK PURCHASING GROUP

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 by selecting Company Admissions – iApply Login at the following link:

https://www.floir.com/iportal

Any questions Applicants have concerning this application packet or iApply may be directed to Property and Casualty at pcappcoord@floir.com.

Form OIR-C1-515
Rev.: 01/25
Rule 69O-136.100

PURCHASING GROUP - NOTICE AND REGISTRATION CHECKLIST

NAME OF PURCHASING GROUP: _____

COMPLETION CHECKLIST

1. _____ Notice and Registration as a Purchasing Group form

   (a) ___ All information provided

   (b) ___ Signed by President or CEO and Secretary

   (c) ___ Notarized

2. _____ Service of Process Consent & Agreement

   (a)____ Signed and dated by the President or CEO and Secretary

   (b)____ Sealed by purchasing group (corporate seal)

   (c)____ Signed by designee

   (d)____ Original form with all information provided

3. _____ For purchasing groups domiciled in the state of Florida, Articles of Incorporation, Charter and Bylaws or other legal documents evidencing that the purchasing group has been duly organized and created, to include all amendments are submitted.

4. _____ For purchasing groups which collect premiums or pay claims, the following are submitted.

   (a)____ Completed Biographical Information Packages, signed, dated and notarized.

   (b)____ Letter requesting background investigative reports

   (c)____ A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.

5. _____ Completed Check List returned with Purchasing Group – Notice and Registration

APPLICATION FOR REGISTRATION AS A RISK PURCHASING GROUP

INSTRUCTIONS

1. Submit the Purchasing Group - Notice and Registration (official form enclosed). All questions must be answered. An original signature by the Purchasing Group's President or Chief Executive Officer and the Secretary must be notarized and appear on this form.

2. Submit the Service of Process document (official form enclosed).

3. For Purchasing Groups domiciled in the state of Florida, include a copy of the Purchasing Group's Articles of Incorporation, Charter and Bylaws or other legal documents evidencing that the purchasing group has been duly organized and created and all amendments thereto.

4. Florida Licensed Agents

   The Purchasing Group - The Notice and Registration must state the name, social security number, and license number of each of the Florida licensed agents of the purchasing group. Surplus lines agents should refer to Section 627.952(l)(b), Florida Statutes, for licensure and appointment requirements. For specific licensing and appointment requirements for Florida licensed agent(s) of purchasing groups, contact the Bureau of Agent and Agency Licensing at:
   http://www.myfloridacfo.com/Division/Agents/Licensure/default.htm

5. Purchasing Groups Using Admitted Insurance Carriers

   If the Purchasing Group intends to purchase liability insurance coverage from an insurance carrier admitted in the state of Florida, the insurance carrier is subject to the policy form and rate filing requirements of Sections 627.410 and 627.062, Florida Statutes. For questions regarding policy forms and rates, contact Property and Casualty Product Review at (850) 413-3146.

6. Purchasing Groups Using Eligible Surplus Lines Carriers

   Florida's Surplus Lines law will apply if the purchasing group intends to purchase liability insurance coverage from a Florida eligible surplus lines carrier. For specific guidelines regarding coverages eligible for export, refer to Section 626.916, Florida Statutes.

7. Background Requirements of Management

   For each officer, director, organizer, and administrator of the purchasing group whose duties of the purchasing group include premium collection or claims payments, background information shall be submitted as follows:

APPLICATION FOR REGISTRATION AS A RISK PURCHASING GROUP

INSTRUCTIONS

(a) Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

(b) Background Investigative Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com.

(c) Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR REGISTRATION AS A RISK PURCHASING GROUP

Any questions regarding the registration of purchasing groups in the State of Florida should be directed to (850) 413-2575 or pcappcoord@floir.com.

You will receive written notification when the registration of the purchasing group is complete and the group has been added to the official list of registered purchasing groups. It is unlawful for a purchasing group to conduct or transact business in this state until the group is properly registered. The failure to comply with Florida's requirements regarding the registration and operation of a purchasing group in Florida shall subject you to the penalties set forth in Section 627.951, Florida Statutes. See Part XIX of Chapter 627, Florida Statutes and the applicable Florida Administrative Code Rules.

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 REGISTRATION AS A RISK PURCHASING GROUP

PURCHASING GROUP - NOTICE AND REGISTRATION

(All information must be typed or printed. Attach additional pages if necessary)

1. List the exact name of the Purchasing Group.

2. Indicate the form of organization (i.e. corporation, partnership, association, trust, etc.).

3. The Purchasing Group is domiciled in the State of:

4. The Federal Employers Identification Number (FEIN) of the Purchasing Group is:

5. List any other names under which the Purchasing Group is or may be doing business in this state or any other state, if different from above.

6a. List the complete physical address of the Purchasing Group.

6b. List the complete mailing address of the Purchasing Group, if different from above.

7. List all other states in which the Purchasing Group is currently registered.

8. List the state in which the majority of the Purchasing Group's business, based upon the aggregate of premiums written, is being conducted.

APPLICATION FOR REGISTRATION AS A RISK PURCHASING GROUP

PURCHASING GROUP - NOTICE AND REGISTRATION

9. Give a general description of business or activities engaged in by the purchasing group members

_____

_____

_____

10. The Purchasing Group's membership will consist of (list specific examples of members, i.e., dentists, attorneys, etc.):

_____

_____

11. List the name, address, telephone number, and title of the contact person for the Purchasing Group who has knowledge of its insurance program, including membership criteria, coverages, and key personnel of the group's administrator and insurance carrier.

_____

_____

_____

12. List the name address, email, and telephone number of the firm that acts as the administrator of the Purchasing Group. (If none, answer none.)

_____

_____

_____

13. List the names, addresses, telephone number, and occupations of the principal officers and directors of the Purchasing Group.

Principal Officers	Principal Directors
_____	_____
_____	_____
_____	_____

14. The Purchasing Group intends to purchase the following lines and classifications of liability insurance:

_____

_____

15. The Purchasing Group intends to purchase the liability insurance described in item (14) above from the following insurance company or companies. Give full name of company, FEIN, and state of domicile.

NAME	FEIN	STATE OF DOMICILE
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICATION FOR REGISTRATION AS A RISK PURCHASING GROUP

PURCHASING GROUP - NOTICE AND REGISTRATION

16. The names, social security numbers, and license numbers of Florida licensed agents (or social security numbers of those persons who will, in the near future, become Florida licensed agents) of the Purchasing Group are as follows:

Name	Social Security Number/License Number
_____	_____
_____	_____
_____	_____
_____	_____

17. Specify the method by which, and the person or persons, if any, through whom insurance will be offered to its member whose risks are resident or located in this state.

_____

_____

_____

18. Has any person transacting business on behalf of this Purchasing Group ever:

(A) been arrested, indicted, and/or convicted of a felony, or is a felony charge currently pending against any such person? _____

(B) been denied any application for a professional, vocational or business license? _____

(C) had suspended or revoked any such license? _____

(D) had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee? _____

If the answer to any part of these questions is yes, attach a supplementary statement explaining in full each such occurrence.

APPLICATION FOR REGISTRATION AS A RISK PURCHASING GROUP

PURCHASING GROUP - NOTICE AND REGISTRATION

I do hereby swear and affirm that the aforementioned statements and information are true and correct to the best of my knowledge.

_____

President or Chief Executive Officer Date

(Corporate Seal)

_____

Secretary Date

Sworn before me this
_____ day of _____ , 20___

Notary Public, State of _____ My Commission Expires____

Form OIR-C1-515
Rev.: 01/25
Rule 69O-136.100

APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND

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 by selecting Company Admissions – iApply Login at the following link:

https://www.floir.com/iportal

Any questions Applicants have concerning this application packet or iApply may be directed to Property and Casualty at pcappcoord@floir.com.

APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND

INSTRUCTIONS

SECTION I - APPLICATION FORM & FEES

Section I-1 Application Fees

Applicants must pay an application filing fee of $1,500 USD and a company license tax of $1,000 USD. These fees are due at the time the application package is filed, and the filing fee is non-refundable.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Section I-3 Application Checklist and Certification

Applicant should have pages 8-11 completed and returned with its application.

SECTION II - LEGAL

Section II-1 Service of Process Consent and Agreement

Provide an executed Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process, Form OIR-C1-1524.

Section II-2 Constitution, Bylaws and/or Trust Agreement

Submit an unexecuted copy of the proposed constitution, bylaws, or trust agreement. The constitution, bylaws, or trust agreement shall contain a provision prohibiting any distribution of surplus or profit except to members of the Fund, as approved by the Office, pursuant to Section 624.473, Florida Statutes.

Section II-3 Indemnity Agreement

Submit copies of properly executed indemnity agreements binding each Fund member to individual, several, and proportionate liability as set forth in Sections 624.472 and 624.474, Florida Statutes.

Section II-4 Sponsoring Organization

Submit the following documents from the sponsoring organization:

(a) Articles of Incorporation certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile

(b) Florida Certificate of Status from the Florida Secretary of State dated within the last year

(c) Certificate of Status from domiciliary jurisdiction dated within the last year

(d) Copy of the bylaws or equivalent document. This document should be certified by the corporate Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted..

(e) A brief history of the sponsoring organization including: the type of association or entity (trade association, professional association, industry association, or self-insurance trust fund), the address and phone number of the sponsoring organization, the date the sponsor was incorporated, and whether or not the sponsor has been in continuous operation since the date of organization.

Section II-5 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

SECTION III - FINANCIAL

Section III-1 Statutory Deposit

Pursuant to Section 624.466(9), Florida Statutes, a Commercial Self-Insurance Fund shall be required to make a statutory deposit with the Bureau of Collateral Management for the protection of the insurer's policyholders and creditors. This deposit shall have at all times a value of not less than $100,000 USD. In lieu of a deposit, a Fund may file with the Office a surety bond in a like amount.

Contact the Bureau of Collateral Management, Insurance Deposits Section, (850) 413-3164 for the procedures involved in establishing a deposit. Include a verification from the Bureau of Collateral Management that the funds have been deposited or the surety bond.

Section III-2 Verification of Funds

At least 10 days prior to the proposed effective date of the issuance of any policy, the trustees shall submit proof that the members have paid into a common claims fund in a designated depository cash premiums in an amount not less than $50,000 or 10% of the estimated annual premium of the members at the inception, whichever is greater.

The funds must be verified by a letter from an officer of the financial institution where the funds are being held and should include the following:

a. Name of depositor and Federal ID Number
b. Account numbers and amounts of funds in each account
c. Form of funds on deposit
d. Any restrictions on the withdrawal of the funds

Section III-3 Plan of Operation

It is important for the Office to have a clear understanding of the proposed operations of the Fund and the goals it seeks to achieve. To meet this requirement, the Fund shall furnish a three-year Plan of Operation. If Applicant is owned or controlled by a Financial Institution as defined in Section 626.9885, Florida Statutes, please refer to restrictions outlined in this statute when developing the Plan of Operation. The Plan must include all major areas of the proposed operations including but not limited to the following:

a. A brief description of the management experience of each individual (by name) involved in the following areas: Marketing, Underwriting, Rating, Reserving, Reinsurance, Claims Handling, Accounting, Investments, and Managing General Agents.

b. Submit Form OIR-C1-1416, Uniform Certificate of Authority Application (UCAA) Lines of Insurance, reflecting the lines of insurance Applicant intends to write in Florida

c. Description of each line of insurance products to be marketed and planned dates of initial marketing of each line.

d. A three-year plan of marketing, including commission rates, use of brokering agents, third-party administrators, and other administrative expenses.

e. Provide planned use of reinsurance including the purpose of the reinsurance and the degree to which it is to be used in relation to the amount of insurance in force. Include copies of policies and agreements. These should detail retentions and limits of liability for the proposed reinsurance, as well as catastrophe coverage, and the largest amount retained on one risk.

f. Submit a statement regarding any planned changes in operations during the next three years. If no changes are planned, a statement to that effect.

g. Provide a list of all assumptions used in construction of the pro forma financial statements and disclose how these assumptions were derived. The assumptions should at least address how the premium levels have been derived, commission rates, investment income yields, expense levels, and benefits payable under policies and contracts.

h. Provide pro forma financial statements utilizing Form OIR-DO-896, UCAA Proforma Financial Statements, Property and Casualty Insurance Company for three years, excluding any spreadsheet that requires Nationwide only data. Projections must be provided for each line of insurance proposed to be written. If you should have any questions concerning individual line items, please refer to the National Association of Insurance Commissioners ("NAIC") instructions to the annual statement.

i. Furnish a list of all consultant and expert services in use or proposed during the

three-year period.

j. Provide planned premium volume for Florida premium by line of insurance for a three-year period from initial marketing date for each line of insurance.

The Plan of Operation should also include a statement prepared by an actuary who is a member of the American Academy of Actuaries or the Casualty Actuarial Society establishing that the Fund has prepared a Plan of Operation which is based on sound actuarial principles.

Section III-4 Membership Applications

Submit a membership application for each member applying for coverage with the Fund. Each of the charter members must submit a completed application.

Section III-5 Financial Statements

Submit a current financial statement for each of the charter members of the Fund. Each of the charter members must submit a financial statement.

Section III-6 Previous Florida Business History of Parent Company

In this section, the parent company (if applicable) should detail any history that it has had in withdrawing from Florida as a whole or in discontinuing a particular line of insurance in this state.

Section III-7 Fidelity Bond

Pursuant to Section 624.466(11), Florida Statutes, submit a bond (or insurance policy) in the amount of no less than 10% of the funds handled annually and issued in the name of the Fund covering its trustees, employees, administrator, or other individuals managing or handling the funds or assets of the Fund.

Section III-8 Contract Between Fund and Agent

Submit a complete copy of any proposed contracts between the Fund and any agents.

Section III-9 Administrator Agreements

Submit a complete copy of any proposed contracts or agreements between the Fund and any administrators.

Section III-10 Policies, Endorsements, and Rates

You are not required to have your policy forms and rates approved as a condition precedent to receiving a Certificate of Authority. These forms and rates may be submitted any time after filing for the Certificate of Authority and must be approved prior to transacting any business.

SECTION IV - MANAGEMENT

Section IV-1 Trustees and Administrator Listing

Submit Form OIR-C1-2221, Management Information Form, listing the names of all trustees, officers, and directors of the administrator and their relationship (owner, partner, officer, director, or employee) to the Fund. If the administrator is a partnership, then information should be submitted for all partners.

Forms should contain the first, middle, and last name of listed individuals. Please state if a middle name does not exist.

Section IV-2 Biographical Affidavits

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms
:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"
-

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office

may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigative Report

A background investigative report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND

CHECKLIST

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FORM & FEES

- ☐ **1.** Application fee paid
- ☐ **2.** All fingerprint fees paid electronically
  - ☐ **a.** Copies of online payment confirmation
- ☐ **3.** Checklist & Certification

SECTION II – LEGAL

- ☐ **1.** Service of Process, Form-C1-1524
- ☐ **2.** Unexecuted Constitution, Bylaws, and/or Trust Agreement
- ☐ **3.** Indemnity Agreement
- **4.** Sponsoring Organization
  - ☐ **a.** Articles of Incorporation
  - ☐ **b.** Florida Certificate of Status
  - ☐ **c.** Certificate of Status from domiciliary state (if applicable)
  - ☐ **d.** Bylaws
  - ☐ **e.** History
- ☐ **5.** Authorization Letter

SECTION III – FINANCIAL

- ☐ **1.** Verification of statutory deposit
- ☐ **2.** Verification of Funds
  - ☐ **a.** Letter from financial institution
    - ☐ **i.** Amount of deposit
    - ☐ **ii.** Name of depositor and Federal ID Number
    - ☐ **iii.** Account numbers and amounts of funds in each account
    - ☐ **iv.** Form of funds on deposit
    - ☐ **v.** Any restrictions on the withdrawal of the funds
- ☐ **3.** Plan of operation
  - ☐ **a.** Management experience
  - ☐ **b.** Lines of insurance, Form OIR-C1-1416
  - ☐ **c.** Description of products
  - ☐ **d.** 3-year plan of marketing
  - ☐ **e.** Planned use of reinsurance
  - ☐ **f.** Statement of planned changes
  - ☐ **g.** List of consultant and expert services
  - ☐ **h.** Pro forma financial statements
    - ☐ **i.** List of assumptions
    - ☐ **ii.** Planned premium volume for Florida
  - ☐ **i.** Statement from actuary regarding plan of operations.
- ☐ **4.** Membership applications
- ☐ **5.** Financial statements
- ☐ **6.** Previous Florida business history of parent
- ☐ **7.** Fidelity bond
- ☐ **8.** Contract between fund and agent
- ☐ **9.** Administrator agreements

SECTION IV – MANAGEMENT

- ☐ a. Management Information Form (Form OIR-C1-2221) submitted for all required entities
- ☐ b. Biographical Information Package submitted for all required individuals
  - ☐ a. All information completed (no blanks)
  - ☐ b. "Yes" answers explained
  - ☐ c. Signed
  - ☐ d. Notarized
- ☐ c. Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.
  - ☐ a. Proof of order and confirmation of payment submitted to the Office
- ☐ d. A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.
  - ☐ a. All information completed (no blanks)
  - ☐ b. Fingerprints submitted for each individual required to file a Biographical Information Package

APPLICATION FOR CERTIFICATE OF AUTHORITY
COMMERCIAL SELF-INSURANCE FUND

APPLICATION CERTIFICATION

The undersigned state that they have personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to seek a Certificate of Authority as a Commercial Self-Insurance Fund; 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: Chairman, Board of Trustees

Date: _____

By: _____

Print Name: _____

Title: Secretary

Date: _____

APPLICATION FOR PERMIT

DOMESTIC RECIPROCAL INSURER

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 by following the 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.

APPLICATION FOR PERMIT DOMESTIC RECIPROCAL INSURER

INSTRUCTIONS

SECTION I - APPLICATION FORM & FEES

Section I-1 Application and License Fees

Applicants must pay a license fee of $1,000 USD and an application fee of $1,525 USD, pursuant to Sections 624.081(3) and 624.501, Florida Statutes. These fees are due at the time the application packet is filed and are nonrefundable.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Section I-3 Application Checklist and Certification

Applicant should complete pages 8-10 and return them with its application.

SECTION II – LEGAL

Section II-I Draft Organizational Documents

The Office will not approve drafts of the below documents that are inconsistent or not in accordance with applicable law.

1. **Appointment of Attorney and Power of Attorney**

Submit a copy of the proposed designation and appointment of the Attorney-in-Fact and a copy of the proposed power of attorney.

2. **Draft Charter of the Subscriber's Advisory Committee**

Submit a copy of the proposed charter for the Subscribers' Advisory Committee, or equivalent document.

3. **Draft of the Subscribers' Agreement**

Submit a copy of the proposed subscriber's agreement.

Section II-2 Foreign Certificate of Status (Attorney-in-Fact)

If the Attorney-in-Fact is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of business entities in the Attorney-in-Fact's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows that the Attorney-in-Fact is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-3 Florida Certificate of Status (Attorney-in-Fact)

Submit a certificate of status for the Attorney-in-Fact from the Florida Secretary of State dated within the last year.

Section II-4 Articles of Incorporation (Attorney-in-Fact)

Submit a copy of the Attorney-in-Fact's Articles of Incorporation, or equivalent document, complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

Section II-5 Bylaws (Attorney-in-Fact)

Submit a copy of the Attorney-in-Fact's Bylaws, or equivalent document. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted unless the Attorney-in-Fact does not have this position.

Section II-6 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

SECTION III - FINANCIAL

Section III-1 Plan of Operation

It is important for the Office to have a clear understanding of the proposed operations of the new insurer and the goals it seeks to achieve. To meet this requirement, Applicant must furnish a three-year Plan of Operation. If Applicant's proposed Attorney-in-Fact is owned or controlled by a financial institution as defined in Section 626.9885, Florida Statutes, please refer to restrictions outlined in this statute when developing the Plan of Operation. The Plan must include all major areas of the proposed operations, including, but not limited to, the following:

1. A brief history of Applicant and its proposed Attorney-in-Fact.
2. A brief description of the management experience of each individual (by name) involved in the following areas: Marketing, Underwriting, Rating, Reserving, Reinsurance, Claims Handling, Accounting, Investments, and Managing General Agents.
3. Submit Form OIR-C1-1416, Uniform Certificate of Authority Application (UCAA) Lines of Insurance, reflecting the lines of insurance Applicant intends to write in Florida.
4. Description of insurance products to be marketed in each line of insurance and planned dates of initial marketing of each line.
5. A three-year plan of marketing, including commission rates, use of brokering agents, third-party administrators, and other administrative expenses.

6. Provide planned use of reinsurance including the purpose of the reinsurance and the degree to which it is to be used in relation to the amount of insurance in force. Include retentions and limits of liability for the proposed reinsurance as well as catastrophe coverage and the largest amount retained on one risk.

7. Submit a statement regarding any planned changes in operations during the next three years. If no changes are planned, a statement to that effect.

8. Provide a list of all assumptions used in construction of the pro forma financial statements and disclose how these assumptions were derived. The assumptions should at least address how the premium levels have been derived, commission rates, investment income yields, expense levels, and benefits payable under policies and contracts.

9. Provide pro forma financial statements utilizing Form OIR-D0-896, UCAA Proforma Financial Statements, Property and Casualty Insurance Company; Form OIR-D0-2119, UCAA Proforma Financial Statements, Title Insurance Company; or Form OIR-D0-2165, UCAA Proforma Financial Statements, Health, as relevant, for three years, excluding any spreadsheet that requires nationwide only data. Projections must be provided for each line of insurance proposed to be written. If you should have any questions concerning individual line items, please refer to the National Association of Insurance Commissioner ("NAIC") instructions to the annual statement.

10. Furnish a list of all consultant and expert services proposed to be used during the three-year period.

11. Provide planned premium volume for nationwide premium and Florida premium by line of insurance for a three-year period from initial marketing date for each line of insurance.

Section III-2 Statement of Method Used in Financing Insurer

Provide a statement of method to be used in the financing of the proposed insurer. This statement shall include the following:

1. The amount of surplus as to policyholders to be funded.
   - **(a)** By source (contributed by whom)
   - **(b)** Amounts funded by each source
   - **(c)** The form in which the funding will be made, i.e., state specific dollar amounts of specific stocks, bonds, certificates of deposit, cash, etc.
2. Residence addresses, business background, and qualifications of all individuals named in 1 above.
3. Copies of all syndicate, association, firm, partnership, organization, or other similar agreements involved in the formation or financing of proposed insurer.
4. Copies of any securities or of any proposed document evidencing any right or interest proposed to be offered.

Section III-3 Previous Florida Business History of Attorney-in-Fact and Parent Company

In this section, the Attorney-in-Fact and any parent company (if applicable) should detail any history that it has had in withdrawing from Florida as a whole or in discontinuing a particular line of insurance in this state.

Section III-4 Holding Company Registration Statement

If the Attorney-in-Fact is part of an insurance holding company system, provide a copy of the most recent insurance Holding Company Registration Statement filed with the insurer's domiciliary state.

Section III-5 Forms

A copy of each policy, endorsement, and application form Applicant proposes to issue or use.

SECTION IV – MANAGEMENT

Section IV-1 Subscriber Information & Management Information Forms

1. Provide a list of the names and addresses of the original 25 or more subscribers.
2. Using OIR-C1-2221, Management Information Form, provide the full names of all proposed members of the Subscribers' Advisory Committee, as well as those of the officers, directors, managers, or equivalent positions, and shareholders/owners of the proposed Attorney-in-Fact up though and including the ultimate parent corporation or holding company, with their respective titles and ownership percentages. A separate form should be used for each entity.

   If any 10% or greater shareholder/owner is an entity, please complete a Management Information Form (Form OIR-C1-2221) for each shareholder/owner entity and include its officers, directors, managing members, or equivalents. A separate form should be used for each entity.

   Forms should contain the first, middle, and last names of listed individuals. Please state if a middle name does not exist.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Confidential Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"

- OIR-C1-0502, “UCAA Biographical Affidavit Addendum Employment”
- OIR-C1-0503, “UCAA Biographical Affidavit Addendum General”
- OIR-C1-0504, “UCAA Biographical Affidavit Addendum Licenses”
- OIR-C1-0505, “UCAA Biographical Affidavit Addendum Professional”
- OIR-C1-0506, “UCAA Biographical Affidavit Addendum Residence”
- OIR-C1-0507, “UCAA Biographical Affidavit Addendum Societies”
- OIR-C1-0509, “Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure”

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All “Yes” answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants) or to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR PERMIT DOMESTIC RECIPROCAL INSURER

CHECKLIST

Applicant Name:
(in compliance with Section 629.052, Florida Statutes)

_____

Principal Office Address for Applicant and Proposed Attorney in Fact:
(in accordance with Section 629.081(2)(b), Florida Statutes)

_____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FORM & FEES

- ☐ **1.** Application and license fees paid
- ☐ **2.** All fingerprint fees paid electronically
  - ☐ **a.** Copies of online payment confirmation
- ☐ **3.** Checklist & Certification

SECTION II – LEGAL

- ☐ **1.** Draft Organizational Documents
  - ☐ **a.** Draft Appointment of Attorney-in-Fact and Power of Attorney
  - ☐ **b.** Draft Charter of the Subscriber's Advisory Committee
  - ☐ **c.** Draft Subscriber's Agreement
- ☐ **2.** Foreign Certificate of Status, if applicable (Attorney-in-Fact)
- ☐ **3.** Florida Certificate of Status (Attorney-in-Fact)
- ☐ **4.** Articles of Incorporation (Attorney-in-Fact)
- ☐ **5.** Bylaws (Attorney-in-Fact)
- ☐ **6.** Authorization Letter

SECTION III – FINANCIAL

- ☐ **1.** Plan of operation
  - ☐ **a.** History
  - ☐ **b.** Management experience
  - ☐ **c.** Uniform Certificate of Authority Application (UCAA) Lines of Insurance, Form OIR-C1-1416
  - ☐ **d.** Description of marketing
  - ☐ **e.** 3-year plan of marketing
  - ☐ **f.** Use of reinsurance
  - ☐ **g.** Statement of planned changes

- ☐ **h.** Pro Forma Financial Statement for 3 years (see Section III-I(9) for forms)
  - ☐ **i.** Assumptions
  - ☐ **ii.** Planned premium volume, nationwide and Florida
- ☐ **i.** List of consultants and expert services for 3 years

☐ **2.** Statement of Method Used in Financing Insurer

- ☐ **a.** Amount of surplus as to policyholders to be funded
  - ☐ **i.** By source (from whom)
  - ☐ **ii.** Amounts funded by each source
  - ☐ **iii.** Form of funding
- ☐ **b.** Information on each individual named in (a)
- ☐ **c.** Copy of all agreements involved in formation or funding
- ☐ **d.** Copy of any securities or proposals regarding rights or interest to be offered

☐ **3.** Previous Florida business history of Attorney-in-Fact and any parent

☐ **4.** Holding Company Registration Statement for Attorney-in-Fact

☐ **5.** A copy of each policy, endorsement, and application

SECTION IV – MANAGEMENT

☐ **1.** List of names and addresses of original 25 or more subscribers

☐ **2.** Management Information Form (Form OIR-C1-2221) submitted for all required entities

☐ **3.** Biographical Information Package submitted for all required individuals

☐ All information completed (no blanks)

- ☐ **a.** "Yes" answers explained
- ☐ **b.** Signed
- ☐ **c.** Notarized

☐ **4.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.

- ☐ **a.** Proof of order and confirmation of payment submitted to the Office

☐ **5.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual

- ☐ **a.** All information completed (no blanks)
- ☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

APPLICATION FOR PERMIT DOMESTIC RECIPROCAL INSURER

APPLICATION CERTIFICATION

The undersigned state that they are the proposed Chairman of the Subscribers' Advisory Committee and have personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to seek a Permit to form a Domestic Reciprocal Insurer; 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 represents that they have the authority to bind the Applicant, and that by their signature here below the Applicant has executed the instrument.

The undersigned understands 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: Proposed Chairman, Subscribers' Advisory Committee

Date: _____

APPLICATION FOR ACQUISITION OF CONTROLLING STOCK OF A FLORIDA DOMESTIC INSURER

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 by selecting Company Admissions – iApply Login at the following link:

https://www.floir.com/iportal

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

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fees

Applicant must pay the acquisition application fee of $1,500 U.S. Dollars, pursuant to Section 624.501, Florida Statutes, or an amount otherwise in accordance with Section 624.5091, Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Disclaimer of Control Pursuant to Section 628.461(12)(a)

If Applicant is considered a "passive investor" and will be submitting a disclaimer of control or Schedule 13G as per Section 628.461(12)(a), Florida Statutes, it may omit the items in Section II 3-5, Section III, and Section IV. These omitted items must be provided if requested by the Office to determine the appropriateness of the disclaimer of control or Schedule 13G. If there are any purchase agreements, tender or exchange offers, or similar agreements related to the transaction, they must be provided with the application.

SECTION II – LEGAL

Section II-1 Description of Transaction

Submit a narrative statement describing the transaction resulting in the acquisition of 10% or more of the outstanding voting securities of a domestic stock insurer, or of the controlling company of a domestic stock insurer.

Section II-2 Notification Statement

Submit a statement that the acquiring entity has sent to the insurer and **any** controlling company:

a. The notification statement in compliance with Section 628.461(1)(a), Florida Statutes, and;

b. A complete copy of the application by registered mail pursuant to Sections 628.461(3) and Section 628.461(4)(b), Florida Statutes.

Control is presumed to exist if a person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing 10% or more of the voting securities of another person.

Section II-3 **Certificate of Status**

Submit a certificate of status dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-4 **Organizational Documents**

Submit a copy of Applicant's organizational or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, etc., complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant.

Section II-5 **Bylaws**

Submit a copy of Applicant's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless the Applicant does not have this position.

Section II-6 **Statutory Statements**

Submit a detailed response to paragraphs (b)-(g) of Section 628.461(3), Florida Statutes, listed below. Each of these sections should be clearly labelled and responded to individually on a point-by-point basis.

> **(b)** The source and amount of the funds or other consideration used, or to be used, in making the acquisition.
>
> **(c)** Any plans or proposals that such persons may have made to liquidate such insurer, to sell any of its assets or merge or consolidate it with any person, or to make any other major change in its business or corporate structure or management; and any plans or proposals that such persons may have made to liquidate any controlling company of such insurer, to sell any of its assets or merge or consolidate it with any person, or to make any other major change in its business or corporate structure or management.

(d) The number of shares or other securities that the person or affiliated person of such person proposes to acquire, the terms of the proposed acquisition, and the manner in which the securities are to be acquired.

(e) Information as to any contract, arrangement, or understanding with any party with respect to any of the securities of the insurer or controlling company, including, but not limited to, information relating to the transfer of any of the securities, option arrangements, puts or calls, or the giving or withholding of proxies, which information names the party with whom the contract, arrangement, or understanding has been entered into and gives the details thereof.

(f) Effective January 1, 2015, an agreement by the person required to file the statement that the person will provide the annual report specified in s. 628.801(2) if control exists.

(g) Effective January 1, 2015, an acknowledgment by the person required to file the statement that the person and all subsidiaries within the person's control in the insurance holding company system will provide, as necessary, information to the office upon request to evaluate enterprise risk to the insurer.

Section II-7 Service of Process Form

Included in this packet is the Service of Process Form (Form OIR-C1-144). This document must be executed and submitted after an acquisition is completed if the information on record with the Office has changed as a result of the transaction.

Section II-8 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

Mergers

If the acquisition is, or includes, a merger, Applicant must provide the following in addition to all other items in this application. If Applicant is requesting a waiver pursuant to Section 628.461(2), Florida Statutes, it must still submit the items below as well as Section III-7(G).

Section II-9 Statement of Compliance

Submit a statement that Applicant is in compliance with Section 628.451(1), Florida Statutes. If the merger involves a not-for-profit HMO, the statement should instead reference Section 628.471, Florida Statutes.

Section II-10 **Confirmation of Voting Results**

Submit confirmation of voting results, board resolution, or equivalent documents.

Section II-11 **Plan of Merger**

Submit a copy of the Plan of Merger.

SECTION III - FINANCIAL

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

If the Applicant is part of a foreign insurance holding company system, provide a copy of the most recent insurance Holding Company Registration Statement filed with its domiciliary state. Applicant should also provide a draft copy of the prospective post-acquisition Holding Company Registration Statement, as well as a copy of the U.S. Securities and Exchange Commission ("SEC") 10k report if Applicant's Ultimate Controlling Person is required to file with the SEC (most current year, if available).

Section III-2 **Applicant's Audited Annual Statements**

Furnish copies of the 5 most recent audited financial statements of the Applicant. If Applicant is a natural person, substantially similar information may be required.

Section III-3 **Applicant's Quarterly Statement**

Furnish a copy of Applicant's most recent quarterly statement.

Section III-4 **Applicant's Financial Statement**

Furnish a copy of Applicant's unaudited financial statement not older than 90 days of the date of receipt of the Application by the Office.

Section III-5 **Ultimate Controlling Person Audited Financial Statements**

Furnish copies of the 5 most recent audited financial statements of Applicant's Ultimate Controlling Person. If a natural person, substantially similar information may be required.

Section III-6 **Ultimate Controlling Person Financial Statement**

Furnish a copy of an unaudited financial statement of Applicant's Ultimate Controlling Person not older than 90 days of the date of receipt of the Application by the Office.

Section III-7 Plan of Operation

An insurer licensed in the state of Florida must keep the Office apprised of its business plan. If the proposed acquisition will result in any substantive changes to the operations of the insurer, submit an updated plan of operation as outlined below. If the proposed acquisition will not result in any substantive changes, then a statement to that effect should be submitted in this section.

If the subject of the acquisition is not in compliance with Florida Statutes, then a plan to bring the insurer into compliance should be submitted to the Office in this section.

If applicable, Applicant should furnish a three-year Plan of Operations for the lines that the insurer is licensed for on the Certificate of Authority. The plan must include all major areas of the proposed operations and include the following:

(A) A brief history of the company since its incorporation.

(B) A brief description of the management experience of each individual (by name) involved in the following areas: Marketing, Underwriting, Rating, Reserving, Reinsurance, Claims Handling, Accounting, and Investments.

(C) A description of insurance products to be offered.

(D) A three-year plan of marketing, including commission rates and the use of agents.

(E) A summary of current and planned reinsurance coverage, including catastrophe, and the amount retained on one risk.

(F) A statement regarding any planned changes in operations during the next three years. If no changes are planned, a statement to that effect.

(G) In Excel format, a pro forma statutory balance sheet and statutory income and expense statements covering the accounts in the format on the attached forms. Separate forms are included in this packet for Property and Casualty and Life companies, please use the appropriate form.

(H) A list of all assumptions used in projections and pro formas and an explanation of how these assumptions were derived.

(I) A list of all consultant and expert services in use or proposed during the three-year period.

Section III-8 Previous Florida Business History of Acquiring Company

In this section the acquiring company should detail its history in the state of Florida. Please note if the company has withdrawn from Florida as a whole or discontinued a particular line of business in this state.

Section III-9 Confirmation of Funds

Applicant must furnish third-party (bank, approved escrow agent, etc.) written confirmation of the funds necessary to complete the transaction prior to the Office's approval of the acquisition. Provide the confirmation letter in this section for confirmation of funds.

Section III-10 Purchase Agreements, Tender or Exchange Offers, or Similar Documents

Furnish a copy of all purchase agreements, tender or exchange offers, and offering documents, or similar documents associated with the transaction.

Section III-11 Other Agreements

Furnish copies of any agreements whereby the acquiring company accepts obligations, debts, and encumbrances which would affect the domestic insurer or are relevant to this transaction. Additionally, furnish copies of any other agreements referenced in this filing.

Section III-12 Organizational Charts

Furnish complete organizational charts for the Applicant and for the domestic insurer. Each set of organizational charts should fully disclose the complete corporate structure and the relationship between all entities, including all parent, holding, subsidiary, and any and all affiliated companies, and must clearly state all ownership percentages if applicable. One set of charts should be submitted for the Applicant and one for the domestic insurer showing each respective organization prior to the proposed acquisition, and another set of charts that shows the Applicant's entire structure after the proposed acquisition.

SECTION IV - MANAGEMENT

Section IV-1 Management Information Forms

Submit Management Information Form OIR-C1-2221 fully describing the post-acquisition management, ownership, and control, direct or indirect, of the domestic insurer up to and including any 10% or greater interest holders of the ultimate parent (5% if the transaction involves an HMO). A Management Information Form should be submitted for each entity in the ownership chain. Provide the same for the surviving company if the transaction is a merger.

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants) or to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

CHECKLIST

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____ _____ _____ _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FORM & FEES

- ☐ **1.** Application fee paid
- ☐ **2.** All fingerprint fees paid electronically
- ☐ **a.** Copies of online payment confirmation

SECTION II – LEGAL

- ☐ **1.** Description of Transaction
- ☐ **2.** Statement of compliance with:
- ☐ **a.** Notification statement, Section 628.461, Florida Statutes; and
- ☐ **b.** Application furnishing, Section 628.461(3) & (4)(b), Florida Statutes
- ☐ **3.** Certificate of Status
- ☐ **4.** Organizational Documents (Articles of Incorporation or equivalent documents)
- ☐ **a.** Certified by domiciliary jurisdiction
- ☐ **5.** Bylaws (or equivalent documents)
- ☐ **a.** Certified by Secretary
- ☐ **6.** Statutory Statements, Section 628.461(3)(b)-(g), Florida Statutes
- ☐ **7.** Service of Process Consent **&** Agreement (Form OIR-C1-144) (see instructions in II-7)
- ☐ **8.** Authorization Letter

CHECKLIST

Applicant Name: _____

For Transactions that are, or Involve, Mergers

☐ **9.** Statement of Compliance

☐ **10.** Confirmation of Voting Results

☐ **11.** Plan of Merger

SECTION III – FINANCIAL

1. Holding Company Registration Statement, as applicable

☐ **a.** Holding Company Registration Statement – acquiring entity

☐ **b.** Holding Company Registration Statement – draft prospective for post-acquisition

☐ **c.** U.S. Securities and Exchange Commission ("SEC") 10K report if ultimate parent is required to file with the SEC (most current year, if available)

2. Applicant's audited annual statements

☐ **a.** The most recent 5 statements submitted

3. Applicant's quarterly statement

☐ **a.** A copy of Applicant's most recent quarterly statement.

4. Applicant's financial statement

☐ **a.** Not older than 90 days of the date of receipt of the Application by the Office

5. Ultimate Controlling Person audited financial statements

☐ **a.** The most recent 5 statements submitted

6. Ultimate Controlling Person financial statement

☐ **a.** Not older than 90 days of the date of receipt of the Application by the Office

☐ **7.** Plan of Operations **or** statement of no changes to the existing Plan of Operation

☐ **8.** Applicant's statement of previous Florida business history

CHECKLIST

Applicant Name: _____

9. Confirmation of funds

☐ **a.** Written confirmation by third-party

☐ **10.** Copies of any purchase agreements, tender or exchange offers, or similar documents

☐ **11.** Copies of other agreements related to the acquisition

12. Organizational Charts

☐ **a.** Chart showing Applicant's organization prior to acquisition or merger

☐ **i.** With ownership percentages

☐ **b.** Chart showing domestic insurer's organization prior to acquisition or merger

☐ **i.** With ownership percentages

☐ **c.** Chart showing all entities after the acquisition or merger

☐ **i.** With ownership percentages

CHECKLIST

Applicant Name: _____

SECTION IV – MANAGEMENT

☐ **1.** Management Information Form (Form OIR-C1-2221) submitted for all required entities

☐ **2.** Biographical Information Package submitted for all required individuals

☐ **a.** All information completed (no blanks)

☐ **b.** "Yes" answers explained

☐ **c.** Signed

☐ **d.** Notarized

☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.

☐ **a.** Proof of order and confirmation of payment submitted to the Office

4. 4. A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual

☐ **a.** All information completed (no blanks)

☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

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 acquire a Florida insurer, either directly, indirectly, or via merger; 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.

FINGERPRINTS AND SOCIAL SECURITY NUMBER

The purpose of this form is to provide required disclosures regarding the use of your fingerprints and the confidentiality of your social security number. **Submit the third page marked confidential to the Office with your application.** For information on how to submit your fingerprints go to www.floir.com/home/company-admissions/fingerprint-instructions.

FDLE NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS FOR A CRIMINAL HISTORY RECORD CHECK

NOTICE OF:

- RETENTION OF FINGERPRINTS,
- PRIVACY POLICY, AND
- RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD

This notice is to inform you when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of the search are returned to the authorized agency ORI indicated in the transaction. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the agency from which you are seeking approval to be employed, licensed, or have access to their facility. The fingerprints submitted are retained by FDLE and the Federal Bureau of Investigation (FBI), and FDLE will notify the agency of any subsequent arrests.

Your Social Security Account Number (SSAN) is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. § 552a), FDLE is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. FDLE does not require a SSAN but it could cause a delay in processing your criminal history record check.

Authorized agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request a copy of your record from the screening agency. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. by calling FDLE at (850) 410-7898. If you believe the national information is in error, you may contact the FBI at (304) 625- 2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor within a reasonable time.

The FBI's Privacy Statement follows on a separate page and contains additional information.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal rules providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based record checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch that has published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

CONFIDENTIAL

Pursuant to section 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. The requirement must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record.

Applicant's Name: _____

Applicant's Social Security Number: _____

The requirement for the applicant's social security is mandatory.

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 of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to ensure 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. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to the public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

CONFIDENTIAL

APPLICATION FOR CERTIFICATE OF AUTHORITY
HEALTH MAINTENANCE ORGANIZATION

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.

NOTE: Pursuant to Section 641.2015 and 641.19, Florida Statutes, in order to qualify as a Health Maintenance Organization ("HMO"), an entity must:

a. Be incorporated or be a division of a corporation formed under the provisions of either Chapter 607 or Chapter 617 or shall be a public entity that is organized as a political subdivision. [s. 641.2015, F.S.];

b. Provide emergency care, inpatient hospital services, physician care including care provided by physicians licensed under Chapters 458, 459, 460, and 461, ambulatory diagnostic treatment, and preventive health care services. [s.641.19(12)(a), F.S.];

c. Provide either directly or through arrangements with other persons, health care services to persons enrolled with such organization, on a prepaid per capita or prepaid aggregate fixed-sum basis. [s.641.19(12)(b), F.S.];

d. Provide either directly or through arrangements with other persons, comprehensive health care services which subscribers are entitled to receive pursuant to a contract. [s.641.19(12)(c), F.S.];

e. Provide physician services, by physicians licensed under Chapters 458, 459, 460, and 461, directly through physicians who are either employees or partners of such organization or under arrangements with a physician or any group of physicians. [s.641.19(12)(d), F.S.]; and

f. If an HMO offers services through a managed care system, then the managed care system must be a system in which a primary physician licensed under Chapter 458 or Chapter 459 and Chapters 460 and 461 is designated for each subscriber upon request of a subscriber requesting service by a physician licensed under any of those chapters, and is responsible for coordinating the health care of the subscriber of the respectively requested service and for referring the subscriber to other providers of the same discipline when necessary. Each female subscriber may select as her primary physician an obstetrician/gynecologist who has agreed to serve as a primary physician and is in the health maintenance organization's provider network [s.641.19(12)(e), F.S.]

Although a pre-filing conference is not a statutory requirement, it has proven beneficial to both Applicant and the Office. To schedule a conference, please email lhappcoord@floir.com or call (850) 413-2512.

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fee & Deposit

a. Applicant must pay the application fee of $1,000 U.S. Dollars ("USD"), pursuant to Section 641.29(1), Florida Statutes. This fee is due when the application packet is filed and is not refundable.

b. In compliance with Section 641.227(1), Florida Statutes, Applicant must also submit a deposit for $10,000 USD for use in the Rehabilitation Administrative Expense Fund.

Section I-2 Assessment

Applicant must submit a check for $25,000 USD made payable to "Florida HMO Consumer Assistance Plan" to cover the special assessment required by Section 641.228(1), Florida Statutes. Mail the check to:

Bruce D. Platt, Plan Manager
201 E. Park Ave, Suite 300
Tallahassee, FL 32301
(850) 425-1628

Submit a copy of your transmittal letter to the Plan Manager and the check with your application filing.

Section I-3 Fingerprint Processing Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Section I-4 Application Certification

Pursuant to Section 641.21(1), Florida Statutes, each HMO application must be verified by the oath of two officers of the corporation and notarized. Accordingly, Applicant should have **two copies of page 15** executed and submitted with its application.

SECTION II - LEGAL

Section II-1 Articles of Incorporation

Submit a copy of Applicant's Articles of Incorporation complete with all amendments and certified within the last year by the Florida Secretary of State.

Section II-2 Bylaws

Submit a copy of Applicant's Bylaws or equivalent document. This should be certified within the last year by Applicant's Secretary as a true and correct copy of the current document. Only the Secretary's signature will be accepted, unless Applicant does not have this position.

Section II-3 Florida Certificate of Status

Submit a Certificate of Status issued within the last year by the Florida Secretary of State.

Section II-4 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

Section II-5 Fictitious Name Filing

If the Applicant plans to utilize a fictitious name, provide documentation of Applicant's compliance with the fictitious name statutes of this state.

SECTION III - FINANCIAL AND RELATED INFORMATION

Section III-1 Insurance

a. Furnish evidence of adequate insurance coverage or an adequate plan for self-insurance to respond to claims for injuries arising from the provision of health care services. If not self-insured, submit executed copies of the following policies, with the Office listed on the policies for purposes of notification of any modification, cancellation, or termination of the policies:

i. General liability

ii. Medical malpractice or professional liability. The HMO must secure this coverage. The fact that the medical provider has this coverage does not release the HMO from the obligation to secure it. A binder for the policies along with a specimen copy of each policy can be submitted initially. Prior to licensure, executed copies of the policies must be submitted.

b. Furnish a photocopy of an executed fidelity bond in the minimum amount of $100,000 USD issued by a Florida authorized insurance carrier and covering all employees handling funds.

c. Describe how the HMO limits or proposes to limit its financial risk. If the HMO secures catastrophic or reinsurance coverage, it is required to submit copies of the applicable policy with the Office. Any reinsurance agreement must comply with Section 624.610, Florida Statutes, and Rule Chapter 69O-144, Florida Administrative Code.

NOTE: Describe any risk sharing arrangements with providers or any other parties. Reference by page number sections of any provider contracts which demonstrate the sharing of risk between the HMO and providers.

Section III-2 Financial Statements

a. Provide a copy of the most recent audited independent certified public accountant's report prepared on the basis of statutory accounting principles. If the applicant is a development stage company that has not begun operations, an audited balance sheet should be provided. The financial statements should reflect sufficient surplus to meet the requirements of Section 641.225, Florida Statutes.

b. Provide all quarterly financial statements covering the current year-to-date reporting period signed by the company's officers under notary seal.

Section III-3 Plan of Operations

Provide a statement generally describing present and proposed operations. State whether the HMO will be organized for profit or not for profit and whether it will be a Staff Model, IPA Model, or Combination Model HMO. Also, identify the HMOs fiscal year end date. The plan of operations should be for the greater of three years or until the health maintenance organization has been projected to be profitable for twelve consecutive months.

If the HMO intends to market to small groups as defined by the Employee Health Care Access Act, s. 627.6699, Florida Statutes, please complete and submit the attached Small Employer Carrier's Application To Becomes A Risk Assuming Carrier Or A Reinsuring Carrier, As Required By Section 627.6699(9), Florida Statutes (Form OIR-B2-1093).

If the plan of operation indicates that the HMO will receive Medicaid funds, list all contracts and agreements and any information relative to any payment or agreement to pay, directly or indirectly, a consultant fee, a broker fee, a commission, or other fee or charge related in any way to the application for a certificate of authority or the issuance of a certificate authority. Such list shall provide the following, including, but not limited to, the name of the person or entity paying the fee; the name of the person or entity receiving the fee; the date of payment; and a brief description of the work performed.

Section III-4 Marketing and Growth

Submit a description of the proposed method of marketing, including the target groups, types of coverage to be offered, and advertising media to be used. Include a statement describing with reasonable certainty the geographic area or areas to be served by the HMO. Identify competing HMOs operating in the same geographic service area, as well as the market penetration of each. Also, identify the major differences between the applicant HMO and its competitors.

Section III-5 Pro Forma Statements

Submit a pro forma balance sheet and income statement on a statutory basis at monthly intervals (with an annual total) for a minimum three-year period (greater of three years or until the health maintenance organization has been projected to be profitable for twelve consecutive months.) All assumptions used in deriving the pro forma statements must be provided. A Statement of Changes in Financial Position and a Statement of Cash Flows should be provided for the same period covered by the balance sheet and income statement.

Section III-6 Statement of Initial Cash

Submit a statement of the proposed initial cash and cash reserves summary, including loan receipts, loan repayments, stock sales, etc. Also, describe the sources and terms of the funding. In the case of guaranteeing organizations, as referenced in Section 641.225, Florida Statutes, submit audited financial statements, certified by an independent certified public accountant, prepared in accordance with generally accepted accounting principles, covering its two most current annual accounting periods.

Section III-7 History

Provide a brief history of the company since its incorporation. Include any predecessor corporations or organizations, mergers, reorganizations, or changes of ownership. Specify the parties and dates involved.

Section III-8 Insolvency Protection

Provide the method in which the applicant will comply with the insolvency protection requirements of Section 641.285, Florida Statutes, including all relevant documentation necessary to meet the requirements. Each HMO must comply with the insolvency protection requirements of Florida law. This is accomplished through a deposit of $300,000 USD in accordance with Section 641.285, Florida Statutes..

Section III-9 Contingency Plans

Provide any contingency plans for additional capital should the HMO fail to maintain minimum surplus requirements as mandated by Section 641.225, Florida Statutes.

Section III-10 Feasibility Study

Submit a comprehensive feasibility study, performed by a certified actuary in conjunction with a certified public accountant, which includes a rate and financial analysis, as well as enrollment projections and assumptions and competitor information. The study shall be for the greater of three years or until the HMO has been projected to be profitable for twelve consecutive months. The study shall show that the HMO will maintain, at all times, the minimum surplus required by Section 641.225, Florida Statutes, and will not, at the end of any month of the projection period, have less than the minimum surplus as required by Section 641.225, Florida Statutes. The feasibility study shall contain an opinion by the certified public accountant and actuary performing the study which shall opine as to the reasonableness of the assumptions used in the feasibility study and that the assumptions are reasonably applied.

The financial portion of the study shall be prepared in accordance with standards promulgated by the American Institute of Certified Public Accountants in its "Guide for

Prospective Financial Statements" and opined accordingly. The actuarial portion of the study shall be prepared in accordance with standards promulgated by the American Academy of Actuaries and opined accordingly. The feasibility study shall contain nothing less than an "examination opinion."

Section III-11 Contracts

a. A copy of each type of contract made, or to be made, between the applicant and any providers (i.e hospitals, physicians, physician groups) regarding the provision of health care services to enrollees. All such contracts shall comply with Section 641.315, Florida Statutes.

b. A copy of the form of any contract made or to be made between the applicant and senior management employment, as well as any person, corporation, partnership, or other entity for the performance on the applicant's behalf of any function including, but not limited to, marketing, administration, enrollment, investment management, and subcontracting for the provision of health care services to enrollees. All such contracts shall comply with Section 641.234, Florida Statutes and 641.315, F.S. if applicable.

Section III-12 Grievance Procedure

A statement describing the HMO's grievance procedure that will facilitate the resolution of subscriber grievances. The grievance procedure must include both formal and informal steps for resolving grievances and must be in compliance with all requirements set forth in Rule 69O-191.078, F.A.C., s.641.21(1)(e), & s. 641.22(9), F.S.

Section III-13 Bankruptcy Proceedings

Submit evidence of compliance with Section 641.215, Florida Statutes. This documentation should contain:

A. An acknowledgment that a delinquency proceeding pursuant to Part I of Chapter 631 or supervision by the Office pursuant to s. 624.80-624.87, Florida Statutes, constitutes the sole and exclusive method for the liquidation, rehabilitation, reorganization, or conservation of a health maintenance organization.

B. A waiver of any right to file or be subject to a bankruptcy proceeding; and

C. An acknowledgment that the commencement of a bankruptcy proceeding either by or against a health maintenance organization shall, by operation of law, terminate the health maintenance organization's certificate of authority and vest in the Office for the use and benefit of the subscribers of the health maintenance organization the title to any deposits of the insurer held by the Office.

Section III-14 Health Care Provider Certificate

Submit documentation demonstrating that the entity has filed an application for a Health Care Provider Certificate to be issued by the Agency for Health Care Administration (AHCA) pursuant to Chapter 641, Part III, Florida Statutes. Documentation may be provided in the form of an acknowledgement from the Agency for Health Care that the application has been received by them.

NOTE: The Office will begin its review of an application for a Certificate of Authority any time after an organization has filed an application for the certificate with the Agency for Health Care Administration. The Office shall not issue a Certificate of Authority to any applicant, which does not possess a valid Health Care Provider Certificate. Once the Health Care Provider Certificate is issued, a copy must be provided to the Office of Insurance Regulation.

SECTION IV - MANAGEMENT

Section IV-1 List of All Officers, Directors, and Stockholders, etc

1. Using the Management Information Form (Form OIR-C1-2221), list the names, addresses, and official capacities with the organization of the persons who are to be responsible for the conduct of the affairs of the health maintenance organization, including all officers, directors, and owners of in excess of 5% of the common stock of the corporation, and contracted management company personnel. Such persons shall fully disclose to the office and the directors of the health maintenance organization the extent and nature of any contracts or arrangements between them and the health maintenance organization, including any possible conflicts of interest.

   Additionally, list any person having the right to acquire 10% or more of Applicant's voting securities, or any person otherwise having direct or indirect control of Applicant, or who influences or has the ability to influence the transaction of Applicant's business, up to and including Applicant's ultimate parent.

   A separate Management Information Form should be submitted for each entity. Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

2. If Applicant is a subsidiary of a parent or holding company, provide a complete organization chart showing the relationship of all affiliated entities.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigative Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required

background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to lhappcoord@floir.com.

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR CERTIFICATE OF AUTHORITY
HEALTH MAINTENANCE ORGANIZATION

CHECKLIST

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FORM & FEES

- ☐ **1.** Application fee paid
- ☐ **2.** Rehabilitation Administration Expense fee paid
- ☐ **3.** Assessment fee paid
  - ☐ **a.** Copy of check and transmittal letter submitted
- ☐ **4.** All fingerprint fees paid electronically
  - ☐ **a.** Copies of online payment confirmation
- ☐ **5.** Application certification
  - ☐ **a.** Submitted for two officers

SECTION II - LEGAL

- ☐ **1.** Articles of Incorporation
  - ☐ **a.** Certified by Florida Secretary of State
- ☐ **2.** Bylaws
  - ☐ **a.** Certified by Secretary
- ☐ **3.** Certificate of Status from Florida
- ☐ **4.** Authorization Letter
- ☐ **5.** Fictitious Name Filing (if applicable)

CHECKLIST

Applicant Name: _____

SECTION III - FINANCIAL

- ☐ **1.** Insurance
  - **a.** Evidence of insurance or self-insurance
    - **i.** If not self-insured provide copies of the following:
      - ☐ **1.** General liability
      - ☐ **2.** Medical malpractice or general liability
  - ☐ **b.** Copy of fidelity bond
  - ☐ **c.** Description of risk plan, and copies of catastrophic or reinsurance coverage as applicable
- ☐ **2.** Financial Statements
  - ☐ **a.** Copy of most recent audited certified public accountant's report
  - ☐ **b.** Quarterly financial statements
- ☐ **3.** Plan of operations
  - ☐ **a.** All required elements
  - ☐ **b.** Small Employer Carrier's Application To Becomes A Risk Assuming Carrier Or A Reinsuring Carrier, As Required By Section 627.6699(9), Florida Statutes (Form OIR-B2-1093) if applicable
  - ☐ **c.** Medicaid information if applicable
- ☐ **4.** Marketing and growth
- ☐ **5.** Pro forma
  - ☐ **a.** Statement of Changes in Financial Position
  - ☐ **b.** Statement of Cash Flows
- ☐ **6.** Statement of initial cash
  - ☐ **a.** Audited financial statements of any guaranteeing organization
- ☐ **7.** History
- ☐ **8.** Insolvency protection
  - ☐ **a.** Deposit in accordance with Section 641.285, Florida Statutes
- ☐ **9.** Contingency plans
- ☐ **10.** Feasibility study

☐ **11.** Contracts

☐ **a.** Copy of each type of contract made or to be made between Applicant and any providers regarding the provision of health care services

☐ **b.** Copy of the form of any contract made or to be made between Applicant and various employees

☐ **12.** Grievance procedures

☐ **13.** Bankruptcy proceedings

☐ **a.** Evidence of compliance should contain:

☐ **i.** Delinquency acknowledgment

☐ **ii.** Waiver of right to file or be subject to bankruptcy proceeding

☐ **iii.** Acknowledgement regarding bankruptcy and Certificate of Authority

☐ **14.** Health care provider certificate

SECTION IV - MANAGEMENT

☐ **1.** Management Information Form (Form OIR-C1-2221)

☐ **a.** Submitted for all required entities

☐ **b.** Organizational chart showing all affiliated entities (if applicable)

☐ **2.** Biographical Information Package submitted for all required individuals

☐ **a.** All information completed (no blanks)

☐ **b.** "Yes" answers explained

☐ **c.** Signed

☐ **d.** Notarized

☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.

☐ a. Proof of order and confirmation of payment submitted to the Office

☐ **4.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual

☐ **a.** All information completed (no blanks)

☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

APPLICATION CERTIFICATION

The undersigned states that they are an officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to operate a health maintenance organization in Florida; 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 represents that they have the authority to bind the Applicant, and that by their signature on the instrument, the Applicant has executed the instrument.

The undersigned understands 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: _____

[Corporate Seal]

Print Name: _____

Title: _____

Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or

☐ online notarization, this ____ day of _____ 20____, by _____
(name of person)

as _____ for _____.
(type of authority; e.g., officer) (company name)

_____
(Signature of the Notary)

_____
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires _____

Florida Office of Insurance Regulation

INSTRUCTIONS FOR STATUTORY COMPLIANCE OF FORMS:

PREMIUM FINANCE COMPANIES

Premium Finance Agreements

1. Pursuant to Sections 627.839(1) and (2)(a), Florida Statutes, the printed portion of the agreement must be in at least 8-point font and the words "PREMIUM FINANCE AGREEMENT" must appear in all caps at the top of the page in at least 10-point bold type.

2. The "Notice" required by Section 637.839(2)(b), Florida Statutes, should be printed exactly as set forth in the statute and entirely in 8-point bold type as required.

3. Section 627.842, Florida Statutes, prohibits provisions in which a power of attorney is given to confer any authority to perform any act other than to request cancellation for nonpayment of premium.

   Many contracts contain a provision similar to the following:

   > [Company Name] is authorized to endorse the assured's name on any check or draft for all monies that may become due from the insuring company and to apply the same as payment of this agreement, and return any excess to his/her agent, providing such excess is an amount greater than $1.00 USD.

   The Office suggests that language similar to the following be substituted instead:

   > The insured agrees that the premium finance company may endorse their name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, returning any excess to the insured, provided such excess is an amount greater than or equal to $1.00 USD.

4. Many contracts contain a provision similar to the following:

   > The insured hereby releases, discharges, and agrees to hold harmless the premium finance company and each holder hereof, their officers, agents, and employees from any liability or cause of action by reason of any cancellation, when such cancellation is in conformity with Florida law.

The Office feels that this language is contrary to Section 627.842(3), Florida Statutes, and we suggest that language similar to the following be substituted:

> When cancellation by the premium finance company is in accordance with Florida law, the company is not responsible for consequential damages, and the prevailing party shall collect costs and attorney's fees from the other party in any action filed as a result of cancellation of the policy initiated by the premium finance company.

5. Often contracts contain a provision similar to the following:

> The company may advance to the assured's agent or the insuring company any additional premiums that may become due, less normal down payment adding any advance amount, plus any finance charge to his/her present contract balance.

Language similar to the following is suggested as a substitute:

> Upon request of the insured, the premium finance company may advance to the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to their present contract.

The request must be in writing, either by letter from the insured or through the use of an Additional Premium Request form. If you choose to utilize the Additional Premium Request form, it must be submitted to the Office for review and approval as indicated below in the Other Forms section.

Standard Cancellation Notice

1. Must be as laid out in Rule 69O-196.001, Florida Administrative Code.

2. The standard cancellation notice, including all parts of any multi-part form, must be printed on paper that is a shade of pink.

3. Section 627.848(1)(b), Florida Statutes, requires that the language regarding financial responsibility be in 12-point font.

10 Day Notice of Intent to Cancel

1. The Office recommends that the 10 Day Notice of Intent to Cancel contain the same language as is required on the Standard Cancellation Notice with regard to financial responsibility. This language is referenced in Section 627.848(3), Florida Statutes, and found in Rule 69O-196.001, Florida Administrative Code. It is also recommended that it be in the same font-size as required for the Standard Cancellation Notice.

2. All print should be a minimum of 8-point font.

Other Forms

Section 627.838, Florida Statutes, requires that no Premium Finance Agreement or related form is to be used in this state unless it has been filed with and approved by the Office. The only forms required by statute to be used by every premium finance company are a Premium Finance Agreement, 10 Day Notice of Intent to Cancel, and a Cancellation Notice. However, if a premium finance company uses other forms, such as drafts, coupons, additional premium request forms, standard collection letters, or the like, these forms must be filed, together with the filing fee as set out in Section 627.849, Florida Statutes, and approved by the Office prior to use.

APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

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 pcappcoord@floir.com.

APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fees

Applicants must pay a license fee of $250 USD and an investigation fee of $100 USD at the time of application for licensure, pursuant to Sections 627.828(5) and 627.849, Florida Statutes. These fees are due at the time the application packet is filed and are nonrefundable.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Section I-3 Application Checklist and Certification

Applicant should have pages 8-11 completed and submitted with its application.

SECTION II - LEGAL

Section II-1 Articles of Incorporation

Submit a copy of Applicant's Articles of Incorporation, or equivalent document, complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

Section II-2 Certificate of Status from State of Domicile

If Applicant is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of business entities in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-3 Certificate of Status from Florida

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-4 **Company Bylaws**

Submit a copy of Applicant's Bylaws, or equivalent document. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless Applicant does not have this position.

Section II-5 **Authorization Letter**

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

Section II-6 **Fictitious Name Filing**

If Applicant plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

SECTION III – FINANCIAL

Section III-I **Financial Requirements**

All Applicants are required to provide evidence of one of the following:

a. A statutory net worth of at least $35,000 USD attested to by two officers of Applicant; **or**

b. A surety bond in the amount of $35,000 USD (Form OIR-A3-453, Premium Finance Company Surety Bond) as well as a statutory net worth of $10,000 USD attested to by two officers of Applicant.

i. In lieu of a surety bond on the approved form, Applicant may elect to make a securities deposit in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make a securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Department of Financial Services
Bureau of Collateral Management
200 East Gaines Street
Tallahassee, FL 32399-0345

c. Premium Finance Companies are required to, at all times, maintain an errors and omissions insurance policy of not less than $500,000 USD covering the acts of its officers, employees, and agents. This policy may contain reasonable deductibles not to exceed 2% of the policy limits. Applicant must provide proof of this coverage.

   i. Applicants with an unencumbered net worth of at least $15 million USD may self-insure errors and omissions coverage provided they meet the additional requirements of Section 627.828(3)(b)(2), Florida Statutes.

Section III-2 Plan of Operations

It is important for the Office to have a clear understanding of Applicant's proposed operations and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

a. **Marketing and Growth:** A statement setting forth a projection of the volume of business Applicant anticipates writing for the next three years. Include an initial marketing plan for the proposed premium finance company.

b. **Additional Sources of Capital**: A statement as to what sources of capital would be available to Applicant during periods of negative cash flow and what arrangements may have been made for handling volume which may exceed Applicant's capacity. Include any controls which Applicant may have in place to prevent acceptance of contracts in excess of Applicant's capacity to finance them, to obtain additional financing, or to notify the agent to use another premium finance company until further notice.

   If the plan includes the use of personal resources of Applicant's owners, a Personal Financial Statement form must be provided for each owner (Form OIR-C1-454 Personal Financial Statement).

   If the plan includes use of the resources of an affiliated or parent organization, audited financial statements of these organizations must be provided for the past three years. If no audit was performed, the financial statements must be prepared in accordance with generally accepted accounting principles and be attested to by the president and secretary of the organization (or persons holding similar positions, if not a corporation).

   If Applicant intends to utilize a line of credit with a bank or other financial institution as a source of additional capitalization, a letter from the financial entity must be presented which verifies the existence or approval of the line of credit. Only a financial institution licensed as a premium finance company or exempt from the license requirement in accordance with Section 627.826, Florida Statutes, is eligible to accept premium finance contracts as collateral for loans.

c. **Assignments:** Provide a statement as to what arrangement may have been made for assigning contracts to another premium finance company, including complete details concerning the procedure to be followed in making assignments, to whom they will be made, on what terms, how and when the contracts are to be funded and by whom, and verify that the assignment will be with recourse against the assigning company.

d. **Types of Insurance Financed:** Provide a list of the types of insurance Applicant will finance.

e. **Other Business Conducted:** If business other than financing premiums will be conducted on the licensed premises, provide a statement as to what other business will be conducted and by whom.

f. **Branches, Subsidiaries, and Affiliates:** If Applicant has one or more branches, subsidiaries, or affiliates, provide a listing of the complete names and addresses of such places of business, together with a statement as to precisely where Applicant will make available all relevant books, records, accounts and documents.

g. **Organizational Charts**: Provide a complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable.

Section III-3 Forms and Rates

Applicant must provide its service charge and interest rate plan as part of this application.

Applicant must submit the following forms, as well as any additional forms Applicant intends to use, for approval by the Office prior to use, via the Office's IRFS system (link and information provided on cover page):

a. Premium Finance Agreement

b. 10 Day Notice of Intent to Cancel

c. Standard Cancellation Notice

Applicant may wish to review Form OIR-C1-957, Instructions for Statutory Compliance of Forms: Premium Finance Companies, for guidance.

SECTION IV – MANAGEMENT

Section IV-1 Management Information Forms

Submit Management Information Form OIR-C1-2221 fully describing Applicant's management, ownership, and all individuals or entities having direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
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- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigative Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

CHECKLIST

Applicant Name: _____

Federal Employer Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FORM & FEES

- ☐ **1.** Application fee paid
- ☐ **2.** All fingerprint fees paid electronically
- ☐ **a.** Copies of online payment confirmation
- ☐ **3.** Application certification and checklist

SECTION II – LEGAL

- ☐ **1.** Articles of Incorporation (or equivalent)
- ☐ **a.** Certified by public official
- ☐ **2.** Certificate of Status from domiciliary jurisdiction
- ☐ **3.** Certificate of Status from Florida
- ☐ **4.** Company Bylaws (or equivalent)
- ☐ **a.** Certified by Secretary
- ☐ **5.** Authorization Letter (if applicable)
- ☐ **6.** Fictitious Name Filing (if applicable)

APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

CHECKLIST

Applicant Name: _____

SECTION III – FINANCIAL

1. Financial Requirements (a **or** b)

☐ **a.** Attestation of net worth of at least $35,000 USD; **or**

☐ **b.** Attestation of net worth or at least $10,000 USD and Premium Finance Company Surety Bond (Form OIR-A3-453) for $35,000 USD.

☐ **i.** Or, proof of deposit in lieu of surety bond (as applicable)

☐ **c.** Proof of errors & omissions coverage

☐ **i.** Or, self-insured errors and omissions coverage (as applicable)

2. Plan of Operations

☐ **a.** Marketing and Growth

☐ **b.** Additional Sources of Capital

☐ **c.** Assignments

☐ **d.** Types of Insurance Financed

☐ **e.** Other Business Conducted

☐ **f.** Branches, Subsidiaries, and Affiliates

☐ **g.** Organizational Charts

3. Forms and Rates

☐ **a.** Service charge and interest rate plan

APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

CHECKLIST

Applicant Name: _____

SECTION IV – MANAGEMENT

☐ **1.** Management Information Form (OIR-C1-2221) submitted for all required entities

☐ **2.** Biographical Information Package submitted for all required individuals

☐ **a.** All information completed (no blanks)

☐ **b.** "Yes" answers explained

☐ **c.** Signed

☐ **d.** Notarized

☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.

☐ **a.** Proof of order and confirmation of payment submitted to the Office

4. A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.

☐ **a.** All information completed (no blanks)

☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

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 licensure as a Premium Finance Company; 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 Applicant does not have these positions.

APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT

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.

INSTRUCTIONS

SECTION I - APPLICATION FEES AND FORM

Section I-1 Application Fees

Applicants must pay a filing fee of $1,500 USD, pursuant to Section 624.501(1)(a), Florida Statutes. The fee is due at the time the application is filed and not refundable.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Section I-3 Application Certification

The Application Certification on page 17 must be completed by two officers, notarized, and submitted with the application.

SECTION II – LEGAL

Section II-1 Organizational Documents of Sponsoring Association

Submit a copy of the sponsoring association's organizational or charter documents, such as Articles of Incorporation, Partnership Agreements, etc., complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant. If the sponsoring association is not incorporated, and has no similar organizational documents, please provide a statement that no such documents exist.

Section II-2 Florida Certificate of Status of Sponsoring Association

Submit a Florida certificate of status for the sponsoring association dated within the last year. This document is not required if the sponsoring association is not incorporated or otherwise required to be registered as a legal entity.

Section II-3 Bylaws of Sponsoring Association

Submit a copy of the sponsoring association's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This should be certified by sponsoring association's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless the sponsoring association does not have this position. If the sponsoring association does not have Bylaws, an Operating Agreement, Constitution, Rules and Regulations, or similar organizational document, please provide a statement that no such documents exist.

Section II-4 Organizational Documents of the Arrangement

Submit a copy of the arrangement's organizational or charter documents, such as Articles of Incorporation, Partnership Agreements, etc., complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant. If the arrangement is not incorporated, and has no similar organizational documents, please provide a statement that no such documents exist.

Section II-5 Florida Certificate of Status of the Arrangement

Submit a Florida certificate of status for the arrangement dated within the last year. This document is not required if the arrangement is not incorporated or otherwise registered as a legal entity.

Section II-6 Bylaws of the Arrangement

Submit a copy of the arrangement's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This should be certified by the arrangement's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless the arrangement does not have this position. If the arrangement is not incorporated, and has no similar organizational documents, please provide a statement that no such documents exist. If the arrangement does not have Bylaws, Rules and Regulations or similar organizational document, please provide a statement that no such documents exist.

Section II-7 Trust Agreement Establishing the Arrangement

Provide a copy of the Trust Agreement by which the sponsoring association establishes the arrangement and its operations. The Trust Agreement must be signed by all of the trustees.

If the Trust Agreement or Bylaws do not specifically indicate the following, please attach other documents that establish the following and indicate where in the documents these provisions may be found:

1. The board of trustees shall have complete fiscal control over the arrangement;

2. The board of trustees shall be responsible for all operations of the arrangement;

3. The trustees selected shall be owners, partners, officers, directors, or employees of one or more employers in the arrangement;

4. A trustee may not be an owner, officer, or employee of the administrator or service company of the arrangement; and

5. The trustees shall have the authority to approve applications of association members for participation in the arrangement and to contract with an authorized administrator or service company to administer the day-to-day affairs of the arrangement.

Section II-8 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

SECTION III - FINANCIAL AND RELATED INFORMATION

Section III-1 Financial Requirement

Existing arrangements must submit a copy of its most recent IRS Federal Form 5500, Annual Return/Report of Employee Benefit Plan.

Section III-2 Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the arrangement and the goals it seeks to achieve. To fulfill this requirement, submit a plan of operations that includes all of the components below.

A. Current Operations: Applicant should identify the number of employers currently participating in the arrangement, the number of covered employees, and the number of covered dependents.

B. Management: Provide the name and address of the employer of each trustee and indicate which of the following positions the trustee holds with that employer: owner, partner, officer, director, or employee.

Applicant should also list the individuals responsible for managing or handling funds or assets of the arrangement.

C. Administration: Provide the name of the service company or third-party administrator responsible for servicing the program of the arrangement and attach a copy of the company's Florida license.

Attach a copy of the agreement between the service company or administrator and the trust. This agreement should be signed by the administrator and trustee.

D. Claims Adjusting and Underwriting: Describe Applicant's plan for administering the arrangement, including the qualifications and amount of staff that will be required to service the program in the areas of claims adjusting, underwriting, and billing. The criteria for underwriting should be justified, and a description of procedures for a special health test pursuant to Section 627.429(4), Florida Statutes, should be included.

E. Marketing and Growth: Provide an outline and description of management's marketing efforts.

Section III-3 Fidelity Bond

In this section, provide a copy of the fidelity bond issued in the name of the arrangement covering its trustees, directors, officers, employees, administrator, or other individuals managing or handling the funds or assets of the arrangement. The bond should be in an amount not less than 10% of funds handled annually, but in no case may it be less than $50,000 USD or more than $500,000 USD, except for as provided in Section 624.439(5), Florida Statutes.

Section III-4 Excess Insurance Agreement

Submit a copy of the present or proposed excess insurance agreement/policy, which should provide that the net retention level for any one risk not exceed $50,000 USD, and which shall otherwise be in accordance with sound actuarial principles. In addition to the agreement, please submit a summary of the agreement with enough detail to describe the nature of the coverage.

If Applicant would like to request a waiver or modification of the maximum net retention requirement, please provide evidence of the conditions set forth in Section 624.439(6)(b), Florida Statutes.

Section III-5 Fund Balance

Provide evidence that the arrangement has a fund balance equal to $200,000 USD, which is in addition to the required statutory deposit. Evidence may include a current bank statement or a certified financial statement. The fund balance of at least $200,000 USD should be reflected in the projections of the feasibility study.

Section III-6 Feasibility Study

The Applicant must submit a feasibility study done by an independent qualified actuary and an independent certified public (see Section V-3). The study should be for the greater of 3 years or until the arrangement has been projected to be profitable for 12 consecutive months.

The study must show that the arrangement would not, at any month-end of the projection period, have less than the minimum statutory deposit required by Section 624.441, Florida Statutes, or have a fund balance less than the amount required by Section 624.4392, Florida Statutes. The study must also reflect and support that initial gross premiums for the first year of operation will be at least $100,000 USD, as required by Section 624.439(7)(b), Florida Statutes.

The feasibility study must include the following.

A. A description of market potential, market penetration, and market competition.

B. A current audited financial statement must be submitted for the proposed arrangement. The audited statement must be certified by an independent certified public accountant. If your group is already operating, submit an annual income statement developed on a statutory accounting principle basis for the past 5 years.

NOTE: The current financial statement should include a balance sheet. If the organization is already in business, it should also include an income statement as well as a statement of changes in financial position. Each arrangement must demonstrate that it will have adequate funding to continually meet the minimum fund balance requirements of Section 624.4392, Florida Statutes. Surplus notes may be used in the calculation of surplus.

C. Pro forma financial statements in Excel format including each of the following:

1. A projected income statement on a monthly basis, with an annual total, through break even. The income statement should be for a minimum of 3 years and should be developed on a statutory accounting principle basis.

2. A projected cash flow analysis on a monthly basis, with an annual total through break even for a minimum of 3 years. Line by line documentation must be submitted. The surplus/ deficit must be the amount used on the cash and cash reserves summary to reflect operations cash flow.

3. A projected balance sheet annually through break even. The balance sheet should be for a minimum of 3 years and should be developed on a statutory accounting principle basis. It should be accompanied by statements of changes in financial position for the same time period.

D. A statement of the proposed initial cash and cash reserves summary. This should be all inclusive (loan receipts, loan repayments, stock sales, etc). Also, include a description of the source and terms of the funding.

E. The method in which the Multiple Employer Welfare Arrangement will comply with the insolvency protection deposit requirements of Section 624.441, Florida Statutes, including all relevant documentation necessary to meet the requirements. The deposit amount should be the greater of 5% of gross annual premiums for the succeeding year, or 25% of claims expenditures for the previous twelve months.

SECTION IV - MANAGEMENT

Section IV-1 Management

A. Applicant must submit an alphabetical list of the names, address, and official capacity/title (trustee, president, vice-president, secretary, treasurer, chief financial officer, etc) of the individuals who are to be responsible for the management and conduct of affairs of the arrangement (Management Information Form, OIR-C1-2221). Including, but not limited to, all trustees, managers, officers, and directors. Names should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

B. All individuals listed in part A above must disclose to the Office the extent and nature of any contracts or other understandings or agreements between themselves and the arrangement, including any possible conflicts of interest.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigative Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

SECTION V - FORMS AND RATES

Section V-1 Forms

No business may be written until the Office has approved forms. Submit the policy, contract, certificate of coverage, summary plan description, and/or other evidence of the benefits and coverages provided to each covered employee.

Evidence of benefits and coverages must contain in bold faced print of at least 12-point type in a conspicuous location, the following statement:

> The benefits and coverages described herein are provided through a trust fund established and funded by a group of employers. It is not an insurance company and is not protected by a guaranty fund in the event of insolvency. Participating employers are assessable for any losses incurred by the trust.

Each policy issued by the arrangement must contain a statement of the contingent liability. Both the application for insurance and policy shall contain, in contrasting color and not less than 10-point type, the following statement: "This is a fully assessable policy. In the event the arrangement is unable to pay its obligations, policyholders (employers) will be required to contribute on a pro rata earned premium basis the money necessary to meet any unfilled obligations."

Forms must also meet the Flesch score requirements of Section 627.4145, Florida Statutes.

Section V-2 Rates

Submit a complete schedule of proposed premium rates for each type of contract.

Section V-3 Actuarial Rate Analysis

Applicant should submit a report prepared by a certified actuary, who is a member of the Society of Actuaries or the American Academy of Actuaries. The report should provide evidence that the arrangement will be operated in accordance with sound actuarial principles, that proposed rates are not inadequate, that the rates are appropriate for the class of risks for which they have been computed, and that an adequate description of the rating methodology has been filed with the Office and such methodology follows consistent and equitable actuarial principles. The actuarial justification of rates should be prepared in accordance with standards promulgated by the American Academy of Actuaries and opined accordingly. Specific elements that must be included are listed in item 3 on page 16 under Forms and Rates.

APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT

CHECKLIST

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION & FEES

- ☐ **1.** Application fee paid
- ☐ **2.** All fingerprint fees paid electronically
  - ☐ **a.** Copies of online payment confirmation
- ☐ **3.** Application Certification (page 17)
  - ☐ **a.** Two copies, each filled out by a different officer
  - ☐ **b.** Notarized

Applicant Name: _____

SECTION II – LEGAL

- ☐ **1.** Organizational Documents of Sponsoring Organization (if applicable)
  - ☐ **a.** Certified by public official within the last year
- ☐ **2.** Florida Certificate of Status of Sponsoring Organization (if applicable)
  - ☐ **a.** Certified within the last year
- ☐ **3.** Bylaws of Sponsoring Organization (if applicable)
  - ☐ **a.** Certified by Secretary within the last year
- ☐ **4.** Organizational Documents of the Arrangement (if applicable)
  - ☐ **a.** Certified by public official within the last year
- ☐ **5.** Florida Certificate of Status of the Arrangement (if applicable)
  - ☐ **a.** Certified within the last year
- ☐ **6.** Bylaws of the Arrangement (if applicable)
  - ☐ **a.** Certified by Secretary within the last year
- ☐ **7.** Trust Agreement Establishing the Arrangement
  - ☐ **a.** Signed by all trustees
  - ☐ **b.** Additional documentation establishing II-7 #1-5, if necessary
- ☐ **8.** Authorization Letter (if applicable)

Applicant Name: _____

SECTION III - FINANCIAL AND RELATED INFORMATION

☐ **1.** Most recent IRS Federal Form 5500, Annual Return/Report of Employee Benefit Plan, if an existing arrangement.

☐ **2.** Plan of Operations

☐ **a.** Current Operations

☐ **i.** Number of employers

☐ **ii.** Number of employees

☐ **iii.** Number of dependents

☐ **b.** Management

☐ **i.** Name and address of the employer of each trustee

☐ **ii.** What position the trustee holds with their employer

☐ **iii.** List of individuals responsible for managing or handling the arrangement's funds or assets

☐ **c.** Administration

☐ **i.** Name of Service Company or Administrator

☐ **ii.** Copy of the Service Company or Administrator's Florida license

☐ **iii.** Copy of the agreement between the Service Company or Administrator and the trust.

☐ **1.** Signed by the Service Company or Administrator and trustee.

☐ **d.** Claims Adjustment and Underwriting

☐ **i.** Description of plan for administering the arrangement

☐ **ii.** Plan for servicing billings, claims, and underwriting

☐ **iii.** Number of adjuster and underwriters

☐ **iv.** Justification of underwriting criteria

☐ **v.** Special health test procedures

☐ **e.** Marketing and Growth

☐ **3.** Fidelity Bond

- ☐ **4.** Excess Insurance Agreement
- ☐ **5.** Fund Balance
- ☐ **6.** Feasibility Study
  - ☐ **a.** Addresses market potential, market penetration, and market competition
  - ☐ **b.** Current audited financial statements
  - ☐ **c.** Projected income statement
  - ☐ **d.** Projected cash flow analysis
  - ☐ **e.** Projected balance sheet
  - ☐ **f.** Proposed initial cash and cash reserves summary
  - ☐ **g.** Insolvency protection deposit requirements

Applicant Name: _____

SECTION IV – MANAGEMENT

- ☐ **1.** Management Information Form (Form OIR-C1-2221)
  - ☐ **a.** Disclosure by all individuals as described in IV-1 (B)
- ☐ **2.** Biographical Information Package submitted for all required individuals
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** "Yes" answers explained
  - ☐ **c.** Signed
  - ☐ **d.** Notarized
- ☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.
  - ☐ **a.** Proof of order and confirmation of payment submitted to the Office
- ☐ **4.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

Applicant Name: _____

SECTION V – FORMS AND RATES

- ☐ **1.** Forms
  - ☐ **a.** Contains accessibility language
  - ☐ **b.** Contains statement of contingent liability
  - ☐ **c.** Meets Flesch score requirements
- ☐ **2.** Complete schedule of proposed premium rates for each type of contract
- ☐ **3.** Actuarial Rate Analysis
  - ☐ **a.** Prepared by certified actuary
  - ☐ **b.** Prepared in accordance with standards of the American Academy of Actuaries
  - ☐ **c.** Includes description of assumptions
  - ☐ **d.** Includes estimation of incurred but not reported claims (IBNR)
  - ☐ **e.** Includes forecast of rates/claims
  - ☐ **f.** Includes certification

APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT

APPLICATION CERTIFICATION

The below certification must be executed by two officers of the trust. Two completed copies of this page should be submitted with the application.

The undersigned states that they are an officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to apply for a Certificate of Authority as a Multiple Employer Welfare Arrangement; 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 represents that they have the authority to bind the Applicant, and that by their signature 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: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence

or ☐ online notarization, this ____ day of _____ 20___, by _____
(name of person)

as _____ for _____.
(type of authority; e.g., officer, trustee, attorney in fact) (company name)

_____
(Signature of the Notary)

_____
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires: _____

OIR-C1-983
Rev.: 01/25
Rule 69O-136.100

APPLICATION FOR LICENSE

SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE

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 pcappcoord@floir.com.

APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE

INSTRUCTIONS

SECTION I - APPLICATION FEE AND FORMS

Section I-1 Application Fee

Applicants must pay a license fee of $500 U.S. Dollars ("USD"), pursuant to Section 634.404(6)(b)(3), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Section I-2 Application Checklist & Certification

Applicant should fill out and return pages 9-12 with its application.

SECTION II - LEGAL

Section II-1 Articles of Incorporation

Submit a copy of Applicant's Articles of Incorporation, or equivalent document, complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

Section II-2 Certificate of Status from State of Domicile

If Applicant is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-3 Certificate of Status from Florida

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-4 Company Bylaws

Submit a copy of Applicant's Bylaws, or equivalent document. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted.

Section II-5 Service of Process Consent and Agreement

Submit the executed Service of Process Consent and Agreement Form OIR-C1-144. No signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted.

Section II-6 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

Section II-7 Fictitious Name Filing

If the organization plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

SECTION III - FINANCIAL

Section III-1 Financial Statements

If a manufacturer, provide a copy of the most recent certified audited financial statements prepared by an independent certified public accountant in accordance with generally accepted accounting principles and evidencing a net worth of at least $10,000,000 USD.

Section III-2 Financial Requirements

Applicant is required to furnish the following:

1. If a manufacturer, a copy of the applicant's debt rating made by a recognized National Rating Service, if any debt securities are outstanding.

2. If a manufacturer, a copy of the most recent Form 10K, Form 10Q, or Form 20G, as filed with the United States Securities and Exchange Commission.

3. Applicant must comply with one of the following two options:

(a) Supply the Office with a copy of an approved executed contractual liability insurance policy containing the provisions set forth in Section 634.406(3), Florida Statutes. The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are not acceptable; or

(b) Supply the Office with a sworn statement of Applicant's intentions to establish and maintain a 25% reserve as outlined by Section 634.406, Florida Statutes. If Applicant has service warranties on its books at the time of application, provide a list of the assets funding the reserve. Applicants choosing this option must also place a deposit with Bureau of Collateral Management (see instructions in III-3 below) equal to 10% of the gross written premium of all warranty contracts in force in Florida, pursuant to Sections 634.406(2) and 625.52, Florida Statutes.

Applicants who maintain, or whose parent company maintains, at all times a minimum net worth of $100 million USD, and who otherwise comply with Section 634.406(7), Florida Statutes, are not required to establish an unearned premium reserve or maintain contractual liability insurance.

Section III-3 Deposit

Pursuant to Section 634.405, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of the appropriate deposit or security bond as below.

1. Warrantors:

a. If Applicant has $300,000 USD or less in gross written premiums in Florida it shall place with the Bureau of Collateral Management a deposit of at least $50,000 USD.

b. If Applicant has more than $300,000 USD, but less than $750,000 USD, in gross written premiums in Florida, it shall place with the Bureau of Collateral Management a deposit of at least $75,000 USD.

c. If Applicant has $750,000 USD or more in gross written premiums in Florida it shall place with the Bureau of Collateral Management a deposit of at least $100,000 USD.

2. Warranty Sellers:

a. A securities deposit of $100,000 USD.

Pursuant to Section 634.405(2), Florida Statutes, and subject to the approval of the Office, a Service Warranty Association may file a surety bond issued by an authorized surety insurer in lieu of the deposits outlined above. See Form OIR-A3-455, Home or Service Warranty Association Surety Bond.

Deposits should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Department of Financial Services
Bureau of Collateral Management
200 East Gaines Street
Tallahassee, FL 32399-0345

Applicants whose primary source of income is the sale of goods to the final consumer, derive more than 50% of their revenue through such sales, maintain a net worth of at least $100 million USD, and otherwise comply with Section 634.405(7), Florida Statutes, are not subject to (1) and (2) above.

Section III-4 Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the specialty insurer and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

a. **History**: Applicant should prepare a brief history of the company since its incorporation. Indicate any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

   In this section list all companies or individuals affiliated with the Applicant. If a company, indicate what its principal business is. In addition, provide a list of all d/b/a's, trade names, or fictitious names, plan or contract names, or any other name the general public may recognize.

   In addition, provide a list of all d/b/a's, trade names, fictitious names or names the general public may recognize.

b. **Organizational Chart:** Furnish complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable.

c. **Management:** Applicant should provide information regarding the service warranty experience of individuals in key areas of management and should outline specifically how each of the following will be handled: marketing, claims handling, accounting, and investments.

d. **Products:** Applicant should give a description of each product it plans to market.

e. **Marketing and Growth:** Applicant should furnish a plan of marketing including methods, rates, and commissions, projected growth pattern, and other pertinent information affecting marketing plans.

Section III-5 States Where Applicant is Currently Doing Business

Applicant should provide a list of states in which it conducts service warranty business.

Section III-6 Financial Projections

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract. This information should be provided for Florida only, as well as separately for all business.

Section III-7 Qualifications

Provide the following information Clearly indicate which item is being responded to:

1. A list of the names of the products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.

2. A statement that the applicant has derived in its most recent fiscal year the majority of its revenues from products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.

3. A statement that warranty contracts are and will only be sold for products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.

4. A statement that the required warranty register is maintained.

5. The total amount of the gross written premiums in force, wherever written, for warranties written in other states.

6. A statement that the applicant's stock is traded on a recognized stock exchange or is listed in NASDAQ and publicly traded on the over-the-counter securities markets.

SECTION IV - MANAGEMENT

Section IV-1 Alphabetical List of Management

Provide an alphabetical list of the names of each member of the Board of Directors and the Managing Executive Officer. Include the business address for each named individual.

APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE

CHECKLIST

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FEE

☐ **1.** Application fee paid

☐ **2.** Application checklist and certification.

SECTION II – LEGAL

☐ **1.** Articles of Incorporation (or equivalent)

☐ **a.** Certified by public official

☐ **2.** Certificate of Status from Domiciliary Jurisdiction (if applicable)

☐ **3.** Certificate of Status from Florida

☐ **4.** Company Bylaws (or equivalent)

☐ **a.** Certified by Secretary

☐ **5.** Service of Process Consent and Agreement Form OIR-C1-144

☐ **6.** Authorization Letter (if applicable)

☐ **7.** Fictitious Name Filing (if applicable)

APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE

CHECKLIST

SECTION III – FINANCIAL

1. Financial Statements

- ☐ **a.** Balance Sheet
- ☐ **b.** Income Statement
- ☐ **c.** Statement of Cash Flows
- ☐ **d.** Certified by 2 Officers
- ☐ **e.** Not more than 12 months old
- ☐ **f.** Provided for Parent (as applicable)

2. Financial Requirements

- ☐ **a.** Copy of Applicant's Debt Rating (if applicable)
- ☐ **b.** Copy of most recent Form 10k, 10Q, or 20G (if applicable)
- ☐ **c.** Executed Contractual Liability Policy, **or**
- ☐ **d.** A sworn statement to establish and maintain an unearned premium reserve
- ☐ **i.** List of assets funding the reserve (if applicable)

3. Securities Deposit

- ☐ **a.** Appropriate security deposit (see page 5); **or**
- ☐ **b.** Surety Bond
- ☐ **i.** OIR-A3-455, Home or Service Warranty Association Surety Bond

4. Plan of Operations

- ☐ **a.** History
- ☐ **b.** Organizational Chart
- ☐ **c.** Management
- ☐ **d.** Products
- ☐ **e.** Marketing and Growth

- ☐ **5.** List of states where Applicant and affiliates are currently doing business
- ☐ **6.** Financial Projections for 3 years
  - ☐ **a.** Florida
  - ☐ **b.** Nationwide
- ☐ **7.** Qualifications
  - ☐ **a.** Product lists
  - ☐ **b.** Statement regarding revenue sources
  - ☐ **c.** Statement regarding warranty contracts
  - ☐ **d.** Statement regarding warranty register
  - ☐ **e.** Total gross written premiums in force
  - ☐ **f.** Statement regarding stock market

SECTION IV – MANAGEMENT

- ☐ **1.** Alphabetical list of names and addresses of board of director members and managing executive officer

APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE

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 licensure as a Service Warranty Association Manufacturer or Affiliate; 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.

Florida Office of Insurance Regulation

APPLICATION FOR LICENSE
MOTOR VEHICLE SERVICE AGREEMENT COMPANY

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 pcappcoord@floir.com.

APPLICATION FOR LICENSE MOTOR VEHICLE SERVICE AGREEMENT COMPANY

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 **Application Fees**

Applicants* must pay a license fee of $100 U.S. Dollars ("USD"), pursuant to Sections 634.061 and 634.071, Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Section I-II **Fingerprint Fees**

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Section I-3 **Application Checklist and Certification**

Pursuant to Section 634.061(1), Florida Statutes, each Motor Vehicle Service Agreement Company application must be under oath. Accordingly, Applicant should have page 12 executed and returned with its application and the checklist.

*See Section IV-5 on page 8 of this Application for entities wishing to apply as a Motor Vehicle Manufacturer rather than a Motor Vehicle Service Agreement Company.

SECTION II - LEGAL

Section II-1 Articles of Incorporation

Submit a copy of Applicant's Articles of Incorporation or Partnership Agreement, unless entity is a sole proprietorship, complete with all amendments, and certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile. Partnership Agreements that are not on file in the jurisdiction of domicile should be certified as true and correct by one of the partners.

Section II-2 Certificate of Status from State of Domicile

If Applicant is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-3 Certificate of Status from Florida

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-4 Company Bylaws

Submit a copy of Applicant's Bylaws or equivalent document, if any. This document should be certified by Applicant's Secretary, or equivalent position, as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless this position does not exist.

Section II-5 Service of Process Consent and Agreement

Submit the executed Service of Process Consent and Agreement Form OIR-C1-144. No signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted.

Section II-6 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

Section II-7 Fictitious Name Filing

If the organization plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

SECTION III – FINANCIAL

Section III-1 Financial Statements

Applicant must provide the most recent financial statement reflecting minimum net assets maintained in the United States of at least $500,000 USD, and contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than 12 months old. Applicant should also submit the same for its immediate parent.

Section III-2 Financial Requirements

1. Applicant must comply with one of the following two options:

    a. Supply the Office with a copy of an approved executed contractual liability insurance policy as set forth in Section 634.041(8)(b), Florida Statutes. The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are not acceptable; **or**

    b. Supply the Office with a sworn statement of Applicant's intentions to establish and maintain a 50% reserve as outlined by Section 634.041(8)(a), Florida Statutes. Applicants choosing this option must also place a deposit with Bureau of Collateral Management (see instructions in III-3 below) equal to 15% of unearned premium reserve, as explained in Section 634.041(8)(a)(3), Florida Statutes.

Section III-3 Deposit

Pursuant to Section 634.052, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of the appropriate deposit as below:

a. If Applicant has $750,000 USD or less in unearned gross written premiums it shall place with the Bureau of Collateral Management a deposit of at least $100,000 USD.

b. If Applicant has more than $750,000 USD in unearned gross written premiums it shall place with the Bureau of Collateral Management a deposit of at least $200,000 USD.

Deposits should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Florida Department of Financial Services
Bureau of Collateral Management
200 East Gaines Street
Tallahassee, FL 32399-0345

Section III-4 Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the specialty insurer and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

a. **History**: Applicant should prepare a brief history of the company since its incorporation. Indicate any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

   In this section list all companies or individuals affiliated with the Applicant. If a company, indicate what its principal business is. In addition, provide a list of all d/b/a's, trade names, or fictitious names, plan or contract names, or any other name the general public may recognize.

b. **Organizational Chart:** Furnish a complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable.

c. **Management:** Applicant should provide information regarding the motor vehicle service warranty experience of individuals in key areas of management and should outline specifically how each of the following will be handled: marketing, claims handling, accounting, and investments.

d. **Products:** Applicant should give a description of each product it plans to market.

e. **Marketing and Growth:** Applicant should furnish a plan of marketing including methods, rates, commissions, projected growth pattern, and other pertinent information affecting marketing plans.

f. **Administration:** If Applicant chooses to use an administrator, the administrator must also obtain licensure as a Motor Vehicle Service Agreement Company, pursuant Section 634.031, Florida Statutes.

Section III-5 **States Where Applicant is Currently Doing Business**

Applicant should provide a list of states in which it conducts motor vehicle service warranty business.

Section III-6 **Financial Projections**

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract. This information should be provided for Florida only, as well as separately for all business.

Section III-7 **Alphabetical List of Proposed Sales Representatives**

Applicant should provide a list of its proposed sales representatives. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Florida Department of Financial Services, Division of Agent & Agency Services, by calling 1-877-MY-FL-CFO (1-877-693-5236), or (850) 413-3089, if calling from out of state.

SECTION IV – MANAGEMENT

Section IV-1 Management Information Forms

Submit Management Information Form OIR-C1-2221 fully describing Applicant's management, ownership, and all individuals or entities having direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigative Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants) or to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

Section IV-5 Motor Vehicle Manufacturers

Entities that qualify as Motor Vehicle Manufacturers pursuant to Section 634.011(7), Florida Statutes, may apply for licensure in accordance with Section 634.041(12), Florida Statutes.

APPLICATION FOR LICENSE MOTOR VEHICLE SERVICE AGREEMENT COMPANY

CHECKLIST

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FORM & FEES

- ☐ **1.** Application fee paid
- ☐ **2.** All fingerprint fees paid electronically
- ☐ **a.** Copies of online payment confirmation
- ☐ **3.** Application checklist and certification

SECTION II – LEGAL

- ☐ **1.** Articles of Incorporation or Partnership Agreement (if applicable)
- ☐ **a.** Appropriately Certified
- ☐ **2.** Certificate of Status from Domiciliary Jurisdiction (if applicable)
- ☐ **3.** Certificate of Status from Florida
- ☐ **4.** Company Bylaws or equivalent (if applicable)
- ☐ **a.** Certified by Secretary
- ☐ **5.** Service of Process Consent and Agreement Form OIR-C1-144
- ☐ **6.** Authorization Letter (if applicable)
- ☐ **7.** Fictitious Name Filing (if applicable)

SECTION III – FINANCIAL

- ☐ **1.** Financial Statements
  - ☐ **a.** Balance Sheet
  - ☐ **b.** Income Statement
  - ☐ **c.** Statement of Cash Flows
  - ☐ **d.** Certified by 2 Officers
  - ☐ **e.** Not more than 12 months old
  - ☐ **f.** Provided for Parent (as applicable)
- ☐ **2.** Financial Requirements (a **or** b)
  - ☐ **a.** Executed Contractual Liability Policy, **or**
  - ☐ **b.** A sworn statement to establish and maintain an unearned premium reserve
- ☐ **3.** Securities Deposit
  - ☐ **a.** Appropriate security deposit (see page 4)
- ☐ **4.** Plan of Operations
  - ☐ **a.** History
  - ☐ **b.** Organizational Chart
  - ☐ **c.** Management
  - ☐ **d.** Products
  - ☐ **e.** Marketing and Growth
- ☐ **5.** List of states where Applicant and affiliates are currently doing business
- ☐ **6.** Financial Projections for 3 years
  - ☐ **a.** Florida
  - ☐ **b.** Nationwide
- ☐ **7.** Alphabetical List of Proposed Sales Representatives

SECTION IV – MANAGEMENT

- ☐ **1.** Management Information Form (OIR-C1-2221) submitted for all required entities
- ☐ **2.** Biographical Information Packages submitted for all required individuals
  - ☐ a. All information completed (no blanks)
  - ☐ b. "Yes" answers explained
  - ☐ **c.** Signed
  - ☐ d. Notarized
- ☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.
  - ☐ a. Proof of order and confirmation of payment submitted to the Office
- ☐ **4.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.
  - ☐ a. All information completed (no blanks)
  - ☐ b. Fingerprints submitted for each individual required to file a Biographical Information Package

APPLICATION FOR LICENSE MOTOR VEHICLE SERVICE AGREEMENT COMPANY

APPLICATION CERTIFICATION

To be executed by Applicant's President or equivalent.

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 licensure as a Motor Vehicle Service Agreement Company or Manufacturer; 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: _____

[Corporate Seal]

Print Name: _____

Title: _____

Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or

☐ online notarization, this ____ day of _____ 20____, by _____
(name of person)

as _____ for _____.
(type of authority; e.g., officer) (company name)

_____
(Signature of the Notary)

_____
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires _____

OIR-C1-994
Rev.: 01/25
Rule: 69O-136.100

APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION

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 pcappcoord@floir.com.

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 **Application Fee**

Applicants must pay a license fee of $200 U.S. Dollars ("USD"), pursuant to Section 634.407(3)(c), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Section I-2 **Fingerprint Fees**

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Section I-3 **Application Checklist and Certification**

Applicants should have pages 10-13 completed and filed with the application.

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

SECTION II - LEGAL

Section II-1 **Articles of Incorporation**

Submit a copy of Applicant's Articles of Incorporation or equivalent document, complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

Section II-2 **Certificate of Status from State of Domicile**

If Applicant is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-3 **Certificate of Status from Florida**

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-4 **Company Bylaws**

Submit a copy of Applicant's Bylaws or equivalent document. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted.

Section II-5 **Service of Process Consent and Agreement**

Submit the executed Service of Process Consent and Agreement Form OIR-C1-144. No signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted.

Section II-6 **Authorization Letter**

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

Section II-7 **Fictitious Name Filing**

If the organization plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

SECTION III – FINANCIAL

Section III-1 Financial Statements

There are two types of Service Warranty Associations:

1. Warrantor: a company which derives less than 50% of its gross income from the sale of service warranties. An Applicant Warrantor must provide the most recent financial statement reflecting minimum net assets of $25,000 USD, and contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than 12 months old. Applicant should also submit the same for its immediate parent.

or

2. Warranty Seller: a company which derives more than 50% of its gross income from the sale of service warranties. An Applicant Warranty Seller must provide the most recent financial statement reflecting minimum net assets of $300,000 USD, and should contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than 12 months old. Applicant should also submit the same for its immediate parent.

Section III-2 Financial Requirements

All service warranty associations are required to maintain reserves and ratios based on the gross written premiums in force written in this state. Applicant must provide the following information:

1. The amount of gross written premiums in force written in this state.

2. Satisfaction of the appropriate ratio of 1:7 of statutory net assets or net worth to the gross written premiums in force.

3. Applicant must also comply with one of the following two options:

    a. Supply the Office with a copy of an approved executed contractual liability insurance policy containing the provisions set forth in Section 634.406(3), Florida Statutes. The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are not acceptable; or

b. Supply the Office with a sworn statement of Applicant's intentions to establish and maintain a 25% reserve as outlined by Section 634.406, Florida Statutes. If Applicant has service warranties on its books at the time of application, provide a list of the assets funding the reserve. Applicants choosing this option must also place a deposit with Bureau of Collateral Management (see instructions in III-3 below) equal to 10% of the gross written premium of all warranty contracts in force in Florida, pursuant to Sections 634.406(2) and 625.52, Florida Statutes.

Section III-3 Deposit

Pursuant to Section 634.405, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of the appropriate deposit or security bond as below.

1. Warrantors:

   a. If Applicant has $300,000 USD or less in gross written premiums in Florida it shall place with the Bureau of Collateral Management a deposit of at least $50,000 USD.

   b. If Applicant has more than $300,000 USD, but less than $750,000 USD, in gross written premiums in Florida, it shall place with the Bureau of Collateral Management a deposit of at least $75,000 USD.

   c. If Applicant has $750,000 USD or more in gross written premiums in Florida it shall place with the Bureau of Collateral Management a deposit of at least $100,000 USD.

2. Warranty Sellers:

   a. A securities deposit of $100,000 USD.

Pursuant to Section 634.405(2), Florida Statutes, and subject to the approval of the Office, a Service Warranty Association may file a surety bond issued by an authorized surety insurer in lieu of the deposits outlined above. See Form OIR-A3-455, Home or Service Warranty Association Surety Bond.

Deposits should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Department of Financial Services
Bureau of Collateral Management
200 East Gaines Street
Tallahassee, FL 32399-0345

Section III-4 Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the specialty insurer and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

a. **History**: Applicant should prepare a brief history of the company since its incorporation. Indicate any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

   In this section list all companies or individuals affiliated with the Applicant. If a company, indicate what its principal business is. In addition, provide a list of all d/b/a's, trade names, or fictitious names, plan or contract names, or any other name the general public may recognize.

   Provide any names, trademark, or emblem which is distinctive and not similar to the name or trademark of any other association, corporation, or organization already doing business in this state as will tend to mislead or confuse the public, as required by Section 634.404 (3), Florida Statutes.

b. **Organizational Chart:** Furnish complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable.

c. **Management:** Applicant should provide information regarding the service warranty experience of individuals in key areas of management and should outline specifically how each of the following will be handled: marketing, claims handling, accounting, and investments.

d. **Products:** Applicant should give a description of each product it plans to market.

e. **Marketing and Growth:** Applicant should furnish a plan of marketing including methods, rates, and commissions, projected growth pattern, and other pertinent information affecting marketing plans.

Section III-5 States Where Applicant is Currently Doing Business

Applicant should provide a list of states in which it conducts service warranty business.

Section III-6 Financial Projections

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract. This information should be provided for Florida only, as well as separately for all business.

Section III-7 Alphabetical List of Proposed Sales Representatives

Applicant should provide a list of its proposed sales representatives. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Florida Department of Financial Services, Division of Agent & Agency Services, by calling 1-877-MY-FL-CFO (1-877-693-5236), or (850) 413-3089, if calling from out of state.

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

SECTION IV – MANAGEMENT

Section IV-1 Management Information Forms

Submit Management Information Form OIR-C1-2221 fully describing Applicant's management, ownership, and all individuals or entities having direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

Section IV-2 Biographical Affidavits as to Officers, Directors, and Shareholders

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigative Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.com (Property and Casualty applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

CHECKLIST

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION FORM & FEES

- ☐ **1.** Application fee paid
- ☐ **2.** All fingerprint fees paid electronically
- ☐ **a.** Copies of online payment confirmation
- ☐ **3.** Application checklist and certification.

SECTION II – LEGAL

- ☐ **1.** Articles of Incorporation or equivalent
- ☐ **a.** Certified by public official
- ☐ **2.** Certificate of Status from Domiciliary Jurisdiction (if applicable)
- ☐ **3.** Certificate of Status from Florida
- ☐ **4.** Company Bylaws or equivalent
- ☐ **a.** Certified by Secretary
- ☐ **5.** Service of Process Consent and Agreement Form OIR-C1-144
- ☐ **6.** Authorization Letter (if applicable)
- ☐ **7.** Fictitious Name Filing (if applicable)

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

SECTION III – FINANCIAL

1. Financial Statements

- ☐ **a.** Balance Sheet
- ☐ **b.** Income Statement
- ☐ **c.** Statement of Cash Flows
- ☐ **d.** Certified by 2 Officers
- ☐ **e.** Not more than 12 months old
- ☐ **f.** Provided for Parent (as applicable)

2. Financial Requirements (a **or** b)

- ☐ **a.** Amount of gross written premium in this state.
- ☐ **b.** Acknowledgment of ratio requirement
- ☐ **c.** Executed Contractual Liability Policy, **or**
- ☐ **d.** A sworn statement to establish and maintain an unearned premium reserve
- ☐ **i.** List of assets funding the reserve (if applicable)

3. Securities Deposit

- ☐ **a.** Appropriate security deposit (see page 5); **or**
- ☐ **b.** Surety Bond
- ☐ **i.** OIR-A3-455, Home or Service Warranty Association Surety Bond.

4. Plan of Operations

- ☐ **a.** History
- ☐ **b.** Organizational Chart
- ☐ **c.** Management
- ☐ **d.** Products
- ☐ **e.** Marketing and Growth

- ☐ **5.** List of states where Applicant and affiliates are currently doing business
- ☐ **6.** Financial Projections for 3 years
  - ☐ **a.** Florida
  - ☐ **b.** Nationwide
- ☐ **7.** Alphabetical List of Proposed Sales Representatives

SECTION IV – MANAGEMENT

- ☐ **1.** Management Information Form (OIR-C1-2221) submitted for all required
- ☐ **2.** entities Biographical Information Package submitted for all required individuals
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** "Yes" answers explained
  - ☐ **c.** Signed
  - ☐ **d.** Notarized
- ☐ **3.** Background investigation reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.
  - ☐ **a.** Proof of order and confirmation of payment submitted to the Office
- ☐ **4.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

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 licensure as a Service Warranty Association; 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.

Florida Office of Insurance Regulation

APPLICATION FOR CERTIFICATE OF AUTHORITY
INSURANCE ADMINISTRATOR

This packet is for Applicants seeking a Certificate of Authority as an Insurance Administrator which includes entities who wish to operate as a Pharmacy Benefit Manager in this state. It 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.

INSTRUCTIONS

SECTION I - FEES

Section I-1 Application and Registration Fees

A. Applicants that **are not** Pharmacy Benefit Managers[1]

Applicants must pay an application filing fee of $100 U.S. Dollars, pursuant to Section 624.501(22), Florida Statutes. This fee is due at the time the application is filed and is not refundable. Applicants that are applying to only do business as a Pharmacy Benefit Manager ("PBM") are exempt from the application filing fee requirement.

B. Applicants that **are** Pharmacy Benefit Managers

Applicants that are Pharmacy Benefit Managers should refer to Form OIR-C1-2209 and Rule 69O-238.002, F.A.C. for registration requirements and must pay a registration fee of $5 U.S. Dollars, pursuant to Section 624.490, Florida Statutes. This fee is due at the time the registration application is filed and is not refundable.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Section I-3 Application Checklist and Certification

Applicant should fully complete the Application Checklist and Certification and submit them with the application.

SECTION II - LEGAL

Section II-1 Organizational Documents

Submit a copy of Applicant's organizational or charter documents, such as Articles of Incorporation, Articles of Association, Partnership Agreement, Trade Name Certificate, Trust Agreement, Shareholder Agreement, and other applicable documents, and all amendments to those documents, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

Section II-2 Bylaws or Similar Documents

Submit a copy of Applicant's Bylaws, or equivalent document regulating the conduct of Applicant's internal affairs. This document should be certified within the last year by Applicant's

[1] s. 626.88, Florida Statutes

Secretary as a true and correct copy of the current document. Only the Secretary's signature will be accepted, unless Applicant does not have this position.

Section II-3 Certificate of Status from State of Domicile

If Applicant is not a Florida domestic entity, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of business entities in the Applicant's home jurisdiction, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-4 Certificate of Status from Florida

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Foreign and alien corporations, companies organized under the laws of another state or country, are required to secure a charter to do business in Florida from the Florida Department of State. To do so, complete and submit the Application by Foreign Corporation For Authorization To Transact Business in Florida to the Florida Department of State, Division of Corporations. If you have any questions concerning this filing, please contact the Division at (850) 245-6051. A certificate of status can be obtained from the Florida Department of State after, or as part of, the registration process.

Section II-5 Fictitious Name Filing

If Applicant plans to utilize a fictitious name, provide documentation of Applicant's compliance with the fictitious name statutes of this state.

Section II-6 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

SECTION III - FINANCIAL

Section III-1 Financial Statements

A. If Applicant has been in existence for **2 or more** fiscal years, submit audited financial statements for the 2 most recent fiscal years. If the audited financial statements are prepared on a consolidated basis, they must include a columnar consolidating or combining worksheet that shows each entity separately and includes explanations for consolidating and eliminating entries.

or

B. If Applicant has been in existence for **less than 2** fiscal years, submit financial statements certified by an officer of Applicant, and prepared in accordance with generally accepted accounting principles for any completed fiscal years, and for any month during the current fiscal year for which the financial statements have been completed.

Section III-2 Plan of Operations

The Office must have a clear understanding of the present and proposed operations of Applicant. Please provide the following:

A. History.

1. A brief history of Applicant.

2. A list of all states in which Applicant is licensed as an administrator and the dates licensure was obtained.

B. Products and Services.

1. A description of each line of insurance to be administered in Florida. State the name of the insurer and what services will be provided, e.g., marketing, claims adjudication, premium collection, underwriting, etc.

2. A full explanation as to the dates of inception; types of coverage; names of insurers; amounts of claims paid or premiums collected; and numbers of Florida residents involved, if any administrative services are currently being performed for any insurer on behalf of Florida residents.

3. If Applicant is not currently acting as an administrator, a statement of the amounts and sources of the funds available for organization expenses and the proposed arrangements for reimbursement and compensation of incorporators or other principals.

4. Information on staffing levels and activities proposed in this state and nationwide, including details setting forth Applicant's capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing, recordkeeping, and underwriting.

Section III-3 Fidelity Bond

Submit a copy of Applicant's fidelity bond equal to at least 10% of annualized funds handled or managed. The bond must include a 30-day cancellation notice provision in favor of the Office.

Section III-4 Affiliation with an Insurance Company

Provide a statement explaining the nature and extent of Applicant's ownership interest or affiliation with any insurance company that is responsible, directly or through reinsurance, for providing benefits to any plan for which Applicant provides administrative services.

Section III-5 Location of Books and Records and Florida Offices

List the complete name and address of any branches operating in this state and the location, if different, where all books and records pertaining to Florida insureds will be made available to the Office.

Section III-6 Administrative Agreement

Please submit a representative example of an administrative agreement Applicant plans to use in Florida. Please make certain that the agreement complies with all requirements of Sections 626.882-626.888, Florida Statutes.

Applicants that are Pharmacy Benefit Managers, as defined in Section 626.88, Florida Statutes, shall, in addition to the requirements stated above, also submit the following:

Section III-7 Disclosure

Submit self-disclosure of any administrative, civil, or criminal complaints, settlements, or discipline of Applicant, or any of Applicant's affiliates, which relates to a violation of the insurance laws, including pharmacy benefit manager laws, in any state.

Section III-8 Statement of Compliance

Beginning January 1, 2024, submit a statement attesting to compliance with the network requirements in Section 626.8825, Florida Statutes. Applicants may also wish to submit supporting documentation (i.e. Network Files, Analyses, etc.) to the attestation to ensure compliance with the requirements set forth in Chapter 626, Florida Statutes.

Section III-9 PBM Ownership Affiliations

Submit a statement identifying any ownership affiliation of any kind with any pharmacy which, directly or indirectly, through one or more intermediaries: (a) Has an investment or ownership interest in a PBM holding a Florida certificate of authority; (b) Shares common ownership with a PBM holding a Florida certificate of authority; or (c) Has an investor or a holder of an ownership interest which is a PBM holding a Florida certificate of authority.

Section III-10 PBM Agreements

In addition to the requirements of Section III-6 above, Applicant should also submit copies of all contract templates with any pharmacy as defined in Section 465.003, Florida Statutes, and

copies of all subcontracts to support its operations. Applicant should also submit copies of all contract templates between the PBM and any pharmacy benefit plan or program as defined in Section 626.8825(1)(u), Florida Statutes.

SECTION IV - MANAGEMENT

Section IV-1 List of All Officers, Directors, Shareholders, etc

A. Submit a Management Information Form (Form OIR-C1-2221) showing the names of all individuals employed or retained by Applicant who are responsible for the conduct of the affairs of Applicant, including all members of the board of directors, board of trustees, executive committee, or other governing board or committee, as well as any officer, partner, member, or other person having direct or indirect control of Applicant.

Include on this form the names of each shareholder owning 10% or more of any class of any outstanding stock of the organization. If any 10% or greater owner is an entity other than a natural person, please list the owners, officers, directors, and managing members of this entity on the above referenced form. Use a separate form for each company up through the ultimate parent corporation.

B. If Applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related entities.

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, “Uniform Certificate of Authority Application (UCAA) Biographical Affidavit”
- OIR-C1-938, “Fingerprints and Social Security Number”
- OIR-C1-0500, “UCAA Biographical Affidavit Addendum Blank”
- OIR-C1-0501, “UCAA Biographical Affidavit Addendum Education”
- OIR-C1-0502, “UCAA Biographical Affidavit Addendum Employment”
- OIR-C1-0503, “UCAA Biographical Affidavit Addendum General”
- OIR-C1-0504, “UCAA Biographical Affidavit Addendum Licenses”
- OIR-C1-0505, “UCAA Biographical Affidavit Addendum Professional”
- OIR-C1-0506, “UCAA Biographical Affidavit Addendum Residence”
- OIR-C1-0507, “UCAA Biographical Affidavit Addendum Societies”
- OIR-C1-0509, “Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure”

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR

CHECKLIST

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted. Submit the completed checklist with the application.

SECTION I - APPLICATION FORM & FEES

- ☐ **1.** Application fee paid (For non-PBM Applicants)
- ☐ **2.** PBM registration and fee. See Form OIR-C1-2209 (For PBM Applicants)
- ☐ **3.** All fingerprint fees paid electronically
  - ☐ **a.** Copies of online payment confirmation
- ☐ **4.** Application checklist and certification

SECTION II - LEGAL

- ☐ **1.** Organizational Documents
  - ☐ **a.** Certified by domiciliary jurisdiction
- ☐ **2.** Bylaws (or equivalent documents)
  - ☐ **a.** Certified by Secretary
- ☐ **3.** Certificate of Status from state of domicile
- ☐ **4.** Certificate of Status from Florida
- ☐ **5.** Fictitious Name Filing (if applicable)
- ☐ **6.** Authorization Letter

APPLICATION FOR CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR

CHECKLIST

Applicant Name: _____

SECTION III - FINANCIAL

1. Financial Statements

☐ **a.** Audited financial statements for 2 most recent fiscal years (for Applicants in existence at least 2 fiscal years)

or

☐ **b.** Financial statements for any completed fiscal years (for Applicants in existence for less than 2 fiscal years)

2. Plan of Operations

☐ **a.** History

☐ **i.** Brief history of Applicant

☐ **ii.** List of all states Applicant is licensed in with dates

b. Products and Services

☐ **i.** Lines to be administered, insurers, services to be provided, etc

☐ **ii.** Information on services currently being provided in Florida

☐ **iii.** Information on services to be provided if not currently acting as administrator

☐ **iv.** Information on staffing levels and activities, etc

☐ **3.** Fidelity Bond

☐ **a.** Equal to at least 10% of annualized funds handled or managed

☐ **b.** 30-day cancellation notice provision in favor of the Office

☐ **4.** Statement of affiliation with insurance companies

☐ **5.** Location of Books and Records and Florida Offices

☐ **6.** Administrative Agreement

Additional Items for PBM Applicants:

☐ **7.** Self-disclosure of self or affiliate violations

☐ **8.** Statement of compliance with network requirements (after January 1, 2024)

☐ **9.** Statement identifying ownership affiliations

10. PBM agreements

☐ **a.** Copies of all contract templates with pharmacies

☐ **b.** Copies of all subcontracts that support Applicant operations

☐ **c.** Copies of all contract templates between the PBM and any pharmacy benefit plan or program

APPLICATION FOR CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR

CHECKLIST

Applicant Name: _____

SECTION V - MANAGEMENT

- ☐ **1.** Management Information Form (Form OIR-C1-2221)
  - ☐ **a.** Submitted for all required entities
  - ☐ **b.** Organizational chart showing all affiliated entities (if applicable)
- ☐ **2.** Biographical Information Package submitted for all required individuals
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** "Yes" answers explained
  - ☐ **c.** Signed
  - ☐ **d.** Notarized
- ☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.
  - ☐ **a.** Proof of order and confirmation of payment submitted to the Office
- ☐ **4.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

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 states 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 acquire a Certificate of Authority as an Insurance Administrator; 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 Applicant does not have these positions.

APPLICATION FOR CERTIFICATE OF AUTHORITY
PREPAID LIMITED HEALTH SERVICE ORGANIZATION

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.

INSTRUCTIONS
SECTION I - APPLICATION FEES AND FORM

Section I-1 Application Fees

Applicants must pay a filing fee of $500.00. The fee is due and payable at the time of filing the application for licensure.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Section I-3 Application for Certificate of Authority (Official Form)

On this form, list the lines of business by code (see enclosed classifications and code number form) that you intend to write in the State of Florida. **THE COMPANY MUST BE AUTHORIZED IN ITS STATE OF DOMICILE FOR THE LINES OF BUSINESS THAT ARE BEING REQUESTED.** When a Certificate of Authority is issued by the Office of Insurance Regulation, it will include only those lines listed on this form and addressed in the proformas in the Plan of Operations. This form must be under corporate seal and signed (original signatures) by both the President or Chief Executive Officer and the Secretary of the Company.

SECTION II - LEGAL

Section II-1 Articles of Incorporation

Include in this section, the applicant's Articles of Incorporation and all amendments. These documents must be certified by the Florida Secretary of State. The certificate must be an original obtained from the Florida Secretary of State's office no earlier than six months prior to the date the application is filed.

Section II-2 Certificate of Status from Florida Secretary of State

Provide a Certificate of Status. This is a document issued by the Florida Secretary of State. The document certifies that the corporation is duly organized in this State and that all state taxes and fees have been paid. This certificate must be obtained from the Florida Secretary of State's office and be an original. [s. 636.005, F.S.]

If you have any questions concerning filing with the Secretary of State, please contact their Division of Corporations at (850) 245-6051.

Important note: The Secretary of State will issue a charter to a prepaid limited health service organization before the Office of Insurance Regulation completes its processing of an application for a certificate of authority. This charter authorizes the company to engage in any type of business except insurance. **Your company MAY NOT engage in the business of a prepaid limited health service organization in Florida until it has been issued a Certificate of Authority by the Director of Insurance Regulation.**

Section II-3 By-Laws, Constitution, or Rules and Regulations

The corporation's By-Laws, Constitution, and/or Rules and Regulations. These documents must be signed and dated by the Secretary of the corporation within the last year. **NO** other signatures will be accepted other than the Secretary's signature.

Section II-4 Certificate of Compliance (Foreign Applicants Only)

Provide a Certificate of Compliance. A Certificate of Compliance is a document issued by the public official having supervision of insurance in applicant's state of domicile showing that the company is duly organized and authorized to issue prepaid limited health service contracts therein and the kinds of contracts it is so authorized to transact. The certificate should be an original under seal by the insurer's state of domicile.

SECTION III - FINANCIAL AND RELATED INFORMATION

Section III-1 Marketing and Growth

Submit a description of the proposed method of marketing, including the target groups, types of coverage to be offered, advertising media to be used, and contact representatives to be used. Also, submit a detailed marketing budget which reflects the proposed method of marketing for a three-year period. Include such items as compensation, local and out-of-town travel, equipment, printing and postage, advertising and public relations, expense accounts, meeting costs, and any applicable publications.

Section III-2 Advertising

Submit a full disclosure of the PLHSO's proposed advertising. All advertisements shall be available in English and shall include all printed and published material, descriptive literature and sales aids, sales talks and sales material, forms and pamphlets, illustrations, depictions and form letters, newspaper, radio, television, or direct mail. The full name and address of the PLHSO must be clearly contained in all advertisements. Each piece of advertising shall have a unique number or designation which will readily identify it from all other advertising.

Section III-3 Marketing Personnel

Submit a list of licensed health agents to be used initially in soliciting contracts or procuring applications.

Section III-4 Insurance

A. Furnish evidence of adequate insurance coverage (copy of insurance policy) or an adequate plan for self-insurance to respond to claims for injuries arising out of the furnishing of limited health services.

(1) General liability.

(2) Medical malpractice or professional liability.

B. Furnish evidence that a blanket fidelity bond in the amount of at least $50,000. has been obtained (copy of bond). All employees handling the funds must be covered by the blanket fidelity bond. In lieu of the bond, the applicant may deposit with the Office cash or securities or other investments of the types set forth in section 636.042, Florida Statutes.

Section III-5 Financial

A. A copy of the applicant's most recent financial statements audited by an independent certified public accountant.

B. A copy of the applicant's financial plan, including a three-year projection of anticipated operating results, a statement of the sources of funding, and provisions for contingencies, for which projection all material assumptions shall be disclosed. Financial projections shall include:

(1) A balance sheet.
(2) An income statement.
(3) A cash flow analysis.
(4) A change in financial position.

C. A description of how the applicant will comply with Section 636.046, Florida Statutes.

(1) Each PLHSO shall deposit with the Office cash or securities of the type eligible under Section 625.52, F.S., which shall have at all times a market value of $50,000.

(2) If for any reason the market value of assets and securities of a PLHSO held on deposit in this state falls below the amount required, the organization shall promptly deposit other or additional assets or securities eligible for deposit sufficient to cure the deficiency.

D. **Each PLHSO shall at all times maintain a minimum surplus in an amount which is the greater of $150,000 or 10% of total liabilities.**

E. Evidence that the applicant is financially responsible and may reasonably be expected to meet its obligations to enrollees and to prospective enrollees. This should include:

(1) Statement of the financial soundness of the applicant's arrangements for limited health services and the minimum standard rates, deductibles, co-payments, and other patient charges used in connection therewith.

(2) The adequacy of surplus, other sources of funding, and provisions for contingencies.

F. Furnish a statement from a qualified independent actuary that the entity is actuarially sound.

Section III-6 Contractual

A. A copy of the form of all contracts made or to be made between the applicant and any providers regarding the provision of limited health services to enrollees. Include a copy of each type of contract, with a signature page from each executed contract.

B. A copy of the form of any contract made or to be made between the applicant and any person, corporation, partnership, or other entity for the performance on the applicant's behalf of any function including, but not limited to, marketing, administration, enrollment, investment management, and subcontracting for the provision of limited health services to enrollees.

C. Copies of all relevant business leases, including rental of real property, equipment, etc. Include the anticipated cost for the life of the lease. If there are no business leases, please so indicate.

Section III-7 Enrollment

Describe the following assumptions underlying enrollment projections:

A. A monthly projection of enrollment for a three-year period.

B. Number of eligibles residing within the service area.

C. Contract size assumptions (contract distribution and content).

D. Penetration assumptions and rationale, including initial enrollments and renewals.

E. Allowance for voluntary/involuntary disenrollment and group contract additions during the year.

F. Date of break even (month, year) based on number of enrollments.

Section III-8 Certificate of Deposit (Foreign Insurers Only)

A Certificate of Deposit is a document issued by the public official having supervision of insurance in the applicant's state of domicile showing the amount and the composition of the deposit maintained by the insurer in another state. The certificate must be an original, sealed by the insurer's state or country of domicile.

SECTION IV - MANAGEMENT

ALL NAMES PROVIDED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES (no abbreviations).

Section IV-1 A list of the names (alphabetically), addresses, and official positions of the individuals who are responsible for conducting the applicant's affairs, including but not limited to, all members of the board of directors, board of trustees, executive committee, or other governing board or committee, the officers, contracted management company personnel, and any person or entity owning or having the right to acquire ten percent or more of the voting securities of the applicant. Such persons shall fully disclose to the Office and to the directors the extent and nature of any contracts or arrangements between them and the PLHSO, including any possible conflicts of interest. Provide the listing using Management Information Form, OIR-C1-2221.

Section IV-2 A list of the owners of the PLHSO, including the extent of the ownership interest of each person or entity and an organizational chart depicting all levels of ownership, including all subsidiaries and parent organizations along with all affiliated companies and corresponding percentages of ownership.

Section IV-3 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-4 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to lhappcoord@floir.com (Life and Health applicants).

Section IV-5 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

Section IV-6 A statement generally describing the applicant, its facilities and personnel, and the limited health service to be offered.

Section IV-7 A description of the subscriber complaint procedures to be established and maintained as required under Section 636.038, Florida Statutes.

NOTE: THE COMPANY IS CAUTIONED NOT TO WRITE BUSINESS USING UNAPPROVED FORMS OR RATES.

Section V-1 Forms

A. Submit three copies of the policy, contract, certificate of coverage, member handbook, application, or any other form the applicant proposes to offer the subscriber. This includes any form showing the benefits to which the subscriber is entitled and any form used in the enrollment process. Every form which the PLHSO will use in connection with its subscriber contracts must be submitted and must be identified by a unique form number located on the lower left corner of the form.

B. Each subscriber contract must state the procedures for offering limited health services and offering and terminating contracts to subscribers which will not unfairly discriminate on the basis of age, sex, race, handicap, health, or economic status.

Section V-2 Rates

Submit three copies of the complete schedule of proposed premium rates for each type of contract. The submission for each separate contract should contain an opinion from a qualified independent actuary or a qualified employee. The opinion shall:

(1) Certify that the rates are neither inadequate nor excessive nor unfairly discriminatory;
(2) Certify that the rates are appropriate for the classes or risks for which they have been computed; and
(3) Present an adequate description of the rating methodology, following consistent and equitable actuarial principles.

APPLICATION FOR CERTIFICATE OF AUTHORITY
PREPAID LIMITED HEALTH SERVICE ORGANIZATION

CHECK LIST

SECTION I - APPLICATION FEES AND FORM

Company Name: _____

Item #		Completion Check List
1.	Application fees paid	☐
2.	Fingerprint fees paid	☐
	(a) Copy of invoice included	☐
	(b) Copy of check	☐
3.	Application for Certificate of Authority (Official Form)	☐
	(a) All blanks completed	☐
	(b) Sealed by corporation	☐
	(c) Signed by President or other authorized officer (original signature)	☐
	(d) Lines of business listed by codes	☐

SECTION II - LEGAL

Company Name: _____

Item #		Completion Check List
1.	Articles of Incorporation and all amendments.....	☐
	(a) Certification by Florida Secretary of State	☐
	(b) Articles with all amendments attached	☐
2.	Certificate of Status from Florida Secretary of State	☐
	(a) Good standing indicated	☐
	(b) Sealed by state	☐
	(c) Signed by proper public official	☐
2.	Corporate By-Laws, Rules and Regulations, and/or Constitution	☐
	(a) Signed and dated by corporation secretary	☐
	(b) Sealed by corporation	☐
	(c) Board Resolution	☐

Section II - Legal
Required Filing and Check List

Item #		Completion Check List
4.	Certificate of Compliance from State or County of domicile	☐
	(a) Certification from State of domicile	☐
	(b) Form indicates lines of business the company is authorized to transact	☐

SECTION III - FINANCIAL AND RELATED INFORMATION

Company Name: _____

Item #		Completion Check List
1.	Marketing and growth	☐
	(a) Description of marketing methods	☐
	(b) A detailed marketing budget	☐
	(c) List of persons employed to solicit contracts or procure applications.....	☐
2.	Advertising	☐
	(a) Include all printed and published material	☐
	(b) Sales talks, radio, TV, etc.	☐
	(c) Full name and address clearly shown	☐
	(d) Unique number or designation on each form.	☐
3.	Marketing personnel	☐
	(a) Submit a list of agents to be used initially.....	☐
4.	Insurance	☐
	(a) Current general liability policy or plan for self-insurance.	☐
	(b) Current medical malpractice policy or plan for self-insurance	☐

Section III - Financial and Related Information
Required Filing and Check List

Item #		Completion Check List
5.	Financial	☐
	A. Current audited financial statements	☐
	B. Financial plan and 3 yr. projections	☐
	Anticipated operating results	☐
	Statement of sources of funding	☐
	Provisions for contingencies	☐
	(1) A balance sheet	☐
	(2) An income statement	☐
	(3) A cash flow analysis	☐
	(4) A change in financial position	☐
	C. Evidence of compliance with Section III-5C 1&2.	☐
	D. Compliance with minimum surplus requirement	☐
	E. Statement of soundness of the PLHSO	☐
6.	Contractual Documents	☐
	(a) Provider contract form and signature pages	☐
	(b) Other forms of contracts	☐
	(c) All relevant business leases	☐
7.	Complete enrollment information	☐
	(a) Sections A through F addressed	☐

Section III - Financial and Related Information
Required Filing and Check List

Item #		Completion Check List
8.	Certificate of Deposit.....	☐
	(a) Original document provided.....	☐
	(b) Original seal affixed by state of domicile.....	☐

APPLICATION FOR CERTIFICATE OF AUTHORITY
PREPAID LIMITED HEALTH SERVICE ORGANIZATION

SECTION IV - MANAGEMENT

Company Name: _____

Item #	Completion Check List
1. Alphabetical listing of officers, directors, trustees, etc (OIR-C1-2221)...	☐
(a) Separate listing of all officers and directors for the corporation	☐
(b) Separate listing of trustees and others	☐
(c) Full names listed	☐
(d) Titles listed	☐
2. A list of the owners of the PLHSO	☐
(a) Extent of ownership interest of each person or entity.....	☐
(b) Organizational chart showing all levels of ownership	☐
3. Biographical Information Package submitted for each individual listed in Section IV-3	☐
(a) All blanks completed.....	☐
(b) "Yes" answers explained	☐
(c) Contains original signature	☐
(d) Notarized (original)	☐

Section IV - Management
Required Filing and Check List

Item #	Completion Check List
4. Background investigation reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.	☐
(a) Investigative reporting firm contacted	☐
(b) Full names given to investigative reporting firm for all individuals listed in Section IV-3.....	☐
(c) Proof of order and confirmation of payment submitted to the Office	☐
5. A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.	☐
(a) Fingerprints submitted for each individual required to file a Biographical Information Package	☐
(b) All blanks filled in	☐
7. A statement describing the applicant, facilities and personnel, and service to be offered	☐
8. Description of subscriber complaint procedures	☐

SECTION V - FORMS AND RATES

Company Name: _____

Item #		Completion Check List
1.	Forms.....	☐
	(a) 3 copies of each.....	☐
	(b) Identified by unique form number	☐
2.	Rates.....	☐
	(a) 3 copies of each filing	☐
	(b) Opinion from qualified actuary or employee	☐
	(c) Statement of actuarial soundness	☐

APPLICATION FOR CERTIFICATE OF AUTHORITY FORM
PREPAID LIMITED HEALTH SERVICE ORGANIZATION

Pursuant to Chapter 636, Florida Statutes, application is hereby submitted to form and operate a Prepaid Limited Health Service Organization.

Proposed name of Prepaid Limited Health Service Organization:

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

FEDERAL IDENTIFICATION NUMBER: _____

PHONE: _____

CONTACT PERSON: _____

ATTORNEY OR PRINCIPAL FILING THIS APPLICATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

In order to qualify as a Prepaid Limited Health Service Organization (PLHSO), an entity shall:

(1) Provide or arrange for, or provide access to, the provision of a limited health service to enrollees through an exclusive panel of providers. This **MAY** include ambulance services, dental care services, vision care services, mental health services, substance abuse services, chiropractic services, podiatric care services **OR** pharmaceutical services.

NOTE: Limited health services shall not include inpatient, hospital surgical services, or emergency services, except as such services are provided incident to the limited health services.

(2) Provide, either directly or through arrangement with other persons, limited health care services to persons enrolled with such organization, on a prepaid per capita or prepaid aggregate fixed sum basis; and

(3) Provide, either directly or through arrangements with other persons, limited health care services to subscribers through a closed panel of providers.

APPLICATION CERTIFICATION

The undersigned states that they are an officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to apply to operate as a Prepaid Limited Health Service Organization in this state; 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.

(Corporate Seal)

By: _____

Print Name: _____

Title: _____

Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____ 20__, by _____ (name of person) as _____ for _____.

(type of authority; e.g., officer, trustee, attorney in fact) (company name)

_____
(Signature of the Notary)

_____
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires: _____

Form OIR-C1-1119
Rev.: 01/25
Rule 69O-136.100

Application for Certificate of Authority
Prepaid Limited Health Services Organizations
Lines of Business Codes

Lines of Business	Code Numbers
Dental Care Services	451
Ambulance Services	700
Vision Care Services	712
Pharmaceutical Service	716
Mental Health Service	781
Substance Abuse Services	782
Chiropractic Services	783
Podiatric Care Services	784

Florida Office of Insurance Regulation

NOTIFICATION TO THE OFFICE OF INSURANCE REGULATION AS A QUALIFYING ISSUER OF DONOR ANNUITY AGREEMENTS PURSUANT TO SECTION 627.481, F.S.

Donor Annuity Issuer's Name: _____

Address: _____

_____

City: _____ ***State:*** _____ ***Zip:*** _____ – _____

Phone: ( ) – ***Fax:*** ( ) –

Email Address: _____

Fiscal Year-end:

State of Domicile: _____

Donor Annuity Issuer's Contact Person: _____

Donor Annuity Issuer's FEIN: _____

represented by _____ _____
(name) (position)

and _____ _____
(name) (position)

hereby notify the ***Office of Insurance Regulation*** and say by action of its trustees, and as represented by the two officers/directors with board voting privileges that the issuing entity intends to enter into donor annuity agreements in the State of Florida as allowed by Section 627.481, FS.

The Representatives certify that the Issuer **(check one):**

a) ☐ has been in active operation for at least five years prior thereto and has qualified as an exempt organization under the Internal Revenue Code, 26 U.S.C. s. 501(c)(3); OR

b) ☐ has been wholly controlled for at least 10 years by a corporation or trust qualified under paragraph (a), if the subunit has been a corporation or trust for at least 2 years, and has engaged in the selling of annuity agreements authorized under this section in at least three other states without complaint.

NOTIFICATION TO THE OFFICE OF INSURANCE REGULATION AS A QUALIFYING ISSUER OF DONOR ANNUITY AGREEMENTS PURSUANT TO SECTION 627.481, F.S.

The Representatives further certify that:

1) All annuity benefits will be calculated to return to the Issuer upon the death of the donor a residue at least equal to one-half the original gift or other consideration under any such donor annuity agreement issued under Section 627.481, FS.

2) The Issuer will maintain admitted assets at least equal to the sum of the reserves on its outstanding donor annuity agreements, and a surplus of 10 percent of such reserves, calculated pursuant to Sections 627.481(2)(a) 1–3, FS, less any properly reinsured annuity risk.

3) The Issuer in an amount at least equal to the sum of such reserves and surplus will invest only in mutual funds or investments permitted under part II of chapter 625, FS, pursuant to the conditions of Section 627.481(2)(c) 2, FS, and such assets are segregated as separate and distinct funds, independent of all other funds and not applied for the payment of the debts and obligations of the Issuer for any other purpose other than the annuity benefits specified in Section 627.481, FS. Foreign Issuers may invest in the kind of securities permitted by the laws of the state in which incorporated or organized.

4) All donor annuity agreements issued will contain the clause: "This annuity is not issued by an insurance company, is subject only to limited regulation by the State of Florida and is not protected or otherwise guaranteed by any government agency."

5) Any donor annuity agreements entered into by the Issuer to support state institutions of higher learning will contain the clause: "This agreement is the entire contract between the parties, with rights and responsibilities of each party to the other as set forth herein. The donor or annuitant shall not have recourse against any assets of the state other than any funds or assets donated by, or funds derived from any assets donated by, the donor as set forth herein."

6) Charitable remainder unitrust trusts, charitable remainder annuity trusts, charitable lead trusts, pooled income funds or other similar charitable split interest trusts are only exempt from subsections (1), (2), (3), and (5), of Section 627.481, FS. and;

7) Provisions of part IX of Chapter 626, FS, known as *Unfair Insurance Trade Practices*, apply to issuers of donor annuity agreements under Section 627.481, FS.

The Representatives certify the Issuer is in compliance with all statutes governing the issuance of donor annuity agreements in the State of Florida.

for the ***Issuer***

BY: _____ , DATED: _____

(signed)

BY: _____ , DATED: _____

(signed)

(CORPORATE SEAL)

Applicant Company Name: _____ NAIC No. _____

FEIN: _____

Uniform Certificate of Authority Application (UCAA)
Lines of Insurance

Please complete the information below for each state in which the Applicant Company is currently licensed indicating currently authorized, currently transacting and applying for authority to do business. As a result of statutory and regulatory requirements, each state has its own terminology for the lines of insurance. The Lines of Business Matrix was developed to assist the Applicant Company in completing this form. The matrix includes each line of business as it is reported on the NAIC's annual statement blanks and corresponding state statute or regulation. The matrix is located on the UCAA website under State Charts.

ALABAMA	Authorized to Transact	Currently Transacting	Applying for
Property (Sec. 27-5-5)			
Miscellaneous Casualty (Sec. 27-5-6, 27-5-7, 27-5-8, 27-5-9)			
Title (Sec. 27-5-10)			
Life (Sec. 27-5-2), Annuities (Sec. 27-5-3)			
Disability (Sec. 27-5-4)			
HMO (Sec. 27-21A-1, 27-21A-2 and 27-21A-3)			

ALASKA	Authorized to Transact	Currently Transacting	Applying for
Property (AS 21.12.060)			
(1) Vehicle – Casualty (AS 21.12.070)			
(2) Liability – Casualty (AS 21.12.070)			
(3) Workers' Compensation and Employers Liability – Casualty (AS 21.12.070)			
(4) Burglary and Theft – Casualty (AS 21.12.070)			
(5) Personal Property Floater – Casualty (AS 21.12.070)			
(6) Glass – Casualty (AS 21.12.070)			
(7) Boiler and Machinery – Casualty (AS 21.12.070)			
(8) Leakage and Fire Extinguishing Equipment – Casualty (AS 21.12.070)			
(9) Credit (failure of debtors to pay obligations to insured) – Casualty (AS 21.12.070)			
(10) Malpractice – Casualty (AS 21.12.070)			
(11) Elevator – Casualty (AS 21.12.070)			
(12) Livestock – Casualty (AS 21.12.070)			
(13) Entertainments – Casualty (AS 21.12.070)			
(14) Miscellaneous – Casualty (AS 21.12.070)			
Surety (AS 21.12.080)			
Marine (AS 21.12.090(a))			
Wet Marine and Transportation (AS 21.12.090(b))			
Mortgage Guaranty (AS 21.12.110)			
Title (AS 21.66)			
Life (AS 21.12.040)			
Annuities (AS 21.12.055)			
Fraternal Benefit Society (AS 21.84)			
Variable Annuities (AS 21.42.370)			
Variable Life (AS 21.42.370)			
Health (AS 21.12.050)			
Disability (21.12.052)			

ARIZONA	Authorized to Transact	Currently Transacting	Applying for
Casualty with Workers' Compensation A.R.S. § 20-252			
Casualty without Workers' Compensation A.R.S. § 20-252			

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

ARIZONA (continued)	Authorized to Transact	Currently Transacting	Applying for
Marine and Transportation A.R.S. § 20-255			
Mortgage Guaranty A.R.S. § 20-1541			
Prepaid Legal A.R.S. § 20-1097			
Property A.R.S. § 20-256			
Surety A.R.S. § 20-257			
Vehicle A.R.S. § 20-259			
Recognized Surplus Lines A.R.S. § 20-407.01 & 20-409			
Title A.R.S. § 20-1562			
Life (Includes Annuities A.R.S. § 20-254.01) A.R.S. § 20-254			
Variable Annuity A.R.S. § 20-2631(2)			
Variable Life A.R.S. § 20-2601(15)			
Life & Disability Reinsurer A.R.S. § 20-1082			
Disability A.R.S. § 20-253			
Health Care Services Organization A.R.S. § 20-1051			
Health, Medical, Dental, Optometric Service Corporations A.R.S. § 20-824			
Prepaid Dental Plan Organization A.R.S. § 20-1001			

ARKANSAS	Authorized to Transact	Currently Transacting	Applying for
Property (ACA 23-62-104)			
Casualty (ACA 23-62-105)			
Surety (ACA 23-62-106)			
Workers' Compensation (ACA 23-62-105)			
Marine (ACA 23-62-107)			
Mortgage Guaranty (ACA 23-62-110)			
Title (ACA 23-62-108)			
Life (ACA 23-62-102)			
Variable Contracts (ACA 23-81-404)			
Accident & Health (ACA 23-62-103)			
Health Maintenance Organization (23-76-102)			

CALIFORNIA	Authorized to Transact	Currently Transacting	Applying for
Fire (CIC 102)			
Marine (CIC 103)			
Surety (CIC 105)			
Plate Glass (CIC 107)			
Liability (CIC 108)			
Workers' Compensation (CIC 109)			
Common Carrier Liability (CIC 110)			
Boiler and Machinery (CIC 111)			
Burglary (CIC 112)			
Credit (CIC 113)			
Sprinkler (CIC 114)			
Team and Vehicle (CIC 115)			
Automobile (CIC 116)			
Aircraft (CIC 118)			
Mortgage Guaranty (CIC 119)			
Insolvency (119.5)			
Legal (CIC 119.6)			
Miscellaneous (CIC 120)			

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

CALIFORNIA (continued)	Authorized to Transact	Currently Transacting	Applying for
Financial Guaranty (CIC 124)			
Title (CIC 104)			
Life (CIC 101)			
Disability (CIC 106)			

COLORADO	Authorized to Transact	Currently Transacting	Applying for
General Property – (C.R.S. 10-3-102(1))			
Crop – (C.R.S. 10-3-102(1))			
Motor Vehicle – (C.R.S. 10-3-102(1))			
General Casualty – (C.R.S. 10-3-102(1))			
Accident and Health – (C.R.S. 10-3-102(1))			
Fidelity and Surety (excluding bail bond) – (C.R.S. 10-3-102(1))			
Bail Bond – (C.R.S. 10-3-102(1))			
Workers' Compensation – (C.R.S. 10-3-102(1))			
Mortgage Guaranty – (C.R.S. 10-3-102(1))			
Credit (Casualty, Accident and Health) – (C.R.S. 10-3-102(1))			
Professional Malpractice – (C.R.S. 10-3-102(1))			
Title – (Title 10, Article 11)			
General Life – Life (C.R.S. 10-3-102(1)(b))			
Accident and Health – Life (C.R.S. 10-3-102(1)(b))			
Annuities – Life (C.R.S. 10-3-102(1)(b))			
Credit (Life, Accident and Health) – Life (C.R.S. 10-3-102(1)(b))			
Variable Contracts – Life (C.R.S. 10-3-102(1)(b))			
General Life – Fraternal (C.R.S. 10-14-603)			
Accident and Health – Fraternal (C.R.S. 10-14-603)			
Annuities – Fraternal (C.R.S. 10-14-603)			
Variable Contracts – Fraternal (C.R.S. 10-14-603)			
HMO Commercial – HMO (C.R.S. 10-16-401)			
HMO Medicare – HMO (C.R.S. 10-16-401)			
HMO Medicaid – HMO (C.R.S. 10-16-401)			

CONNECTICUT	Authorized to Transact	Currently Transacting	Applying for
Fire, Extended Coverage and Other Allied Lines (C.G.S. Title 38a)			
Homeowners Multiple Peril (C.G.S. Title 38a)			
Commercial Multiple Peril (C.G.S. Title 38a)			
Earthquake (C.G.S. Title 38a)			
Growing Crops (C.G.S. Title 38a)			
Ocean Marine (C.G.S. Title 38a)			
Inland Marine (C.G.S. Title 38a)			
Workers' Compensation (C.G.S. Title 38a)			
Liability other than Auto (B.I. and P.D.) (C.G.S. Title 38a)			
Auto Liability (B.I. and P.D.) (C.G.S. Title 38a)			
Auto Physical Damage (C.G.S. Title 38a)			
Aircraft (all perils) (C.G.S. Title 38a)			
Fidelity and Surety (C.G.S. Title 38a)			
Financial Guaranty (mono-line) (C.G.S. Title 38a)			
Glass (C.G.S. Title 38a)			
Burglary and Theft (C.G.S. Title 38a)			
Boiler and Machinery (C.G.S. Title 38a)			

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

CONNECTICUT (continued)	Authorized to Transact	Currently Transacting	Applying for
Credit (C.G.S. Title 38a)			
Reinsurance (C.G.S. Title 38a)			
Mortgage Guaranty (monoline) (C.G.S. Title 38a)			
Residual Value (C.G.S. Title 38a)			
Title (C.G.S. Title 38a)			
Life Non-Participating (C.G.S. Title 38a)			
Life Participating (C.G.S. Title 38a)			
Variable Life Non-Participating (C.G.S. Title 38a)			
Variable Life Participating (C.G.S. Title 38a)			
Variable Annuities (C.G.S. Title 38a)			
Fraternal Benefit Societies (C.G.S. Title 38a)			
Credit Life (C.G.S. Title 38a)			
Credit Accident and Health (C.G.S. Title 38a)			
Accident and Health (C.G.S. Title 38a)			
Health Care Center (C.G.S. Title 38a)			

DELAWARE	Authorized to Transact	Currently Transacting	Applying for
Property [18 Del. C. Section 904]			
Surety [18 Del. C. Section 905]			
(1) Vehicle – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(2) Liability – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(3) Workers' Compensation & Employer's Liability – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(4) Burglary & Theft – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(5) Personal Property Floater – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(6) Glass – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(7) Boiler & Machinery – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(8) Leakage & Fire Extinguisher Equipment – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(9) Credit – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(10) Malpractice – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(11) Elevator – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(12) Congenital Defects – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(13) Livestock – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(14) Entertainments – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(15) Miscellaneous – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
Casualty [18 Del C. Section 906(b)]*			
Marine & Transportation [18 Del. C. Section 907]			
Title [18 Del. C. Section 908]			
Life [18 Del. C. Section 902] including subdivisions			
Variable Annuities [18 Del. Reg 1 Admin C. 1201]			

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

DELAWARE (continued)	Authorized to Transact	Currently Transacting	Applying for
Variable Life [18 Del. – Admin C 1205]			
Credit Life [18 Del. C. Section 902]			
Health [18 Del. C. Section 903] including subdivision			
Credit Health [18 Del. C. Section 903]			
Automobile Club [18 Del. C. Section 908A]			

^Presently, lines listed above for casualty are checked off as individual lines on the certificate of authority application form.
*18 Del. C. Section 906(b) – Provision of medical, hospital, surgical and funeral benefits, and of coverage against accidental death or injury, as incidental to and part of other insurance as stated under subdivisions (1) vehicle, (2) liability, (4) burglary and theft, (7) boiler and machinery, (10) malpractice and (11) elevator of subsection (a) shall for all purposes be deemed to be the same kind of insurance to which it is so incidental and shall not be subject to provisions of this title applicable to life and health insurance.

DISTRICT OF COLUMBIA	Authorized to Transact	Currently Transacting	Applying for
(1) Fire (Sec. 31-2502.11)			
(2.1) Allied Lines (Sec. 31-2502.11)			
(2.2) Multiple Peril Crop			
(2.3) Federal Flood			
(2.4) Private Crop (Sec. 31-2502.11)			
(2.5) Private Flood (Sec. 31-2502.11)			
(3) Farmowners Multiple Peril (Sec. 31-2502.11)			
(4) Homeowners Multiple Peril (Sec. 31-2502.11)			
(5.1) Commercial Multiple Peril (non-liability) (Sec. 31-2502.11)			
(5.2) Commercial Multiple Peril (liability) (Sec. 31-2502.11)			
(6) Mortgage Guaranty			
(8) Ocean Marine (Sec. 31-2502.11)			
(9) Inland Marine (Sec. 31-2502.11)			
(10) Financial Guaranty			
(11.1) Medical Professional Liability - Occurrence (Sec. 31-2502.11)			
(11.2) Medical Professional Liability – Claims Made (Sec. 31-2502.11)			
(12) Earthquake (Sec. 31-2502.11)			
(13.1) Comprehensive (Hospital and Medical) Individual (Sec. 31-2502.11)			
(13.2) Comprehensive (Hospital and Medical) Group (Sec. 31-2502.11)			
(14) Credit A&H (Group & Individual) (Sec. 31-2502.11)			
(15.1) Vision Only (Sec. 31-2502.11)			
(15.2) Dental Only (Sec. 31-2502.11)			
(15.3) Disability Income (Sec. 31-2502.11)			
(15.4) Medicare Supplement (Sec. 31-2502.11)			
(15.5) Medicaid Title XIX (Sec. 31-2502.11)			
(15.6) Medicare Title XVII (Sec. 31-2502.11)			
(15.7) Long-Term Care (Sec. 31-2502.11)			
(15.8) Federal Employees Health Benefits Program			
(15.9) Other Health (Sec. 31-2502.11)			
(16) Workers' Compensation (Sec. 31-2502.11)			
(17.1) Other Liability – Occurrence (Sec. 31-2502.11)			
(17.2) Other Liability – Claims Made (Sec. 31-2502.11)			
(17.3) Excess Workers' Compensation (Sec. 31-2502.11)			
(18.1) Products Liability - Occurrence (Sec. 31-2502.11)			
(18.2) Products Liability – Claims Made (Sec. 31-2502.11)			

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

DISTRICT OF COLUMBIA (continued)	Authorized to Transact	Currently Transacting	Applying for
(19.1) Private Passenger Auto No-Fault (personal injury protection) (Sec. 31-2502.11)			
(19.2) Other Private Passenger Auto Liability (Sec. 31-2502.11)			
(19.3) Commercial Auto No-Fault (personal injury protection) (Sec. 31-2502.11)			
(19.4) Other Commercial Auto Liability (Sec. 31-2502.11)			
(20) Glass (Sec. 31-2502.11)			
(21.1) Private Passenger Auto Physical Damage (Sec. 31-2502.11)			
(21.2) Commercial Auto Physical Damage (Sec. 31-2502.11)			
(22) Aircraft (all perils) (Sec. 31-2502.11)			
(23) Fidelity (Sec. 31-2502.11)			
(24) Surety (Sec. 31-2502.11)			
(26) Burglary and Theft (Sec. 31-2502.11)			
(27) Boiler and Machinery (Sec. 31-2502.11)			
(28) Credit (Sec. 31-2502.11)			
(30) Warranty (Sec. 31.2502.11)			
(31) Reinsurance – Nonproportional Assumed Property (Sec. 31-2502.11)			
(32) Reinsurance – Nonproportional Assumed Liability (Sec. 31-2502.11)			
(33) Reinsurance – Nonproportional Assumed Financial Lines (Sec. 31-2502.11)			
(34) Aggregate Write-Ins for Other Lines of Business (Sec. 31-2502.11)			
Title [Sec. 315031.01-31-5031.24]			
Individual Life			
Group Life			
Variable Life (26 DCMR Chapter 27)			
Individual Annuities (Variable) (Sec 31-4442)			
Individual Annuities (Fixed) (Sec 31-4442)			
Group Annuities (Variable) (Sec 31-4442)			
Group Annuities (Fixed) (Sec 31-4442)			
Health Maintenance Organizations (Sec. 31 – Chapter 34)			
Individual Accident and Health			
Group Accident and Health			

FLORIDA	Authorized to Transact	Currently Transacting	Applying for
0010 Fire**			
0020 Allied Lines**			
0030 Farmowners Multi Peril**			
0040 Homeowners Multi Peril**			
0050 Commercial Multi Peril**			
0080 Ocean Marine**			
0090 Inland Marine**			
0100 Financial Guaranty**			
* 0106 Auto Warranties**			
0110 Medical Malpractice**			
0120 Earthquake**			
0160 Workers' Compensation**			
0170 Other Liability**			
* 0173 Prepaid Legal**			
FLORIDA (continued)	**Authorized to**	**Currently**	**Applying**

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

	Transact	Transacting	for
0192 Private Passenger Auto Liability**			
0194 Commercial Auto Liability**			
0211 Private Passenger Auto Physical Damage**			
0212 Commercial Auto Physical Damage**			
0220 Aircraft**			
0230 Fidelity**			
0240 Surety**			
* 0245 Bail Bonds**			
0250 Glass**			
0260 Burglary and Theft**			
0270 Boiler and Machinery**			
0280 Credit**			
* 0290 Livestock**			
0300 Industrial Fire**			
* 0310 Mortgage Guaranty**			
* 0520 Industrial Extended Coverage**			
* 0540 Mobile Home Multi Peril**			
* 0550 Mobile Home Physical Damage**			
* 0570 Multi Peril Crop (Crop Hail) **			
* 0607 Home Warranties**			
* 0608 Service Warranties**			
* 0610 Other Warranty**			
* 0620 Miscellaneous Casualty**			
R010 Fire (Reinsurance Only)**			
R020 Allied Lines (Reinsurance Only)**			
R030 Farmowners Multi Peril (Reinsurance Only)**			
R040 Homeowners Multi Peril (Reinsurance Only)**			
R050 Commercial Multi Peril (Reinsurance Only)**			
R080 Ocean Marine (Reinsurance Only)**			
R090 Inland Marine (Reinsurance Only)**			
R100 Financial Guaranty (Reinsurance Only)**			
* R106 Auto Warranties (Reinsurance Only)**			
R110 Medical Malpractice (Reinsurance Only)**			
R120 Earthquake (Reinsurance Only)**			
R160 Workers' Compensation (Reinsurance Only)**			
R170 Other Liability (Reinsurance Only)**			
* R173 Prepaid Legal (Reinsurance Only)**			
R192 Private Passenger Auto Liability (Reinsurance Only)**			
R194 Commercial Auto Liability (Reinsurance Only)**			
R211 Private Passenger Auto Physical Damage (Reinsurance Only)**			
R212 Commercial Auto Physical Damage (Reinsurance Only)**			
R220 Aircraft (Reinsurance Only)**			
R230 Fidelity (Reinsurance Only)**			
R240 Surety (Reinsurance Only)**			
* R245 Bail Bonds (Reinsurance Only)**			
R250 Glass (Reinsurance Only)**			
R260 Burglary and Theft (Reinsurance Only)**			
R270 Boiler and Machinery (Reinsurance Only)**			
R280 Credit (Reinsurance Only)**			
* R290 Livestock (Reinsurance Only)**			
R300 Industrial Fire (Reinsurance Only)**			
FLORIDA (continued)	**Authorized to**	**Currently**	**Applying**

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

	Transact	Transacting	for
* R310 Mortgage Guaranty (Reinsurance Only)**			
* R520 Industrial Extended Coverage (Reinsurance Only)**			
* R540 Mobile Home Multi Peril (Reinsurance Only)**			
* R550 Mobile Home Physical Damage (Reinsurance Only)**			
* R570 Multi Peril Crop (Crop Hail) (Reinsurance Only)**			
* R607 Home Warranties (Reinsurance Only)**			
* R608 Service Warranties (Reinsurance Only)**			
* R610 Other Warranty (Reinsurance Only)**			
* R620 Miscellaneous Casualty (Reinsurance Only)**			
* 0285 Title (Title Companies Only)**			
* R285 Title (Title Companies Only) (Reinsurance Only)**			
0400 Ordinary Life**			
Endowment**			
Term Life**			
Industrial Life**			
Individual Annuities**			
Universal Life**			
0405 Individual Variable Annuities**			
Group Variable Annuities**			
0410 Group Life and Annuities**			
0420 Variable Life**			
0425 Fraternal Life**			
0430 Fraternal Health**			
0440 Credit Life**			
R400 Ordinary Life and Annuity (Reinsurance Only)**			
R405 Individual/Group Variable Annuities (Reinsurance Only)**			
R410 Group Life and Annuity (Reinsurance Only)**			
R420 Variable Life (Reinsurance Only)**			
R440 Credit Life (Reinsurance Only)**			
0441 Credit Disability**			
0450 Accident and Health**			
R441 Credit Disability (Reinsurance Only)**			
R450 Accident and Health (Reinsurance Only)**			

*For purposes of applicant's plan of operations, these lines should be listed as "all other lines." If any are combined with other lines on the proforma (i.e. mobile home combined with homeowners), the plan of operations should specify that this was done.
**Property & Casualty Statutory References: Property (Section 624.604); Casualty (Section 624.605); Surety (Section 624.606); Fidelity (Section 624.6065); Marine (Section 624.607); Title (Section 624.608); Residual Value (Section 624.6081); Collateral Protection (Section 624.6085); Financial Guaranty (Section 627.971); Motor Vehicle Service Agreements (Section 634.011); Home Warranties (Section 634.301); Service Warranties (Section 634.401); Mortgage Guaranty (Section 635.011); Legal Expense (Section 642.015(3))
**Life Statutory References: Life (Section 624.602); Health (Section (624.603); Life (Section 632.617)

GEORGIA	Authorized to Transact	Currently Transacting	Applying for
Property, Marine, and Transportation [O.C.G.A. § 33-3-5(2)]			
Casualty [O.C.G.A. § 33-3-5(3)]: Casualty Including Workers' Compensation [O.C.G.A. § 33-7-3]			
Casualty [O.C.G.A. § 33-3-5(3)]: Casualty Excluding Workers' Compensation [O.C.G.A. § 33-7-3]			
Surety [O.C.G.A. § 33-3-5(4)]			
Title [O.C.G.A. § 33-3-5(5)]			
Life, accident, and sickness [O.C.G.A. § 33-3-5(1)]			

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

GEORGIA (continued)	Authorized to Transact	Currently Transacting	Applying for
Life, accident, and sickness [O.C.G.A. § 33-3-5(1)]: Including Variable Annuities [O.C.G.A. § 33-11-66]			
Life, accident, and sickness [O.C.G.A. § 33-3-5(1)]: Including Variable Life [O.C.G.A. § 33-11-65]			
Fraternal [O.C.G.A. Section 33-15]			
Health Maintenance Organization [O.C.G.A. § 33-3-5(6) and § 33-21-1 *et seq.*]			

HAWAII	Authorized to Transact	Currently Transacting	Applying for
Property Insurance (HRS 431:1-206)* Including Residential Hurricane (HRS 431:3-306.5)			
Property Insurance (HRS 431:1-206)* Excluding Residential Hurricane			
Marine and Transportation Insurance (HRS 431:1-207) Including Ocean Marine (HRS 431:1-211)			
Marine and Transportation Insurance (HRS 431:1-207) Excluding Ocean Marine			
Vehicle Insurance (HRS 431:1-208)**			
General Casualty Insurance (HRS 431:1-209)**			
Surety Insurance (HRS 431:1-210)			
Title Insurance (HRS 431:20-102)			
Life Insurance Including Variable Life and Variable Annuity (HRS 431:1-204)			
Life Insurance Excluding Variable Life and Variable Annuity (HRS 431:1-204)			
Accident and Health Insurance (HRS 431:1-205)			

* (1) Concurrently licensed in General Casualty is required; (2) Residential hurricane carrier must also meet the requirements specified in Section 431:3-306.5; information required by this Section needs to be included in the application package. Failure to comply with the Section shall cause exclusion of the residential hurricane coverage.
** Local Claims and Sales Office(s) and membership of Hawaii Joint Underwriting Plan are required for all insurers authorized to write *and engage* in writing vehicle insurance.

IDAHO	Authorized to Transact	Currently Transacting	Applying for
Property - 41-504			
Marine and Transportation - 41-505			
Casualty - Including Workers' Compensation - 41-506			
Casualty - Excluding Workers' Compensation - 41-506			
Surety (Including Fidelity) - 41-507			
Mortgage Guaranty - 41-2652 (monoline only)			
Title - 41-508			
Life - 41-502			
Variable Annuities (Including Variable Contracts) – 41-502, 41-1938			
Variable Annuities (Excluding Variable Contracts) – 41-502, 41-1938			
Disability (Including Managed Care) - 41-503			
Disability (Excluding Managed Care) - 41-503			

ILLINOIS	Authorized to Transact	Currently Transacting	Applying for
Class 2 (a) Accident and Health*			
Class 2 (b) Vehicle*			
Class 2 (c) Liability*			

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

ILLINOIS (continued)	Authorized to Transact	Currently Transacting	Applying for
Class 2 (d) Workers' Compensation*			
Class 2 (e) Burglary and Forgery*			
Class 2 (f) Glass*			
Class 2 (g) Fidelity and Surety*			
Class 2 (h) Miscellaneous*			
Class 2 (i) Other Casualty Risks*			
Class 2 (j) Contingent Losses*			
Class 2 (k) Livestock and Domestic Animals*			
Class 2 (l) Legal Expense Insurance*			
Class 3 (a) Fire*			
Class 3 (b) Elements*			
Class 3 (c) War, Riot and Explosion*			
Class 3 (d) Marine and Transportation*			
Class 3 (e) Vehicle*			
Class 3 (f) Property Damage, Sprinkler Leakage and Crop*			
Class 3 (g) Other Fire and Marine Risks*			
Class 3 (h) Contingent Losses*			
Class 3 (i) Legal Expense Insurance*			
Class 1 (a) Life*			
Class 1 (c) Legal Expense Insurance*			
Fraternal Benefit Society [215 ILCS 5/282.1 et seq.]			
Class 1(b) Accident and Health*			
Health Maintenance Organization (HMO) [215 ILCS 125/1-1 et seq.]			
Limited Health Service Organization (LHSO) [215 ILCS 130/1001 et seq.]			

* See Illinois Insurance Code 215/ILCS 5/4 for additional description

INDIANA	Authorized to Transact	Currently Transacting	Applying for
Class II (a) Accident and Health - Disability			
Class II (b) Workers' Compensation			
Class II (c) Burglary, Theft			
Class II (d) Glass			
Class II (e) Boiler and Machinery			
Class II (f) Automobile			
Class II (g) Sprinkler			
Class II (h) Liability			
Class II (i) Credit			
Class II (k) Fidelity & Surety w/Bailbonds			
Class II (k) Fidelity & Surety w/o Bailbonds			
Class II (l) Miscellaneous			
Class II (m) Legal Expenses			
Class III (a) Fire, Windstorm, Hail, Loot, Riot			
Class III (b) Crops			
Class III (c) Sprinkler			
Class III (d) Marine			
Class II (j) Title			
Class 1 (a) Life and Annuities			
Class 1 (c) Variable Life and Annuities (Segregated Amounts)			
Class 1 (b) Accident & Health			

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

IOWA	Authorized to Transact	Currently Transacting	Applying for
Fire (515.48)			
Extended Coverage (515.48)			
Other Allied Lines (515.48)			
Homeowners Multiple Peril (515.48)			
Commercial Multiple Peril (515.48)			
Earthquake (515.48)			
Growing Crops (515.48)			
Ocean Marine (515.48)			
Inland Marine (515.48)			
Accident and Health (515.48)			
Workers' Compensation (515.48)			
Other Liability (515.48)			
Auto Liability (515.48)			
Auto Physical Damage (515.48)			
Aircraft (515.48)			
Fidelity (515.48)			
Surety (515.48)			
Glass (515.48)			
Burglary and Theft (515.48)			
Boiler and Machinery (515.48)			
Financial Guaranty (monoline) (515.48)			
Reciprocal (520)			
Mortgage Guaranty (515C) (monoline)			
Reinsurance Only (monoline)			
Life (508, 509, 511) – includes credit & variable life, annuities, and variable annuities			
Fraternal (512B)			
Health Maintenance Organization (514B)			
Accident and Health (515)			

KANSAS	Authorized to Transact	Currently Transacting	Applying for
Additional. Perils on Growing Crops			
Aircraft Hull			
Aircraft Liability			
Automobile Liability			
Automobile Physical Damage			
Bail Bonds			
Boiler & Machinery			
Burglary, Theft & Robbery			
Business Interruption			
Cargo Liability			
Cost of Legal Services			
Credit			
Earthquake			
Extended Coverage			
Fidelity Bonds			
Fire			
Flood			
Forgery Bonds			
General Liability			
Glass			
Hail on Growing Crops			
Homeowners Policies			

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

KANSAS (continued)	Authorized to Transact	Currently Transacting	Applying for
Inland Marine			
Livestock Mortality			
Malpractice Liability			
Mortgage Guaranty			
Ocean Marine			
Optional Perils			
Personal Lines – For Licensing Purposes			
Rain			
Risk Retention Group/Surplus Lines – For Licensing Purposes			
Self-Service Storage – For Licensing Purposes			
Sprinkler Leakage			
Surety Bonds			
Water Damage			
Windstorm & Hail			
Workers' Compensation			
Title			
Annuities			
Life			
Variable Annuities			
Variable Life			
Accident and Health			
Stand-Alone Prescription Drug Provider			

KENTUCKY	Authorized to Transact	Currently Transacting	Applying for
Property KRS 304.5-050			
Surety KRS 304.5-060			
Casualty All Lines KRS 304.5-070 (1)(a) thru (1)(q)			
Vehicle Insurance KRS 304.5-070(1)(a) (Casualty)			
Liability Insurance KRS 304.5-070(1)(b) (Casualty)			
Workers' Compensation and Employers Liability KRS 304.5-070(1)(c) (Casualty)			
Burglary and Theft KRS 304.5-070(1)(d) (Casualty)			
Personal Property Floater KRS 304.5-070(1)(e) (Casualty)			
Glass KRS 304.5-070(1)(f) (Casualty)			
Boiler and Machinery KRS 304.5-070(1)(g) (Casualty)			
Leakage and Fire Extinguishing Equipment KRS 304.5-070(1)(h) (Casualty)			
Credit KRS 304.5-070(1)(i) (Casualty)			
Malpractice KRS 304.5-070(1)(j) (Casualty)			
Elevator KRS 304.5-070(1)(k) (Casualty)			
Congenital Defects KRS 304.5-070(1)(l) (Casualty)			
Livestock KRS 304.5-070(1)(m) (Casualty)			
Entertainments KRS 304.5-070(1)(n) (Casualty)			
Failure of Certain Institutions to Record Documents KRS 304.5-070(o) (Casualty)			
Automobile Guaranty KRS 304.5-070(1)(p) (Casualty)			
Miscellaneous KRS 304.5-070(1)(q) (Casualty)			
Marine and Transportation KRS 304.5-080			
Mortgage Guaranty KRS 304.5-100			
Title KRS 304.5-090			
Life (includes variable & credit) KRS 304.5-020			
Annuity (includes variable) KRS 304.5-030			

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

KENTUCKY (continued)	Authorized to Transact	Currently Transacting	Applying for
Life (Fraternal – KRS 304.29-011)			
Health (Fraternal – KRS 304.29-011)			
Health (includes credit) KRS 304.5-040			
Non-Profit Health Service Corporation KRS 304.32-030			
Lloyd's KRS 304.28-010			
Reciprocal KRS 304.27-010			

LOUISIANA*	Authorized to Transact	Currently Transacting	Applying for
Vehicle			
Liability			
Workers' Compensation			
Fire and Allied Lines			
Industrial Fire			
Fidelity			
Surety			
Credit Property and Casualty			
Marine and Transportation			
Miscellaneous			
Steam Boiler and Sprinkler Leakage			
Burglary and Forgery			
Crop			
Homeowners			
Title			
Life			
Annuities			
Credit Life, Health and Accident			
Health and Accident			

*All lines of business are as defined in Louisiana Revised Statutes 22:47.

MAINE	Authorized to Transact	Currently Transacting	Applying for
Fire			
Allied Lines			
Farmowners Multiple Peril			
Homeowners Multiple Peril			
Commercial Multiple Peril			
Mortgage Guaranty			
Ocean Marine			
Inland Marine			
Financial Guaranty^			
Workers' Compensation			
Medical Malpractice			
Earthquake			
Other Liability			
Product Liability			
Auto Liability			
Auto Physical Damage			
Aircraft (all perils)			
Fidelity			
Surety			
Glass			
Burglary and Theft			
Boiler and Machinery			
MAINE (continued)	**Authorized to**	**Currently**	**Applying**

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Applicant Company Name: _____ NAIC No. _____
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	Transact	Transacting	for
Credit			
Federal Flood Insurance			
Title			
Life*			
Variable Life			
Variable Annuity			
Health			

*Including Credit Life and Fixed Annuities
^ Monoline issued only

MARYLAND	Authorized to Transact	Currently Transacting	Applying for
Casualty (not including Vehicle Liability, Mortgage Guaranty & Workers' Compensation) – Section 1-101(i)			
Mortgage Guaranty – Sections 1-101(oo)			
Marine, Wet Marine & Transportation – Sections 1-101(z), 1-101(ss)			
Property and Marine (excluding Wet Marine and Transportation) – Section 1-101(gg), 1-101(z)			
Surety – Section 1-101(oo)			
Vehicle Liability – Section 1-101(i)			
Workers' Compensation – Section 1-101(i)			
Title – Section 1-101(qq)			
Variable Annuities – Section 1-101(d)(e), 16-601, 16-602, 16-603			
Fraternal – Section 8-42434, 8-424, 8-427			
Life, including Annuities and Health (except Variable Life & Variable Annuities) Sections 1-101(d), 1-101(e), 1-101(p), 1-101(x)			
Variable Life – Sections 16-601, 16-602			
Dental Plan Organization – Section 14-401, 14-405, 14-407			
Health – Sections 1-101(p)			
Non-Profit Health Service Plan – Section 14-101, 14-110, 14-111			
Health Maintenance Organizations – Sections 19-708, 19-709, 19-710			
Provider-Sponsored Organizations – Section 19-7A			
Managed Care Organizations – Sections 15-101, 15-102.4			

MASSACHUSETTS	Authorized to Transact	Currently Transacting	Applying for
(1) Fire (M.G.L. 175 § 47)			
(2A) Ocean Marine (M.G.L. 175 § 47)			
(2B) Inland Marine Only (M.G.L. 175 § 47)			
(4) Fidelity and Surety (M.G.L. 175 § 47)			
(5A) Boiler, Fly Wheel, Machinery, Explosion (M.G.L. 175 § 47)			
(5B) Boiler (no inspector), Fly Wheel, Machinery, Explosion (M.G.L. 175 § 47)			
(6E) Workers' Compensation (M.G.L. 175 § 47)			
(6F) Liability Other than Auto (M.G.L. 175 § 47)			
(6G) Auto Liability (M.G.L. 175 § 47)			
(7) Glass (M.G.L. 175 § 47)			
(8) Water Damage and Sprinkler Leakage (M.G.L. 175 § 47)			

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Applicant Company Name: _____ NAIC No. _____
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MASSACHUSETTS (continued)	Authorized to Transact	Currently Transacting	Applying for
(9) Elevator Property Damage and Collision (M.G.L. 175 § 47)			
(10) Credit (M.G.L. 175 § 47)			
(12) Burglary, Robbery, Theft, Forgery, Larceny (M.G.L. 175 § 47)			
(13) Livestock (M.G.L. 175 § 47)			
(15) Reinsurance (M.G.L. 175 § 47)			
(17) Repair – Replacement (M.G.L. 175 § 47)			
(19) Legal Services (M.G.L. 175 § 47)			
(20) Credit Involuntary Unemployment (M.G.L. 175 § 47)			
(51) Stock Companies Extension of Coverage- M.G.L. 175 §51(g)			
(54) Mutual Companies (specified in Section 47) - M.G.L.175 § 54(g)			
(54BX) Reinsurance except Life - M.G.L. 175 § 54B			
(54BY) Nuclear Energy - M.G.L. 175 § 54B			
(54BZ) Special Hazards - Radioactive Contamination M.G.L. 175 § 54B			
(54C) Comprehensive Motor Vehicle and Aircraft - M.G.L. 175 § 54C			
(54D) Personal Property Floater - M.G.L. 175 § 54D			
(54E) Dwellings - M.G.L. 175 § 54E			
(54F) Commercial Property (Multiple Peril) - M.G.L. 175 §54F			
(11) Title (Title Companies Only) (M.G.L. 175 § 47)			
(16A) Life - All Kinds (M.G.L. 175 § 47)			
(16B) Group Life Only (M.G.L. 175 § 47)			
(16C) Variable Annuity Authorization (M.G.L. 175 § 47)			
(16D) Annuities Only (M.G.L. 175 § 47)			
(16E) Variable Life Authorization (M.G.L. 175 § 47)			
(54G) Reinsurance - Life Companies Only - M.G.L. 175 § 54G			
(6A) Accident - All Kinds (M.G.L. 175 § 47)			
(6B) Health - All Kinds (M.G.L. 175 § 47)			
(6C) Group Accident and Health Only (M.G.L. 175 § 47)			
(6D) Non-Cancelable Accident and Health Only (M.G.L. 175 § 47)			

MICHIGAN	Authorized to Transact	Currently Transacting	Applying for
Property (MCL 500.610)			
Ocean Marine (MCL 500.614)			
Inland Marine (MCL 500.616)			
Automobile Insurance - Limited (MCL 500.620)			
Legal Expense (MCL 500.618)			
Casualty–Steam Boiler, Flywheel and Machinery (MCL 500.624(1)a)			
Casualty–Liability (MCL 500.624(1)b)			
Casualty–Automobile, including Section 500.625, disability coverage supplemental to automobile insurance (MCL 500.624(1)b)			
Casualty–Workers' Compensation (MCL 500.624(1)b)			
Casualty–Plate Glass (MCL 500.624(1)c)			
Casualty–Sprinkler and Water Damage (MCL 500.624(1)d)			
MICHIGAN (continued)	**Authorized to**	**Currently**	**Applying**

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

	Transact	Transacting	for
Casualty–Credit (MCL 500.624(1)e)			
Casualty–Burglary and Theft (MCL 500.624(1)f)			
Casualty–Livestock (MCL 500.624(1)g)			
Casualty–Malpractice (MCL 500.624(1)h)			
Casualty–Miscellaneous (MCL 500.624(1)i)			
Surety and Fidelity (MCL 500.628)			
Limited Liability (MCL 500 Chapter 65)			
Title (MCL 500 Chapter 73)			
Life and Annuity - Other than Variable Contracts (MCL 500.602)			
Separate Account - Variable Annuities (MCL 500.925)			
Separate Account - Variable Life (MCL 500.925)			
Separate Accounts - Modified Guaranteed Annuities (MCL 500.4101)			
Fraternal (MCL 500 Chapter 81a)			
Disability (MCL 500.606)			

MINNESOTA	**Authorized to Transact**	**Currently Transacting**	**Applying for**
Fire (1) (MS 60A.06, Subd.1)			
Inland Marine (2a) (MS 60A.06, Subd.1)			
Ocean Marine (2a) (MS 60A.06, Subd.1)			
Personal Property Floater (2b) (MS 60A.06, Subd.1)			
Boiler and Machinery (3) (MS 60A.06, Subd.1)			
Workers' Compensation (5b) (MS 60A.06, Subd.1)			
Fidelity (6) (MS 60A.06, Subd.1)			
Surety (6) (MS 60A.06, Subd.1)			
Glass (8) (MS 60A.06, Subd.1)			
Burglary & Theft (9a) (MS 60A.06, Subd.1)			
Security and Drafts (9b) (MS 60A.06, Subd.1)			
Personal Property Floater - Casualty (9c) (MS 60A.06, Subd.1)			
Water (9d) (MS 60A.06, Subd.1)			
Livestock (10) (MS 60A.06, Subd.1)			
Credit (11) (MS 60A.06, Subd.1)			
Automobile (12) (MS 60A.06, Subd.1)			
General Liability (13) (MS 60A.06, Subd.1)			
Elevator (14) (MS 60A.06, Subd.1)			
Legal Expense (15) (MS 60A.06, Subd.1)			
Title (7) (MS 60A.06, Subd.1)			
Life (4) (MS 60A.06, Subd.1)			
Variable Contract Authority (4) (MS 60A.06, Subd.1)			
Accident and Health (5a) (MS 60A.06, Subd.1)			

MISSISSIPPI	**Authorized to Transact**	**Currently Transacting**	**Applying for**
Class 1 (a) Fire and Allied Lines (MCA 83-19-1)			
Class 1 (b) Industrial Fire (MCA 83-19-1)			
Class 1 (c) Casualty/Liability (MCA 83-19-1)			
Class 1 (d) Fidelity (MCA 83-19-1)			
Class 1 (e) Surety (MCA 83-19-1)			
Class 1 (f) Workers' Compensation (MCA 83-19-1)			
Class 1 (g) Boiler and Machinery (MCA 83-19-1)			
Class 1 (h) Plate Glass (MCA 83-19-1)			
MISSISSIPPI (continued)	**Authorized to Transact**	**Currently Transacting**	**Applying for**

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

Class 1 (i) Aircraft (MCA 83-19-1)			
Class 1 (j) Inland Marine (MCA 83-19-1)			
Class 1 (k) Ocean Marine (MCA 83-19-1)			
Class 1 (l) Automobile Physical Damage/Automobile Liability (MCA 83-19-1)			
Class 1 (m) Homeowners/Farmowners (MCA 83-19-1)			
Class 1 (n) Guaranty (MCA 83-19-1)			
Class 1 (o) Mortgage Guaranty (MCA 83-19-1)			
Class 1 (q) Trip Accident and Baggage (MCA 83-19-1)			
Class 1 (r) Legal (MCA 83-19-1)			
Class 1 (s) Credit Property (MCA 83-19-1)			
Class 1 (p) Title (MCA 83-19-1)			
Class 2 (a) Life (MCA 83-19-1)			
Class 2 (c) Credit Life, Credit Accident and Health (MCA 83-19-1)			
Class 2 (d) Industrial Life, Industrial Accident and Health (MCA 83-19-1)			
Class 2 (e) Variable Contracts (MCA 83-19-1)			
Class 2 (f) Life (Burial) (MCA 83-19-1)			
Class 3 (a) Fraternal (MCA 83-19-1)			
Class 3 (b) Larger Fraternal (MCA 83-19-1)			
Class 2 (b) Accident and Health (MCA 83-19-1)			
(MCA 83-41-303) Health Maintenance Organization (HMO)			

MISSOURI	**Authorized to Transact**	**Currently Transacting**	**Applying for**
B1 – Property (379.010.1(1))			
B2 – Liability (379.010.1(2))*			
B3 – Fidelity and Surety (379.010.1(3))			
B4 – Accident and Health (379.010.1(4))			
B5 – Miscellaneous (379.010.1(5))			
Title (RSMo 381)			
A1 – Life, Annuities and Endowments (376.010)			
A3 – Variable contracts (376.309)			
Fraternal Benefit (378) RSMo			
A2 – Accident and Health (376.010)			
Health Services Corporation (RSMo 354.010)			
Health Maintenance Organization (354.400)			
Prepaid Dental Plan (354.700)			
Other			

*(includes Workers' Compensation)

MONTANA	**Authorized to Transact**	**Currently Transacting**	**Applying for**
Property §33-1-210, MCA			
Casualty (including Workers' Comp) §33-1-206, MCA			
Casualty (excluding Workers' Comp) §33-1-206, MCA			
Surety §33-1-211, MCA			
Marine §33-1-209, MCA			
Title §33-1-212, MCA			
Life (including variable contract authority) § 33-1-208 and 33-20-605, MCA			
Life (excluding variable contract authority) § 33-1-208, MCA			
Disability §33-1-207, MCA			

NEBRASKA	**Authorized to**	**Currently**	**Applying**

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

	Transact	Transacting	for
Property (5)			
Credit Property (6)			
Glass (7)			
Burglary & Theft (8)			
Boiler & Machinery (9)			
Liability (10)			
Workers' Compensation & Employers Liability (11)			
Vehicle (12)			
Fidelity (13)			
Surety (14)			
Credit (16)			
Mortgage Guaranty (17)			
Marine (18)			
Financial Guaranty (19)			
Miscellaneous (20)			
Title (15)			
Life (1)			
Variable Life (2)			
Variable Annuities (3)			
Sickness & Accident (4)			

NEVADA	**Authorized to Transact**	**Currently Transacting**	**Applying for**
Property (681A.060)			
Casualty (681A.020) (Including Workers' Comp)			
Casualty (681A.020) (Excluding Workers' Comp)			
Surety (681A.070)			
Marine and Transportation (681A.050)			
Title (681A.080)			
Life (681A.040)			
Variable (688A)			
Health (681A.030)			
Health Maintenance Organization (695C)			
Prepaid Ltd. Health Service Organization (695F)			
Surplus Lines (685A)			
Risk Retention Group (695E)			
Funeral/Cemetery Sellers (689)			
Premium Finance Company (686A)			
Motor Clubs (696A)			
Home Protection (690B.100)			

NEW HAMPSHIRE	**Authorized to Transact**	**Currently Transacting**	**Applying for**
Fire and Allied Lines (RSA 401.1, I)			
Marine Coverages (RSA 401.1, II)			
Liability/Casualty Coverages, Including Workers' Compensation (RSA 401.1, V)			
Casualty Coverages (RSA 401.1, VI)			
Fidelity, Surety, Credit Insurance, Mortgage Guaranty, Bonds, and Financial Guaranty (RSA 401.1, VII)			
Other Casualty Risks. Insurance against any other casualty risk not otherwise specified under paragraph V. (RSA 401.1, VIII)			
Title (RSA 416-A)			
NEW HAMPSHIRE (continued)	**Authorized to Transact**	**Currently Transacting**	**Applying for**

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Applicant Company Name: _____ NAIC No. _____
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Life and Annuities (RSA 401.1, III)			
Variable Annuities Require a Separate License (RSA 401.1, III)			
Fraternal (RSA 418:16)			
Accident and/or Health Coverages (401.1, IV)			
Health Maintenance Organization (RSA 402-B)			

NEW JERSEY	**Authorized to Transact**	**Currently Transacting**	**Applying for**
(1) Fire (N.J.S.A. 17:17-1a)			
(2) Earthquake (N.J.S.A. 17:17-1a)			
(3) Growing Crops (N.J.S.A. 17:17-1a)			
(4) Ocean Marine (N.J.S.A. 17:17-1b)			
(5) Inland Marine (N.J.S.A. 17:17-1b)			
(6) Workers' Compensation and Employers Liability (N.J.S.A. 17:17-1e)			
(7) Automobile Liability (BI) (N.J.S.A. 17:17-1e)			
(8) Automobile Liability (PD) (N.J.S.A. 17:17-1e)			
(9) Automobile Physical Damage (N.J.S.A. 17:17-1b)			
(10) Aircraft Physical Damage (N.J.S.A. 17:17-1b)			
(11) Other Liability (N.J.S.A. 17:17-1e)			
(12) Boiler & Machinery (N.J.S.A. 17:17-1f)			
(13) Fidelity & Surety (N.J.S.A. 17:17-1g)			
(14) Credit (N.J.S.A. 17:17-1i)			
(15) Burglary & Theft (N.J.S.A. 17:17-1j)			
(16) Glass (N.J.S.A. 17:17-1k)			
(17) Sprinkler Leakage (N.J.S.A. 17:17-1l)			
(18) Livestock (N.J.S.A. 17:17-1m)			
(19) Smoke & Smudge (N.J.S.A. 17:17-1n)			
(20) Physical Loss to Buildings (N.J.S.A. 17:17-1o)			
(21) Radioactive Contamination (N.J.S.A. 17:17-1o)			
(22) Mechanical Breakdown/Power Failure (N.J.S.A. 17:17-1o)			
(23) Other (must be pre-approved by the Commissioner) (N.J.S.A. 17:17-1o)			
(26) Accident and Health (Property/Casualty Companies) (N.J.S.A. 17B:17-4)			
(27) Municipal Bond (N.J.A.C. 11:7)			
(35) Residential Mortgage Guaranty (N.J.S.A. 46A-3)			
(36) Commercial Mortgage Guaranty (N.J.S.A. 46A-3)			
(33) Title (N.J.S.A. 17:46B-7)			
(28) Life (N.J.S.A. 17B:17-3)			
(30) Annuities (N.J.S.A. 17B:17-5)			
(31) Variable Contracts (N.J.S.A. 17B:28-1 et seq.)			
(34) Fraternal Benefit Society (N.J.S.A. 17:44B)			
(29) Accident and Health (Life/Health Companies) (N.J.S.A. 17B:17-4)			

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Applicant Company Name: _____ NAIC No. _____
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NEW MEXICO	Authorized to Transact	Currently Transacting	Applying for
Property (NMSA Section 59A-7-4)			
Casualty (NMSA Section 59A-7-6)^			
Life and Annuities (NMSA Section 59A-7-2)			
Variable Life and Annuity (NMSA Section 59A-7-7)			
Accident and Health (NMSA Section 59A-7-3)*			

*If applying as an HMO, contact the NM OSI for application requirements.
^If applying for a services only contract under Warranty, contact the NM OSI for application requirements.

NEW YORK	Authorized to Transact	Currently Transacting	Applying for
(4) Fire (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(5) Miscellaneous Property (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(6) Water Damage (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(7) Burglary & Theft (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(8) Glass (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(9) Boiler and Machinery (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(10) Elevator (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(11) Animal (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(12) Collision (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(13) Personal Injury Liability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(14) Property Damage Liability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(15) Workers' Compensation and Employers' Liability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(16) Fidelity and Surety (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(17) Credit (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(19) Motor Vehicle and Aircraft Physical Damage (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(20) Marine and Inland Marine (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(21) Marine Protection and Indemnity (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(22) Residual Value (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(24) Credit Unemployment (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(26) Gap (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(27) Prize Indemnification (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(28) Service Contract Reimbursement (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

NEW YORK (continued)	Authorized to Transact	Currently Transacting	Applying for
(29) Legal Services (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(30) Involuntary Unemployment (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(31) Salary Protection (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(32) Donor Medical Expense Insurance (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(33) Excess Business Disability Insurance (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(34) Substantially Similar Kind of Insurance (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
Mortgage Guaranty Section 1113(a)(23) & Article 65 of the N.Y. Ins. Law (Monoline Only)			
Financial Guaranty Section 1113(a)(25) & Article 69 of the N.Y. Ins. Law (Monoline Only)			
Title Section 1113(a)(18) & Article 64 of the N.Y. Ins. Law (Monoline Only)			
(1) Life (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(2) Annuities (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(3)(i) – A&H – Other than Non-Cancellable Disability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(3)(ii) – A&H – Non-Cancellable Disability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			

Note 1: A company may only apply for the lines of insurance for which it is authorized in its state of domicile.
Note 2: The company must have transacted business for a minimum of three (3) years prior to seeking admission. If the company was recently acquired, at least three (3) years of operating experience under the new management is required. An affiliated insurer admitted in New York and operating under the same ownership/management team for at least three (3) years may satisfy this requirement. If the aforementioned situation applies, a written request for approval of a waiver must be submitted with the application.

NORTH CAROLINA	Authorized to Transact	Currently Transacting	Applying for
(04) Fire (NCGS 58-7-15)*			
(05a) Miscellaneous Property - Extended Coverage (NCGS 58-7-15)*			
(05b) Miscellaneous Property - Growing Crops (NCGS 58-7-15)*			
(06a) Water Damage – Commercial (NCGS 58-7-15)*			
(06b) Water Damage – Residence (NCGS 58-7-15)*			
(07) Burglary and Theft (NCGS 58-7-15)*			
(08) Glass (NCGS 58-7-15)*			
(09) Boiler and Machinery (NCGS 58-7-15)*			
(10) Elevator (NCGS 58-7-15)*			
(11) Animal (Livestock) (NCGS 58-7-15)*			
(12a) Collision – Automobile (NCGS 58-7-15)*			
(12b) Collision – Other (NCGS 58-7-15)*			
(13a) Personal Injury Liability – Automobile (NCGS 58-7-15)*			
(13b) Personal Injury Liability – Other (NCGS 58-7-15)*			
(14a) Property Damage Liability – Automobile (NCGS 58-7-15)*			
(14b) Property Damage Liability – Other (NCGS 58-7-15)*			

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Applicant Company Name: _____ NAIC No. _____
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NORTH CAROLINA (continued)	Authorized to Transact	Currently Transacting	Applying for
(15) Workers' Compensation and Employer's Liability (NCGS 58-7-15)*			
(16) Fidelity and Surety (NCGS 58-7-15)*			
(17) Credit** (NCGS 58-7-15)*			
(19a) Motor Vehicle and Aircraft - Property Damage (NCGS 58-7-15)*			
(19b) Motor Vehicle and Aircraft – Fire (NCGS 58-7-15)*			
(19c) Motor Vehicle and Aircraft – Theft (NCGS 58-7-15)*			
(19d) Motor Vehicle and Aircraft – Comprehensive (NCGS 58-7-15)*			
(19e) Motor Vehicle and Aircraft – Collision (NCGS 58-7-15)*			
(20a) Marine – Inland*** (NCGS 58-7-15)*			
(20b) Marine – Ocean (NCGS 58-7-15)*			
(21) Marine Protection and Indemnity (NCGS 58-7-15)*			
(22a) Aircraft Voluntary Settlement (NCGS 58-7-15)*			
(22b) Hole-in-One (NCGS 58-7-15)*			
(22c) Other **** (NCGS 58-7-15)*			
(23) Mortgage Guaranty (Monoline) (NCGS 58-7-15)*			
(18) Title (Monoline) (NCGS 58-7-15)*			
(01) Life, Including Industrial and Credit Life (NCGS 58-7-15)			
(02a) Annuities (NCGS 58-7-15)			
(02b) Variable Annuities (NCGS 58-7-15)			
(02c) Variable Life (NCGS 58-7-15)			
(03a) Accident and Health – Cancelable (NCGS 58-7-15)			
(03b) Accident and Health - Non-Cancelable (NCGS 58-7-15)			
(03c) Accident and Health – Credit (Small Loans) (NCGS 58-7-15)			
(03d) Accident and Health – Credit (Other than Small Loans) (NCGS 58-7-15)			

* The statutory reference for each line is listed as it appears on the Certificate of Authority.
**Credit includes GAP Insurance.
*** Inland Marine includes Pet Insurance and Travel Insurance.
**** Other includes Prepaid Legal and Contractual Liability.

NORTH DAKOTA	Authorized to Transact	Currently Transacting	Applying for
Property			
Casualty			
Life & Annuity			
Variable Life and Annuity			
Accident & Health			

OHIO	Authorized to Transact	Currently Transacting	Applying for
(1) Fire (O.R.C. 3929.01(A))			
(2) Allied Lines (O.R.C. 3929.01(A))			
(3) Farmowners Multiple Peril (O.R.C. 3929.01(A))			
(4) Homeowners Multiple Peril (O.R.C. 3929.01(A))			
(5) Commercial Multiple Peril (O.R.C. 3929.01(A))			
(6) Ocean Marine (O.R.C. 3929.01(A))			
(7) Inland Marine (O.R.C. 3929.01(A))			
(8) Financial Guarantee (O.R.C. 3929.01(A))			

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Applicant Company Name: _____ NAIC No. _____
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OHIO (continued)	Authorized to Transact	Currently Transacting	Applying for
(9) Medical Malpractice (O.R.C. 3929.01(A))			
(10) Earthquake (O.R.C. 3929.01(A))			
(11) Group A&H (O.R.C. 3929.01(A))			
(12) Credit A&H (Group and Individual) (O.R.C. 3929.01(A))			
(13a) Collectively Renewable A&H (O.R.C. 3929.01(A))			
(13b) Noncancellable A&H (O.R.C. 3929.01(A))			
(13c) Guaranteed Renewable A&H (O.R.C. 3929.01(A))			
(13d) Nonrenewable for Stated Reasons Only (O.R.C. 3929.01(A))			
(13e) Other Accident Only (O.R.C. 3929.01(A))			
(13f) All Other A&H (O.R.C. 3929.01(A))			
(14) Workers' Compensation (to the extent permitted by law) (O.R.C. 3929.01(A))			
(15) Other Liability (O.R.C. 3929.01(A))			
(16a) Private Passenger Auto No-Fault (personal injury protection to the extent permitted by law) (O.R.C. 3929.01(A))			
(16b) Other Private Passenger Auto Liability (O.R.C. 3929.01(A))			
(16c) Commercial Auto No-Fault (personal injury protection to the extent permitted by law) (O.R.C. 3929.01(A))			
(16d) Other Commercial Auto Liability (O.R.C. 3929.01(A))			
(17a) Private Passenger Auto Physical Damage (O.R.C. 3929.01(A))			
(17b) Commercial Auto Physical Damage (O.R.C. 3929.01(A))			
(18) Aircraft (all perils) (O.R.C. 3929.01(A))			
(19) Fidelity (O.R.C. 3929.01(A))			
(20) Surety (O.R.C. 3929.01(A))			
(22) Burglary and Theft (O.R.C. 3929.01(A))			
(23) Boiler and Machinery (O.R.C. 3929.01(A))			
(24) Credit (O.R.C. 3929.01(A))			
(25) Reinsurance Only (O.R.C. 3929.01(A))			
(26) Other (list)* (O.R.C. 3929.01(A))			
Title Insurance (O.R.C. 3953)			
Life (O.R.C. 3911.01)			
Annuities (O.R.C. 3911.01)			
Variable Authority (if licensed under O.R.C. 3911.01 for both Life and Annuities lines of business, such company may apply for Variable Annuity) (O.R.C. 3911.011)			
Accident and Health (Including Disability) (O.R.C. 3911.01)			

*If mortgage guaranty may not be licensed for any other products (monoline only) see Ohio Admin Code 3901-1-13

OKLAHOMA	Authorized to Transact	Currently Transacting	Applying for
Surety (including bail) (OAC 365:25-5-41)			
Surety (excluding bail) (O.S 36 §708)			
Marine (O.S. 36 §705)			
Property (O.S. 36 §704)			
Vehicle (O.S. 36 §706)			
Casualty (O.S. 36 §707)			
Workers' Compensation (O.S. 36 §608, §612.2)			
Title (O.S. 36 §709)			
	Authorized to	Currently	Applying

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Applicant Company Name: _____ NAIC No. _____
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OKLAHOMA (continued)	Transact	Transacting	for
Life (O.S. 36 §702)			
Variable Annuity (O.S. 36 §6061, §6062, OAC 365:10.9.10)			
Variable Life (O.S. 36 §6061, §6062)			
Accident & Health (O.S. 36 §703)			
Health Maintenance Organizations (O.S.36 §6901)			

OREGON	Authorized to Transact	Currently Transacting	Applying for
Property (ORS 731.182)			
Casualty, Excluding Workers' Comp (ORS 731.158)			
Casualty, Including Workers' Comp (ORS 731.158)			
Marine & Transportation (ORS 731.174)			
Wet Marine and Transportation (ORS 731.194)			
Surety (ORS 731.186)			
Home Protection (only) (ORS 731.164)			
Mortgage (only) (ORS 731.178)			
Title (only) (ORS 731.190)			
Life (ORS 731.170)			
Annuity (ORS 731.154)			
Variable Life Insurance, Variable Annuity (ORS 731.156)			
Credit Life and Credit Health (ORS 743.371)			
Industrial Life Insurance (ORS 731.166)			
Health (ORS 731.162)			
Health Care Service Contractor (ORS 750.005)			
Health Care Service Contractor (Complementary Health Services) (ORS 750.005)			

PENNSYLVANIA	Authorized to Transact	Currently Transacting	Applying for
Fire and Allied Lines (40 P.S. § 382(b)(1)) – Property (Notes 1 and 2)			
Inland Marine & Auto Physical (40 P.S. § 382(b)(2)) – Property (Notes 1 and 2)			
Ocean Marine (40 P.S. § 382(b)(3)) – Property (Notes 1 and 2)			
Fidelity and Surety (40 P.S. § 382(c)(1)) – Casualty (Notes 1 and 2)			
Accident and Health (40 P.S. § 382(c)(2)) – Casualty (Notes 1 and 2)			
Glass (40 P.S. § 382 (c)(3)) – Casualty (Notes 1 and 2)			
Other Liability (40 P.S. § 382 (c)(4)) – Casualty (Notes 1 and 2)			
Steam Boiler & Machinery (40 P.S. § 382 (c)(5)) – Casualty (Notes 1 and 2)			
Burglary-Theft (40 P.S. § 382 (c)(6)) – Casualty (Notes 1 and 2)			
Credit (40 P.S. § 382 (c)(7)) – Casualty (Notes 1 and 2)			
Water (40 P.S. § 382 (c)(8)) – Casualty (Notes 1 and 2)			
Elevator (40 P.S. § 382 (c)(9)) – Casualty (Notes 1 and 2)			
Livestock (40 P.S. § 382 (c)(10)) – Casualty (Notes 1 and 2)			
Auto Liability (40 P.S. § 382 (c)(11)) – Casualty (Notes 1 and 2)			
Mine & Machinery (40 P.S. § 382 (c)(12)) – Casualty (Notes 1 and 2)			

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Applicant Company Name: _____ NAIC No. _____
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PENNSYLVANIA (continued)	Authorized to Transact	Currently Transacting	Applying for
Personal Property Floater (40 P.S. § 382 (c)(13)) – Casualty (Notes 1 and 2)			
Workers' Compensation (40 P.S. § 382 (c)(14)) (Note 3) – Casualty (Notes 1 and 2)			
Title (40 P.S. § 910-1) – Casualty (Notes 1 and 2)			
Life and Annuities (40 P.S. § 382(a)(1)) (Notes 1 and 2)			
Separate Account – Variable Life (40 P.S. § 382 (a)(1)) (Notes 1 and 2)			
Separate Account – Variable Annuities (40 P.S. § 382 (a)(1)) (Notes 1 and 2)			
Accident and Health (40 P.S. § 382(a)(2)) (Notes 1 and 2)			

Note 1: A company may only apply for the lines of insurance for which it is authorized in its state of domicile.
Note 2: The company must have transacted business for a minimum of one (1) year prior to seeking admission. If the company was recently acquired, at least one (1) year of operating experience under the new management is required. An affiliated insurer admitted in Pennsylvania and operating under the same ownership/management team for at least one year may satisfy this requirement. If the aforementioned situation applies, a written request for approval of a waiver must be submitted with the application.
Note 3: The Department of Labor and Industry requires all insurers that are applying to write workers' compensation to complete and file an Initial Report of Accident and Illness Prevention Services. The Insurance Department will not issue a Certificate of Authority to an insurer to write workers' compensation insurance until the Department of Labor and Industry has indicated the company has made the necessary filing as required by the Workers' Compensation Act. The necessary form with instructions can be obtained at: http://www.insurance.pa.gov/Companies/DoingBusiness/Documents/LIBC_211I.pdf.
Note 4: Reinsurance is authorized under standard lines; e.g., if a company is authorized to insure fire, it is also authorized to reinsure fire.

PUERTO RICO	Authorized to Transact	Currently Transacting	Applying for
Agricultural (Section 4.060)			
Casualty (Section 4.080)			
Marine & Transportation (Section 4.050)			
Mortgage Loans (Chapter 23)			
Surety (Section 4.090)			
Property (Section 4.040)			
Vehicle (Section 4.070)			
Reinsurance (Chapter 46)			
Title (Section 4.100)			
Fraternal Life (Chapter 36)			
Life (Section 4.020)			
Variable Life (Section 4.020)			
Variable Annuities (Section 4.020)			
Disability (Section 4.030)			

RHODE ISLAND	Authorized to Transact	Currently Transacting	Applying for
Fire (Note 3)			
Allied Lines (Note 3)			
Multi-Peril Crop (Note 3)			
Federal Flood (Note 3)			
Farmowners Multi-Peril (Note 3)			
Homeowners Multi-Peril (Note 3)			
Commercial Multi-Peril (Note 3)			
Ocean Marine (Note 3)			
Inland Marine (Note 3)			
Medical Malpractice/Medical Liability (Note 3)			
Earthquake (Note 3)			

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Applicant Company Name: _____ NAIC No. _____
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RHODE ISLAND (continued)	Authorized to Transact	Currently Transacting	Applying for
Accident & Health (Property & Casualty – Note 3)			
Workers' Compensation (Note 3)			
Other Liability (Note 3)			
Products Liability (Note 3)			
Automobile (Full Coverage) (Note 3)			
Aircraft (All Perils) (Note 3)			
Fidelity (Note 3)			
Surety (Note 3)			
Glass (Note 3)			
Burglary and Theft (Note 3)			
Boiler and Machinery (Note 3)			
Credit (Note 3)			
Warranty (Note 3)			
Financial Guaranty or Mortgage Guaranty			
Title			
Life (Note 1)			
Annuities (Note 1)			
Variable Life (Note 1)			
Variable Annuity (Note 1)			
Variable Contracts (Notes 1 and 2)			
Accident and Health (Note 1)			

A company will be granted authority for a line of business in Rhode Island only on the condition that the company already has authority to sell that line in its state of domicile.

Note 1: Includes individual and group, and credit and non-credit.
Note 2: Variable Contracts includes Variable Life and Variable Annuity.
Note 3: Or alternatively: All lines except Life, Annuities, Title, Mortgage Guaranty and Financial Guaranty.

SOUTH CAROLINA	Authorized to Transact	Currently Transacting	Applying for
Property (SC 38-5-30)			
Casualty (SC 38-5-30)			
Surety (SC 38-5-30)			
Marine (SC 38-5-30)			
Title (SC 38-5-30)			
Life and Annuities (SC 38-5-30)			
Variable Contracts (SC 38-67-10, et seq.)			
Accident and Health (SC 38-5-30)			

SOUTH DAKOTA	Authorized to Transact	Currently Transacting	Applying for
(3) Fire & Allied Lines			
(4) Inland & Ocean Marine			
(5) Workers' Compensation			
(6) Bodily Injury (No Auto)			
(7) Property Damage (No Auto)			
(8) Bodily Injury (Auto)			
(9) Property Damage (Auto)			
(10) Physical Damage (Auto)			
(11) Fidelity & Surety Bonds			
(12) Glass			
(13) Burglary & Theft			
(14) Boiler & Machinery			
(15) Aircraft			

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Applicant Company Name: _____ NAIC No. _____
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SOUTH DAKOTA (continued)	Authorized to Transact	Currently Transacting	Applying for
(16) Credit (includes Credit Life; Credit Health; Credit Mortgage Guaranty and GAP (Guaranteed Auto Protection))			
(17) Crop - Hail			
(18) Livestock			
(22) Reinsurance			
(23A) Travel			
(23C) Bail Bonds			
(24) SD Farm Mutual (County)			
(25) SD Farm Mutual (State)			
(27) Personal			
(19) Title			
(1) Life			
(20) Variable Annuity			
(21) Variable Life			
(2) Health			

TENNESSEE	Authorized to Transact	Currently Transacting	Applying for
Casualty (TCA 56-2-201) (a)			
Property (TCA 56-2-201)(b)			
Surety (TCA 56-2-201) (c)			
Title (TCA 56-35-112)			
Credit [borrower] (TCA 56-2-201)			
Life (TCA 56-2-201)			
Variable Contracts (TCA 56-2-201)			
Accident and Health (TCA 56-2-201)			

a) Includes Disability, General Liability, Workers' Compensation, Burglary and Theft, Personal Property Floater, Glass, Boiler, Water Damage, Credit [lender], Elevator, Livestock, Collision, Malpractice, Miscellaneous, Vehicle [physical damage and liability].
(b) Includes Fire and Extended Coverage, Other Allied Lines, Homeowners Multiple Peril, Commercial Multiple Peril, Earthquake, Growing Crops, Water Damage – Sprinkler Leakage, Ocean Marine and Inland Marine, Vehicle [physical damage and liability].
(c) Includes Credit [lender], Fidelity, Performance Contracts and Bonds, Indemnification Insurance and Mortgage Guaranty.

TEXAS	Authorized to Transact	Currently Transacting	Applying for
Fire			
Allied Coverages (a)			
Hail, growing crops only			
Rain			
Inland Marine (b)			
Ocean Marine			
Aircraft Liability			
Aircraft Physical Damage			
Workers' Comp & Emp. Liability			
Employer's Liability			
Automobile Liability (c)			
Automobile Physical Damage (d)			
Liability other than Automobile (e)			
Fidelity and Surety			
Glass			
Burglary and Theft			
Forgery			
Boiler and Machinery			
Credit (f)			

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

TEXAS (continued)	Authorized to Transact	Currently Transacting	Applying for
Livestock (g)			
Mortgage Guaranty			
Title (h)			
Life (includes Annuity)			
Variable Life			
Variable Annuity			
Accident			
Health			

When one of the above coverages includes more than one kind or sub-line of insurance, the selection of that coverage authorizes the company to write one or more of the specified kinds of insurance included in that coverage.

(a) Includes, but not limited to, Extended Coverage, Windstorm, Lightning, Hurricane, Hail (except growing crops), Explosion, Riot, Civil Commotion, Smoke, Aircraft, Land Vehicles, Physical Loss Form, Additional Extended Coverage, Vandalism, Malicious Misc

(b) Includes Personal Property Floater.

(c) Includes Bodily Injury, Medical Payments, Property Damage, and other Automobile Liability.

(d) Includes Fire, Theft, Collision, Comprehensive and other Automobile Physical Damage.

(e) Includes Bodily Injury, Medical Payments and Property Damage with regards to Comprehensive Personal Liability, Owners, Landlords and Tenants, Manufacturers and Contractors, Product, Contractual, Elevator (including Elevator Collision), Employers' Liability, Professional Liability for Physicians, Podiatrists, Certified Anesthetists, and Hospitals, and other Liability other than Automobile.

(f) Includes Credit Involuntary Unemployment; excludes Mortgage Guaranty.

(g) Mortality.

(h) May be written only by Title insurance companies except those companies transacting title insurance prior to October 1, 1967. Includes Attorney's Title insurance companies as authorized by Texas Insurance Code, Chapter 2551.

UTAH	Authorized to Transact	Currently Transacting	Applying for
Bail Bond Surety (Utah Code Ann. § 31A-1-301(12))			
Credit Guarantee (Utah Code Ann. § 31A-1-301(37)(a))			
Legal Expense (Utah Code Ann. § 31A-1-301(107)(a))			
Liability Insurance (Utah Code Ann. § 31A-1-301(108)(a))			
Marine & Transportation (Utah Code Ann. § 31A-1-301(90) & 31A-1-301 (130))			
Motor Club (Utah Code Ann. § 31A-1-301(125))			
Professional Liability, excluding medical malpractice (Utah Code Ann. § 31A-1-301(108))			
Professional Liability, including medical malpractice (Utah Code Ann. § 31A-1-301(119) & 31A-1-301(151))			
Property Insurance (Utah Code Ann. § 31A-1-301(152)(a)(b))			
Surety Insurance (Utah Code Ann. § 31A-1-301(176))			
Vehicle Liability Insurance (Utah Code Ann. §31A-1-301(188))			
Workers' Compensation Insurance (Utah Code Ann. § 31A-1-301(187))			
Title Insurance (Utah Code Ann. § 31A-1-301(179))			
Life Insurance (Utah Code Ann. §31A-1-301(110))			
Annuity (Utah Code Ann. §31A-1-301(9))			
Variable Contract (Utah Code Ann. §31A-20-106)			
Health Maintenance Organization (Utah Code Ann. §31A-8-101(5))			
Limited Health Plan – Dental (Utah Code Ann. §31A-8-101(3)(a))			
Limited Health Plan – Vision (Utah Code Ann. §31A-8-101(3)(a))			
Nonprofit Health Plan (Utah Code Ann. §31A-7-102)			
	Authorized to	Currently	Applying

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Applicant Company Name: _____ NAIC No. _____
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UTAH (continued)	Transact	Transacting	for
Accident & Health (Utah Code Ann. §31A-1-301(1)(a))			

VERMONT	Authorized to Transact	Currently Transacting	Applying for
Casualty (Section 3301(a)(3))			
Marine and Transportation (Section 3301(a)(4))			
Marine Protection and Indemnity (Section 3301(a)(5))			
Wet Marine and Transportation (Section 3301(a)(6))			
Property (Section 3301(a)(7))			
Surety (Section 3301(a)(8))			
Multiple Line (Section 3301(a)(10))			
Title (Section 3301(a)(9))			
Life (Section 3301(a)(1))			
Variable Annuity (Section 3301(a)(1)) and (Section 3857)			
Variable Life (Section 3301(a)(1)) and (Section 3857)			
Health (Section 3301(a)(2))			

VIRGINIA	Authorized to Transact	Currently Transacting	Applying for
09 Fire			
10 Miscellaneous Property and Casualty			
11 Farmowners MultiPeril			
12 Homeowners MultiPeril			
13 Commercial MultiPeril			
14 Ocean Marine			
15 Inland Marine			
16 Workers' Comp-Emp Liability			
17 Liability Other Than Auto			
18 Auto Liability			
19 Auto Physical Damage			
20 Aircraft Liability			
21 Aircraft Physical Damage			
23 Fidelity			
24 Surety			
25 Glass			
26 Burglary and Theft			
27 Boiler and Machinery			
28 Credit			
29 Animal			
30 Water Damage			
32 Legal Services Insurance			
55 Home Protection			
56 Mortgage Guaranty			
74 Credit Involuntary Unemployment			
75 Credit Property			
33 Title			
01 Life (§ 38.2 101 through 134)			
71 Modified Guaranteed Life Insurance (§ 38.2 101 through 134)			
02 Industrial Life (§ 38.2 101 through 134)			
03 Credit Life (§ 38.2 101 through 134)			
04 Variable Life (§ 38.2 101 through 134)			
05 Annuities (§ 38.2 101 through 134)			
72 Modified Guaranteed Annuities (§ 38.2 101 through 134)			

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Applicant Company Name: _____ NAIC No. _____
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VIRGINIA (continued)	Authorized to Transact	Currently Transacting	Applying for
06 Variable Annuities (§ 38.2 101 through 134)			
07 Accident and Sickness (§ 38.2 101 through 134)			
08 Credit Accident and Sickness (§ 38.2 101 through 134)			
76 Family Leave (§ 38.2 101 through 134)			
99 Managed Care Health Insurance Plan* (§ 38.2 101 through 134)			

*Companies applying to operate a Managed Care Health Insurance Plan (MCHIP) will be required to obtain a Certificate of Quality Assurance (Certificate) from the Virginia Department of Health pursuant to § 38.2-5800 et seq. of the Code of Virginia. Upon receipt of an application to operate an MCHIP, the Bureau of Insurance will send a letter to the applicant describing the requirements for operating an MCHIP that includes the requirement to obtain a Certificate of Quality Assurance from the Virginia Department of Health.

WASHINGTON	Authorized to Transact	Currently Transacting	Applying for
Property (RCW 48.11.040)			
Marine and Transportation (RCW 48.11.050)			
Vehicle (RCW 48.11.060)			
General Casualty (RCW 48.11.070)			
Surety (RCW 48.11.080)			
Ocean Marine (RCW 48.11.105)			
Title (RCW 48.11.100)			
Life (RCW 48.11.020)			
Disability (RCW 48.11.030)			
Health Maintenance Organization (RCW 48.46)			
Health Care Service Contractor (RCW 48.44)			
Limited Health Care Service Contractor (RCW 48.44)			

WEST VIRGINIA	Authorized to Transact	Currently Transacting	Applying for
Fire (WV Code §33-1-10(c))			
Marine (WV Code §33-1-10(d))			
Casualty without Workers' Compensation (WV Code §33-1-10(e))			
Casualty (WV Code §33-1-10(e)(14)) Workers' Compensation			
Surety (WV Code §33-1-10(f)(1)) Fidelity			
Surety (WV Code §33-1-10(f)(2)) Performance			
Surety (WV Code §33-1-10(f)(3)) Financial Guaranty			
Surety (WV Code §33-1-10(f)(3)) Mortgage Guaranty (monoline)			
Reinsurance (WV Code §33-1-11)*			
Surety (WV Code §33-1-10(f)(4)) Title			
Life (WV Code §33-1-10(a))			
Variable Annuity (WV Code §33-13A)			
Variable Life (WV Code §33-13A)			
Fraternal (WV Code §33-23)			
Accident & Sickness (WV Code §33-1-10(b))			
Hospital Service Corporation (WV Code §33-24)			
Medical Service Corporation (WV §33-24)			
Health Service Corporation (WV §33-24)			
Dental Service Corporation (WV §33-24)			
Reciprocal (WV Code §33-21) **			
Farmers Mutual Fire (WV Code §33-22)			

* Indicate above the kinds of insurance to be reinsured, if application is for authority to transact reinsurance only.
** Indicate above the kinds of insurance to be written by the reciprocal insurer

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Applicant Company Name: _____ NAIC No. _____
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WISCONSIN	Authorized to Transact	Currently Transacting	Applying for
(2) (a) Fire, Inland Marine and Other Property (s. Ins 6.75, Wis. Adm. Code)			
(2) (b) Ocean Marine (s. Ins 6.75, Wis. Adm. Code)			
(2) (c) Disability (includes health) (s. Ins 6.75, Wis. Adm. Code)			
(2) (d) Liability and Incidental Medical Expense (s. Ins 6.75, Wis. Adm. Code)			
(2) (e) Automobile (s. Ins 6.75, Wis. Adm. Code)			
(2) (f) Fidelity Insurance (s. Ins 6.75, Wis. Adm. Code)			
(2) (g) Surety Insurance (s. Ins 6.75, Wis. Adm. Code)			
(2) (i) Mortgage Guaranty (s. Ins 6.75, Wis. Adm. Code)			
(2) (j) Credit Insurance (s. Ins 6.75, Wis. Adm. Code)			
(2) (k) Workers' Compensation Insurance (s. Ins 6.75, Wis. Adm. Code)			
(2) (l) Legal Expense Insurance (s. Ins 6.75, Wis. Adm. Code)			
(2) (m) Credit Unemployment Insurance (s. Ins 6.75, Wis. Adm. Code)			
(2) (n) Miscellaneous (s. Ins 6.75, Wis. Adm. Code)			
(2) (o) Aircraft (s. Ins 6.75, Wis. Adm. Code)			
(2) (h) Title (s. Ins 6.75, Wis. Adm. Code)			
(1) (a) Life and Insurance Annuities – Nonparticipating (s. Ins 6.75, Wis. Adm. Code)			
(1) (a) Life and Insurance Annuities -Participating (s. Ins 6.75, Wis. Adm. Code)			
(1) (b) Variable Life and Variable Annuities (s. Ins 6.75, Wis. Adm. Code)			
(1) (c) Disability (includes health) (s. Ins 6.75, Wis. Adm. Code)			

WYOMING	Authorized to Transact	Currently Transacting	Applying for
Property (WS 26-5-104)			
Surety (WS 26-5-105)			
Casualty (WS 26-5-106)			
Marine and Transportation (WS 26-5-107)			
Multiple Lines (WS 26-5-108)			
Title (WS 26-5-109)			
Life, including annuities (WS 26-5-102)			
Variable Contracts (WS 26-5-102)			
Disability (WS 26-5-103)			

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APPLICATION FOR LICENSE
DISCOUNT PLAN ORGANIZATION (DPO)

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.

Pursuant to Section 636.Part II, Florida Statutes, in order to do business as a Discount Plan Organization (DPO), an entity must:

A. Be a corporation, a limited liability company, or a limited partnership, incorporated, organized, formed, or registered under the laws of this state or authorized to transact business in this state in accordance with Chapter 605, Part I of Chapter 607, Chapter 617, Chapter 620, or Chapter 865, F.S., and must be licensed by the Office as a discount plan organization or be licensed by the Office pursuant to Chapter 624, Part I of Chapter 636, or Chapter 641, F.S.
[s., 636.204(1), F.S.];

B. Be an entity, which in exchange for fees, dues, charges, or other consideration, provides access for plan members to providers of medical services and the right to receive medical services from those providers at a discount. [s.636.202(2), F.S.];

INSTRUCTIONS

SECTION I - APPLICATION FEES AND FORM

Section I-1 Application Fee

The application filing fee is $50.00. The fee is due and payable at the time of filing the application for licensure. [s.636.204(2)(l) and s.636.204(5), F.S.]

Section I-2 Fingerprint Processing Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

Section I-3 Application Certification & Checklist

The certification form must be sworn to by an officer or authorized representative of Applicant. Applicant should have pages 8-14 filled out and filed with the application.

SECTION II - LEGAL

Section II-1 Articles of Incorporation

Include in this section the applicant's Articles of Incorporation or other organizing documents, including all amendments. The required filings must be certified within the last year by the official public records custodian in the applicant's state of domicile. The certification letter must be an original. [s.636.204(2)(a), F.S.]

Section II-2 Certificate of Status from Florida Secretary of State

Provide a Certificate of Status document issued by the Florida Secretary of State which certifies that the applicant is authorized in this State and that all state taxes and fees have been paid. This certificate must be obtained from the Florida Secretary of State's office and be an original. [s.636.204(1), F.S.]

If you have any questions concerning filing with the Secretary of State, please contact the Division of Corporations at (850) 245-6051 or see http://www.sunbiz.org/.

Important note: The Secretary of State will issue a charter to a discount plan organization before the Office completes its processing of an application for a license. This charter authorizes the company to engage in any type of business except insurance or discount plans, or other regulated business.

Your company MAY NOT engage in the business of a discount plan in Florida until it has been issued a license by the Commissioner of the Office.

Section II-3 By-Laws, Constitution, or Rules and Regulations

Include a copy of the applicant's By-Laws, Constitution, and/or Rules and Regulations in this section. The bylaws must be signed, and recently dated by the Secretary of the company. No signature other than the Secretary's will be accepted. [s. 636.204(2)(b), F.S.]

Section II-4 Certificate of Compliance (Foreign Applicants Only)

If applicable, provide a Certificate of Compliance issued by the public official having supervision in applicant's state of domicile showing that the company is organized and authorized to issue contracts and the kinds of contracts it is authorized to transact. The certificate should be an original under seal by the organization's state of domicile. If not applicable, please state this in the application.

Section II-5 Service of Process Form

Provide an executed Service of Process Consent and Agreement form (OIR-C1-144) under corporate seal and signed by the president or chief executive officer and secretary. [s.636.234, 624.422 and 624.423 F.S.

SECTION III - FINANCIAL AND RELATED INFORMATION

Section III-1 Marketing and Growth

Submit a description of the proposed method of marketing, including the target groups, types of discounts to be offered, and advertising media to be used.
[s. 636.204(2)(j), F.S.]

Section III-2 Advertising

Provide a description of the procedures in place for the DPO to approve advertising, prior to use, pursuant to Section 636.228, Florida Statutes.

Section III-3 Website

Prior to licensure by the Office, each DPO must establish an Internet website that conforms to the requirements of Section 636.226, Florida Statutes. [s. 636.204(4)] This website should also comply with the disclosures required in s. 636.212, F.S. and should not include any prohibitions listed in s. 636.210, F.S.

Provide the address of the website that complies with these statutes.

Section III-4 Financial

A. Submit a copy of the applicant's most recent financial statements audited by an independent certified public accountant [s.636.204,(2)(i), F.S.], and provide the date of the company's fiscal year end.

B. Each DPO must at all times maintain a net worth of at least $150,000. [s.636.220(1), F.S.]

   The OFFICE may not issue a license unless the DPO has a net worth of at least $150,000.
   [s.636.220(2), F.S.]

C. Documentation that the applicant has complied with the surety bond or security deposit requirements [636.236(1), Florida Statutes]. For security deposits, contact the Bureau of Collateral Management at (850) 413-3167.

   (1) Each DPO must maintain in force (unless deposit is placed in lieu of the bond) a surety bond in its own name in an amount not less than $35,000 to be used at the discretion of the Office to protect the financial interest of members who may be adversely affected by the insolvency of a DPO. The bond must be issued by an insurance company that is licensed to do business in this state.

(2) In lieu of #1 above, each DPO shall deposit with the Bureau of Collateral Management cash or securities of the type eligible under Section 625.52, Florida Statues, which shall have at all times a market value of $35,000.

(3) If for any reason the market value of assets and securities of DPO held on deposit in this state falls below the amount required, the organization shall promptly deposit other or additional assets or securities eligible for deposit sufficient to cure the deficiency.

Section III-5 Contractual

A. A copy of the form of all contracts made or to be made between the applicant and any providers or provider networks regarding the provision of medical services to members. [s. 636.204(2)(f), F.S.]

B. A copy of the form of any contract made or to be made between the applicant and any person, corporation, partnership, or other entity for the performance on the applicant's behalf of any function including, but not limited to, marketing, administration, enrollment, investment management, and subcontracting for the provision of health services to members. [s. 636.204(2)(h), F. S.]

C. A copy of the form of any contract made or arrangement to be made between the applicant and any person listed in the Management Section (Section IV) of this application as individuals who are responsible for conducting the applicant's affairs, including but not limited to, all members of the board of directors, board of trustees, executive committee, or other governing board or committee, the officers, contracted management company personnel, and any person or entity owning or having the right to acquire 10% or more voting securities of the applicant. [s. 636.204(2)(c) and (g), F.S.]

Section III-6 A statement generally describing the applicant, its facilities and personnel, and the medical services to be offered. [s. 636.204(2)(e), F.S.]

Section III-7 A description of the subscriber complaint procedures to be established and maintained. [s. 636.204,(2)(k), F.S.]

SECTION IV - MANAGEMENT

NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.

Section IV-1 List of All Officers, Directors, and Shareholders [s.636.204(2)(c) F.S.]

A. List the names, addresses and official positions of each officer, director and any person having direct or indirect control of the organization, including but not limited to contracted management company personnel (Form OIR-C1-2221).

B. List the names of each shareholder owning ten percent or more of voting securities of the applicant or any person having the right to acquire ten percent or more of the voting securities of the applicant (issued and outstanding warrants/options, etc.). Such persons shall fully disclose to the Office and to the directors the extent and nature of any contracts or arrangements between them and the DPO, including any possible conflicts of interest.

C. If the applicant is a subsidiary of a parent or holding company, provide an organizational chart showing the relationship of all related companies.

Section IV-2 Biographical Affidavits for Officers, Directors, and Shareholders

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR LICENSE
DISCOUNT PLAN ORGANIZATION (DPO)

CHECK LIST

SECTION I - APPLICATION FEES AND FORM

Company Name: _____

Item #		Completion Check List
1.	Application fees paid.....	☐
2.	Fingerprint fee paid electronically.....	☐
	a. Copy of on-line payment confirmation.....	☐
3.	Application Checklist and Certification.....	☐

APPLICATION FOR LICENSE
DISCOUNT PLAN ORGANIZATION (DPO)

SECTION II – LEGAL

Company Name: _____

Item #		Completion Check List
1.	Articles of Incorporation or other organizing documents and all amendments attached with an original certification by the State of Domicile	☐
2.	Certificate of Status from Florida Secretary of State	☐
	(a) Good standing indicated.....	☐
	(b) Sealed by state.....	☐
	(c) Signed by proper public official.....	☐
3.	Corporate By-Laws, Rules and Regulations, and/or Constitution	☐
	(a) Signed and dated by applicant's secretary.....	☐
4.	Certificate of Compliance from State of domicile.....	☐
	(a) Certification from State of domicile.....	☐
	(b) Form indicates the kinds of contracts the company is authorized to transact.....	☐
	(c) Not applicable.....	☐
5.	Service of Process Consent & Agreement (Form OIR-C1-144)	☐ .....

APPLICATION FOR LICENSE
DISCOUNT PLAN ORGANIZATION (DPO)

SECTION III - FINANCIAL AND RELATED INFORMATION

Company Name: _____

Item #		Completion Check List
1.	Marketing and growth	☐
	(a) Description of marketing methods.....	☐
2.	Advertising.....	☐
	(a) Include a description of advertising procedures.....	☐
3.	Provide website address.....	☐
4.	Financial	☐
	A. Current audited financial statements & fiscal year end date...	☐
	B. Compliance with minimum surplus requirement.....	☐
	C. Original document evidencing compliance with surety bond requirement or security deposit requirement as explained in S.III-4C 1&2.....	☐
5.	Contractual Documents	☐
	(a) Provider contract form	☐
	(b) Other forms of contracts per s.636.204(2)(h), F.S.	☐
	(c) Other forms of contracts per s.636.204(2)(c) and (g), F.S.....	☐
6.	Statement describing facilities, personnel, and medical services...	☐
7.	Description of subscriber complaint procedures.....	☐

APPLICATION FOR LICENSE
DISCOUNT PLAN ORGANIZATION (DPO)

SECTION IV – MANAGEMENT

Note: This portion of the checklist is detailed in order to assist the applicant in ensuring all items are completed, and checklist item numbers will not correlate with item numbers in the Instructions.

Item #		Completion Check List
1.	Listing of all officers, directors, and shareholders (including entities owning 10% or more of applicant (Form OIR-C1-2221)	☐
2.	Listing of all immediate parent(s) officers, directors, and shareholders (including entities) owning 10% or more of parent company's stock (Form OIR-C1-2221)	☐
3.	Listing of all intermediary parent(s) (between immediate parent(s) and ultimate parent(s)), officers and shareholders (including entities) owning 10% or more of parent company's stock (Form OIR-C1-2221). Note, do not complete Form OIR-C1-1423, (Biographical Affidavits) or order investigative reports or fingerprint cards.....	☐
4.	Listing of all ultimate parent(s) officers, directors, and shareholders (including entities) owning 10% or more of parent company's stock (Form OIR-C1-2221)	☐
5.	Organizational Chart including all entities within the ultimate parent company structure.....	☐
6.	Biographical Information Packages for company officers, directors, and shareholders (including entities) owning 10% or more of applicant	☐
	As to each biographical:	
	(a) All blanks completed.....	☐
	(b) Contains original signature.....	☐
	(c) Notarized (original)	☐
	(d) "Yes" answers explained.....	☐

APPLICATION FOR LICENSE
DISCOUNT PLAN ORGANIZATION (DPO)

SECTION IV – MANAGEMENT

7. Biographical Information Packages for immediate parent(s) officers, directors, and shareholders (including entities) owning 10% or more of parent Company's stock ..... ☐

As to each biographical:

(a) All blanks completed..... ☐

(b) Contains original signature..... ☐

(c) Notarized (original)..... ☐

(d) "Yes" answers explained..... ☐

8. Biographical Information Packages for ultimate parent(s) officers, directors, and Shareholders (including entities) owning 10% or more of parent company's Stock ..... ☐

As to each biographical:

(a) All blanks completed..... ☐

(b) Contains original signature..... ☐

(c) Notarized (original)..... ☐

(d) SSN on a separate page..... ☐

9. Background investigative reports for company officers, directors, and shareholders (including entities) owning 10% or more of applicant..... ☐

10. Background Investigative reports for immediate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock..... ☐

11. Background Investigative reports for ultimate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock..... ☐

12. Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual..... ☐

(a) Fingerprints submitted for each individual required to file

APPLICATION FOR LICENSE
DISCOUNT PLAN ORGANIZATION (DPO)

a Biographical Information Package..... ☐

(b) All blanks filled in ..... ☐

Pursuant to Chapter 636, Part II Florida Statutes, application is hereby submitted to form and operate a Discount Plan Organization.

In order to qualify as a Discount Plan Organization (DPO), an entity must:

A. Be a corporation, a limited liability company, or a limited partnership, incorporated, organized, formed, or registered under the laws of this state or authorized to transact business in this state in accordance with Chapter 605, part I of Chapter 607, Chapter 617, Chapter 620, or Chapter 865, F.S., and must be licensed by the Office as a discount plan organization or be licensed by the Office pursuant to Chapter 624, Part I of Chapter 636, or Chapter 641, F.S. [s., 636.204(1), F.S.];

B. Be an entity which, in exchange for fees, dues, charges, or other consideration, provides access for plan members to providers of medical services and the right to receive medical services from those providers at a discount. [s.636.202(2), F.S.];

Proposed name of Discount Plan Organization:

NAME: _____

ADDRESS: _____

CITY: _____ STATE:_____ ZIP CODE: _____

FEDERAL IDENTIFICATION NUMBER: _____

PHONE:_____

CONTACT PERSON: _____

E-MAIL:_____ FAX:_____

ATTORNEY OR PRINCIPAL FILING THIS APPLICATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE:_____ E-MAIL:_____ FAX:_____

APPLICATION FOR LICENSE
DISCOUNT PLAN ORGANIZATION (DPO)

APPLICATION CERTIFICATION

The undersigned states that they are an officer or authorized representative having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to apply to operate as a Discount Plan Organization in this state; 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.

(Corporate Seal)

By: _____

Print Name: _____

Title: _____

Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____ 20__, by _____
(name of person)

as _____ for _____.
(type of authority; e.g., officer, trustee, attorney in fact) (company name)

_____
(Signature of the Notary)

_____
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires: _____

Form OIR-C1-1606
Rev.: 01/25
Rule 69O-136.100

Letter of Notification

This letter serves as notification of the acquisition, merger, or consolidation of the below named entity, pursuant to the requirements of the Florida Insurance Code.

Filing ID:

Date of Notification:

Contact Person

Name:

Email:

Address:

Acquiring Entity or Person

Name:

Email:

Address:

Telephone:

Expected Date of Transaction:

Company/Licensee Being Acquired

Name:

Address:

NAIC Code:

FEIN:

Florida Company Code:

Contact Name:

Telephone:

Contact Email:

Request for Waiver:

Request for Disclaimer in lieu of filing:

APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY

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.

INSTRUCTIONS

A provider is only required to file this application for approval of an expansion in the following circumstances:

(1) The expansion is equivalent to the addition of at least 20% of existing units, and the provider has not exceeded the current statewide median for days cash on hand, debt service coverage ratio, and total facility occupancy for the most recent two consecutive annual reporting periods, or

(2) For a provider that has exceeded the current statewide median for days cash on hand, debt service coverage ratio, and total facility occupancy for the most recent two consecutive annual reporting periods, the expansion is equivalent to an increase greater than 35% of existing units.

Existing units means the sum of the total number of independent living units and assisted living units identified in the most recent annual report filed with the Office, pursuant to Section 651.026, Florida Statutes. Skilled nursing units should not be included in the calculation. Note that these expansion approval requirements do not apply to construction for which a certificate of need from the Agency for Health Care Administration is required.

If the provider exceeds the statewide median for days cash on hand, debt service coverage ratio, and total facility occupancy for the most recent two consecutive annual reporting periods, the provider is automatically granted approval to expand the total number of existing units by up to 35% upon submitting a letter to the Office indicating the total number of planned units in the expansion, the proposed sources and uses of funds, and an attestation that the provider understands and pledges to comply with all minimum liquid reserve and escrow account requirements.

The statewide median for days cash on hand, debt service coverage ratio, and total facility occupancy is the median calculated in the most recent annual report submitted by the Office to the Continuing Care Advisory Council pursuant to Section 651.121(8), Florida Statutes.

SECTION I – FEES

Section I-1 Fingerprint Processing Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

SECTION II – LEGAL

Section II-1 Authorization Letter

Provide a letter of authorization for anyone other than company personnel or the company-sponsoring agent, designating the named individual to represent the Applicant.

Section II-2 Certificate of Status

Submit a certificate of status dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-3 Changes to Any Previously Submitted Legal Documents

If there have been any revisions, amendments, or other changes to previously filed legal documents (listed in the Checklist under Legal) and those documents have not been submitted to the Office, please submit the revised documents or amendments. If the revised documents or amendments required certification, a properly certified document or amendment should be provided. If none of the previously provided documents have been revised, amended, or otherwise changed, submit a statement that there have been no revisions, amendments, or other changes to any previously provided legal documents and that there are no new documents to submit.

SECTION III – FINANCIAL

Section III-1 Plan of Operations

Submit a general summary of the plan of operations of Applicant. The plan should include management structure, healthcare delivery system, and a description of the types of continuing care contracts offered, including health care benefits and refundable contract options. Be sure to include a description of the facility after the expansion and any changes to the healthcare delivery system. This plan should be consistent with the feasibility study.

Section III-2 Interrogatories

Submit complete responses to all interrogatories attached as Exhibit III-2.

Section III-3 Feasibility Study

Submit an independent feasibility study that complies with the requirements of Section 651.0246(2)(a), Florida Statutes. The Application Checklist below lists the required components of the feasibility study.

The provider may submit any other information it deems relevant and appropriate to enable the Office to make a more informed determination. If such information is submitted, please provide an explanation of why the additional information is relevant and appropriate for the Office to consider in reviewing the application filing.

Section III-4 Financial Ratio Projections

Please provide a projected days cash on hand, occupancy, and debt service coverage ratio calculations for the first 5 years of operations of the expansion. Please explain when the provider anticipates meeting the minimum requirements provided in Sections 651.011(16) or 651.011(26), Florida Statutes. These projections should be consistent with the feasibility study.

Section III-5 Minimum Liquid Reserve Projections

Provide a projected calculation of the facility's minimum liquid reserves for the first 5 years of operations of the expansion and a description of how Applicant will fund the minimum liquid reserves. These projections should be consistent with the feasibility study.

Section III-6 Funding Plan and Supporting Documents

Furnish a Sources and Uses of Funds statement explaining the projects proposed method of financing and disclosing all sources and all uses of funds to be used to develop the expansion. The statement should describe construction and long-term financing for the facility.

Please provide available documentation regarding the Sources and Uses of Funds statement. This includes financing commitments, letters of intent to finance, term sheets, or other agreements or similar documents with affiliates, lenders, or underwriters regarding funding for the proposed facility. Please note if the documents are drafts or in final form. Provide executed copies for any agreements that are already in-force. If no such documents exist at this time, please provide a statement that such documentation is not available at this time.

If agreements have not been executed at the time of filing, please provide an explanation of the conditions precedent to the parties executing the various agreements and a timeline of when the agreements are expected to be executed.

Note that the aggregate amount of entrance fees received by or pledged to the Applicant, plus anticipated proceeds from any long-term financing commitment, and funds from all other sources in the actual possession of the Applicant, must equal at least 100% of the aggregate cost of constructing or purchasing, equipping, and furnishing the facility plus 100% of the anticipated startup losses of the expansion.

Note that the Office may not approve an application that includes in the plan of financing any encumbrance of the operating reserves or renewal and replacement reserves required by Chapter 651, Florida Statutes.

Section III-7 Escrow Agreements

Submit draft escrow agreements for any new escrow account that will be established in connection with the proposed expansion. If the Applicant will use existing escrow accounts to meet the requirements of Sections 651.0246 and 651.035, Florida Statutes, please indicate which accounts will be used.

Note that in order to secure initial reservation deposits and entrance fees in accordance with Sections 651.0246(3) and (4), Florida Statutes, reservation deposits and entrance fees associated with the expansion should be held in a separate account or subaccount than funds received for existing units.

If the provider will have outstanding indebtedness related to the expansion that requires a debt service reserve to be held in escrow pursuant to a trust indenture or mortgage lien on the facility and for which the debt service reserve may only be used to pay principal and interest payments on the debt that the debtor is obligated to pay, pursuant to Section 651.035(1)(b), Florida Statutes, such an escrow account may be included in its debt service reserves. Please explain if Applicant will have such a debt service reserve related to the expansion and provide supporting documentation. After approval of the expansion, for such an account to be applied to debt service reserves, the provider must furnish a copy of the agreement under which such debt service is held and a statement of the amount being held in escrow for the debt service reserve certified by the lender or trustee and the provider to be correct.

Section III-8 Continuing Care Contracts

Provide copies of each continuing care contract, reservation agreement, waitlist agreement, and addendum, to be entered into between the Applicant and residents of the expansion, which must meet the minimum requirements of Sections 651.022, 651.023, 651.055, and 651.61 Florida Statutes, unless such contracts have previously been reviewed and approved by the Office. The contracts for the expansion must include a statement describing the procedures required by law relating to the release of escrowed entrance fees. Such a statement may be furnished through an addendum.

Please provide a listing of all the continuing care contracts currently offered at the facility.

Please note that continuing care contracts must be approved by the Office before use. Review and approval of the continuing care contract forms, reservation agreements, and addendums to such agreements is independent of the application process. Any new resident contract forms the Applicant intends to use regarding the expansion must also be submitted for review through the IRFS portal.

Section III-9 Contractors, Vendors, Services, and Other Agreements

Furnish copies of any new agreements related to the expansion whereby the Applicant accepts obligations, debts, and encumbrances which would affect the facility.

Submit copies of any new contract entered into or to be entered into by the Applicant in relation to marketing, construction, long-term financing, leases of land or property, or management of the facility and the provision of shelter, food, and health care to residents. For example, management agreements, leases, development agreements, etc.

Please indicate if any person specified in Section 651.022(2)(b)1.-10., Florida Statutes, owns any interest in or receives any remuneration from, directly or indirectly, any professional service firm, association, trust, partnership, or corporation providing goods, leases, or services to the facility for which the application is made, with a real or anticipated value of $10,000 USD or more.

If so, provide the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held; describe such goods, leases, or services; the probable cost to the facility or provider; and why such goods, leases, or services should not be purchased from an independent entity. Explain whether the contract or arrangement is the result of arms-length negotiations, a bid, or otherwise. If no person meets these conditions, please provide a statement to that effect.

Additionally, furnish copies of any other agreements referenced in this filing.

Section III-10 Advertisements

Furnish the form of any advertisement or other written material proposed to be used in the solicitation of residents.

SECTION IV – MANAGEMENT

Section IV-1 Management Information Forms

Please submit a Management Information Form (Form OIR-C1-2221) fully describing the management, ownership, and control of the provider up to and including any 10% or greater owners of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the first, middle, and last name of each officer, director, and 10% or greater owner of the entity named on the form.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, “Uniform Certificate of Authority Application (UCAA) Biographical Affidavit”
- OIR-C1-938, “Fingerprints and Social Security Number”
- OIR-C1-0500, “UCAA Biographical Affidavit Addendum Blank”
- OIR-C1-0501, “UCAA Biographical Affidavit Addendum Education”
- OIR-C1-0502, “UCAA Biographical Affidavit Addendum Employment”
- OIR-C1-0503, “UCAA Biographical Affidavit Addendum General”
- OIR-C1-0504, “UCAA Biographical Affidavit Addendum Licenses”
- OIR-C1-0505, “UCAA Biographical Affidavit Addendum Professional”
- OIR-C1-0506, “UCAA Biographical Affidavit Addendum Residence”
- OIR-C1-0507, “UCAA Biographical Affidavit Addendum Societies”
- OIR-C1-0509, “Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure”

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All “Yes” answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

CHECKLIST

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

Please note that if any material change occurs in the facts set forth in this application while it is pending before the Office, an amendment setting forth such change must be filed with the Office within 10 business days after the Applicant becomes aware of such change, and a copy of the amendment must be sent by registered mail to the principal office of the facility and to the principal office of the controlling company. Submit copies of the registered mail return receipts when filing with the Office.

SECTION I – Application & Fees

☐ **1.** All fingerprint fees paid electronically

☐ **a.** Copies of online payment confirmation

☐ **2.** Application certification and checklist

CHECKLIST

SECTION II – LEGAL

☐ **1.** Authorization Letter

☐ **2.** Certificate of Status

☐ **3.** Updates or amendments to any previously submitted legal documents, or statement of no changes made and no documents to submit

Legal Documents Previously Submitted (for reference):

a. Organizational Documents
    i. Certified by the Secretary of State (if applicable)
b. Bylaws
    i. Certified by corporate Secretary
c. Certificate of Status
d. Fictitious Name Filing (if applicable)
e. Parent Companies and Controlling Partners
    i. Organizational Documents
        Certified by the Secretary of State (if applicable)
    ii. Bylaws
        Certified by corporate Secretary
    iii. Certificate of Status
    iv. Fictitious Name Filing (if applicable)
    v. Organizational Charts
        With ownership percentages
f. Service of Process Consent & Agreement (Form OIR-C1-144)

CHECKLIST

SECTION III – FINANCIAL

☐ **1.** Plan of Operations

☐ **2.** Interrogatories, Exhibit III-2

☐ **3.** Feasibility Study

☐ **a.** Prepared by an independent certified public accountant

☐ **b.** Indicate the page number where each of the following required elements is located within the feasibility study:

A description of the facility and proposed expansion, including: pg _____
- The location pg _____
- The size pg _____
- The healthcare delivery system pg _____
- The anticipated completion date pg _____
- The proposed construction program pg _____

The primary market area pg _____

The secondary market area, if applicable pg _____

Projected unit sales per month pg _____

Projected revenues, including: pg _____
- Anticipated entrance fees pg _____
- Monthly service fees pg _____
- Nursing care revenues, if applicable pg _____
- Other sources of revenue pg _____

Projected expenses, including: pg _____
- Staffing requirements and salaries pg _____
- Cost of property, plant, and equipment pg _____
- Depreciation expense pg _____
- Interest expense pg _____
- Marketing expense pg _____
- Other operating expense pg _____

Projected balance sheet of the Applicant, including pg _____

Expectations for the financial condition of the project, including pg _____
Projected cash flow statement pg _____

Estimate of funds necessary to cover startup losses pg_____

Inflation factor, if any, and a statement of how and where it is applied pg _____

Project costs pg _____

Total amount of debt financing required pg _____

Marketing projections pg _____

Resident rates, fees, and charges pg _____

The breakeven point pg _____

The competition pg _____

Resident contract provisions, including: pg_____

Description of contracts in-force at or offered by the facility pg _____

Description of contracts to be offered related to the expansion pg_____

Total amount of contractual liability attributable to refundable contracts pg _____

Other factors that may affect the feasibility of the facility pg _____

Appropriate population projections, including: pg_____

Morbidity assumptions pg _____

Mortality assumptions. pg _____

The assumptions used in the study, if any pg _____

The name of the person who prepared the feasibility study and their experience in preparing similar studies or otherwise consulting in the field of continuing care pg _____

Financial forecasts or projections prepared in accordance with standards adopted by the American Institute of Certified Public Accountants or in accordance with standards for feasibility studies for continuing care retirement communities adopted by the Actuarial Standards Board. pg _____

If the study is prepared by an independent certified public accountant, it must contain an examination opinion or a compilation report containing a financial forecast or projections for the first 5 years of operations which take into account an actuary's mortality and

morbidity assumptions as the study relates to turnover, rates, fees, and charges.

pg _____

In addition to the list above, any other information that the Applicant deems relevant and appropriate to enable the Office to make a more informed determination may be included in the feasibility study

☐ **4.** Financial Ratio Projections

☐ **a.** Days cash on hand

☐ **b.** Debt service coverage ratio

☐ **c.** Occupancy

☐ **5.** Minimum Liquid Reserve Projections and Funding

☐ a. Debt Service Reserve

☐ b. Operating Reserve

☐ c. Renewal and Replacement Reserve

☐ **6.** Funding Plan and Supporting Documents

☐ a. Sources and Uses of Funds

☐ b. Financing agreements

☐ c. Bond documents (if applicable)

☐ **7.** Escrow Agreements

☐ **8.** Continuing Care Contract

☐ **9.** Contractors, Vendors, Services, and Other Agreements

☐ a. Marketing agreements

☐ b. Development or construction contracts

☐ c. Construction or long-term financing agreements

☐ d. Leases of land or property

☐ e. Management agreements

☐ f. Contracts related to the provision of the following to residents

☐ i. Shelter

☐ ii. Food

☐ iii. Health care to residents

☐ g. Affiliated contracts pursuant to Section 651.022(2)(b)8., Florida Statutes

☐ **10.** Advertisements

CHECKLIST

SECTION IV – MANAGEMENT

- ☐ **1.** Management Information Forms submitted for all required entities (Form OIR-C1-2221)
- ☐ **2.** Biographical Information Package submitted for all required individuals
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** “Yes” answers explained
  - ☐ **c.** Signed
  - ☐ **d.** Notarized
- ☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.
  - ☐ **a.** Proof of order and confirmation of payment submitted to the Office
- ☐ **4.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

EXHIBIT III-2

INTERROGATORIES

1. The Applicant is:

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

2. The contact person for the Applicant is:

Name: _____

Employer: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Email Address: _____

3. The continuing care facility that is the subject of this application is:

Facility Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

4. Please provide management's calculation of the following measures, as defined by Chapter 651.011, Florida Statutes.

	As of the Last Submitted Annual Report	As of the Prior Annual Report
Debt Service Coverage Ratio		
Days Cash on Hand		
Occupancy		

5. As of the most recent annual report filed with the Office, provide the breakdown below of each type of unit at the facility.

	Occupied – CCRC Contract	Occupied – Rental	Under Construction/ Unavailable for Occupancy	Vacant	Total
Independent Living					
Assisted Living (including Memory Care)					
Skilled Nursing					

6. If one or more fiscal quarters have passed since the as of date of the most recent annual report filed with the Office, provide the breakdown below of each type of unit at the facility as of the most recent quarter.

	Occupied – CCRC Contract	Occupied – Rental	Under Construction/ Unavailable for Occupancy	Vacant	Total
Independent Living					
Assisted Living (including Memory Care)					
Skilled Nursing					

As of date for the information above:_____.

7. Provide the number of units to be constructed in all phases of the proposed expansion:

Unit Type	Number of Units
Independent Living	
Assisted Living	
Skilled Nursing	
Rental	

8. Will the expansion be built in phases? ☐ Yes ☐ No

If so, please provide a breakdown of the number of units to be added at each phase of the expansion. If more than three phases are contemplated, please attach a table showing the units to be added in each phase.

	Phase 1	Phase 2	Phase 3
Independent Living			
Assisted Living (including Memory Care)			
Skilled Nursing			

9. Office approval is required for the addition of at least 20% of existing units. Existing units means the sum of the total number of independent living units and assisted living units identified in the most recent annual report filed with the Office, pursuant to Section 651.026. Skilled nursing units should not be included in the calculation.

The expansion proposed in this application represents a ___% increase in existing units.

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 this application submitted to the Florida Office of Insurance Regulation by_____("Applicant"), that they have read said application, and that they know the contents thereof and verify that the items indicated in the application checklist are true and complete to the best of their knowledge and have been submitted with the application. The undersigned represent that they have the authority to bind the Applicant, and that by their signatures on the instrument, the Applicant on behalf of which they have 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, 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, or similar persons with the authority to bind Applicant, will be accepted only if the Applicant does not have these positions.

Form OIR-C1-2218
Rev.: 01/25
Rule 69O-136.100

APPLICATION FOR THE SIMULTANEOUS ACQUISITION OF A CONTINUING CARE FACILITY AND ISSUANCE OF A CERTIFICATE OF AUTHORITY TO A PROVIDER

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.

INSTRUCTIONS

SECTION I – APPLICATION FORM AND FEES

Section I-1 Application Fees

Applicant must pay the acquisition application fee of $75 U.S. Dollars ("USD"), pursuant to Section 651.015(2)(a), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Section I-2 Fingerprint Processing Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

SECTION II - LEGAL

Section II-1 Authorization Letter

Provide a letter of authorization for anyone other than company personnel or the company-sponsoring agent, designating the named individual to represent the Applicant.

Section II-2 Organizational Documents

Submit a copy of Applicant's organizational documents or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, Association Membership Agreements, etc., complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant.

Section II-3 Bylaws

Submit a copy of Applicant's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. The document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless the Applicant does not have this position.

Section II-4 Certificate of Status

Submit a certificate of status dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that

shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-5 Fictitious Name Filing

If the Applicant plans to utilize a fictitious name, provide documentation of compliance with Section 865.09, Florida Statutes, dealing with fictitious names.

Section II-6 Parent Companies and Controlling Partners

Provide complete organizational documents as required in Sections II-2 and II-5 for all entities controlling the Applicant upward to the ultimate controlling entity.

Section II-7 Organizational Charts

Furnish complete organizational charts for the Applicant. The organizational charts should disclose the relationship between all entities in the organizational structure, including all parent, holding, subsidiary, and other affiliated companies, and stating all ownership percentages. One chart should be submitted for each entity showing the organization prior to the proposed acquisition, and one chart showing the Applicant's entire structure after the proposed acquisition.

Section II-8 Description of Transaction

Submit a narrative describing the structure of the transaction resulting in the acquisition of the continuing care facility. Please include information regarding what assets and liabilities will be assumed and an explanation of how current residents' contracts will be affected.

Section II-9 Notification Statement

Provide return receipt cards demonstrating proof of compliance with Section 628.4615(2)(a), Florida Statutes, which requires that the acquiring entity send the letter of notification by registered mail to the principal office of the provider and any controlling company

Section II-10 Application

Applicant should furnish the continuing care facility and any controlling company with a copy of the application. Submit proof that this has been done.

Section II-11 Service of Process Form

Provide a properly executed Service of Process Consent & Agreement form (Form OIR-C1-144).

Section II-12 Statutory Statements

Submit a detailed response to items (b)-(f) of Section 628.4615(4), Florida Statutes, listed below. Each of these sections should be clearly labelled and responded to individually.

(b) The source and amount of the funds or other consideration used, or to be used, in making the acquisition.

(c) Any plans or proposals which such persons may have made to liquidate the specialty insurer, to sell any of its assets or merge or consolidate it with any person, or to make any other major change in its business or corporate structure or management; and any plans or proposals which such persons may have made to liquidate any controlling company of the specialty insurer, to sell any of its assets or merge or consolidate it with any person, or to make any other major change in its business or corporate structure or management.

(d) The nature and the extent of the controlling interest which the person or affiliated person of such person proposes to acquire, the terms of the proposed acquisition, and the manner in which the controlling interest is to be acquired of a specialty insurer or controlling company which is not a stock corporation.

(e) The number of shares or other securities which the person or affiliated person of such person proposes to acquire, the terms of the proposed acquisition, and the manner in which the securities are to be acquired.

(f) Information as to any contract, arrangement, or understanding with any party with respect to any of the securities of the specialty insurer or controlling company, including, but not limited to, information relating to the transfer of any of the securities, option arrangements, puts or calls, or the giving or withholding of proxies, which information names the party with whom the contract, arrangement, or understanding has been entered into and gives the details thereof.

SECTION III - FINANCIAL

Section III-1 Plan of Operations

Submit a general summary of the plan of operations of Applicant. The plan should include management structure, healthcare delivery system, and a description of the types of continuing care contracts offered, including health care benefits and refundable contract options. This plan should be consistent with the feasibility study.

Section III-2 Interrogatories

Submit complete responses to all interrogatories attached as Exhibit III-2.

Section III-3 Unaudited Quarterly Financial Statements

Furnish a copy of Applicant's most recent quarterly financial statements. If Applicant relies on funding from an affiliate or controlling company, provide the most recent quarterly financial statements for that entity as well.

Section III-4 Annual Financial Statements

Furnish a copy of Applicant's most recent annual financial report. Please provide audited financial statements, if available. If Applicant relies on funding from an affiliate or controlling company, provide the most recent annual financial statements or audit for that entity as well.

Section III-5 Applicant's History in the Industry

Furnish a history of the Applicant including the following information.

(A) A brief history of the company since its incorporation.

(B) A history of the Applicant's operations in Florida.

(C) A brief description of the management experience of each individual (by name) involved in the operation of the Applicant and the facility.

(D) A description of the experience of any controlling company or management company in the field of continuing care.

(E) Provide a listing of all continuing care facilities currently or previously owned, managed or developed by the Applicant. As used in this paragraph, "Applicant" includes the Applicant and its affiliates and principals. The listing must include the following information:

i. The facility's name, address, city, and state;
ii. An indication of if Applicant's role with the facility was that of an owner, manger, developer, or a combination thereof;
iii. An indication regarding whether Applicant is currently involved with the facility or if their involvement has ceased;
iv. For facilities located outside of the state of Florida, an indication of whether the facility is regulated by a state agency similar to the Office of Insurance Regulation. If so, please provide the name of the agency and indicate whether the facility currently holds a license issued by the agency or if a license was previously held; and
v. Disclosure of any administrative actions, bankruptcy or receivership proceedings, violations of financing covenants and related defaults, or similar significant financial or regulatory issues that occurred while the facility was owned, managed, or being developed by Applicant. For previously owned, managed, or developed facilities, include any such occurrences up to one year after the relationship was terminated.

Applicant may submit documentation, including but not limited to written explanations, consultant reports, court filings, and audited financial statements, to describe the circumstances surrounding the issue(s) and their resolution.

(F) Regarding the facilities identified in (E) above, please provide financial statements for comparable facilities meeting the criteria described below. If audited financial statements were prepared, provide audited financial statements. If audited financial statements were not prepared, provide a statement that audited financial statements were not prepared and unaudited annual financial statements.

1. Current Facilities: For comparable facilities currently owned, managed, or being developed, provide the most recent financial statements. If there are more than 2 comparable facilities, please provide financial statements for at least 2 facilities based on the criteria below.

a. A facility that would be representative of the average financial and operating performance based on debt service coverage ratio, days cash on hand, occupancy, and net operating margin; and

b. The facility whose financial and operating performance is the least strong when evaluated on the basis of debt service coverage ratio, days cash on hand, occupancy, and net operating margin.

2. Previous Facilities: For comparable facilities previously owned, managed, or developed, provide the financial statements prepared for the last period in which the facility was owned, managed, or being developed by Applicant. If there are more than 2 comparable facilities, please provide financial statements for at least 2 facilities based on the criteria below.

a. A facility that would be representative of the average financial and operating performance based on debt service coverage ratio, days cash on hand, occupancy, and net operating margin; and

b. The facility whose financial and operating performance is the least strong when evaluated on the basis of debt service coverage ratio, days cash on hand, occupancy, and net operating margin.

Section III-6 Purchase Agreements, Tender or Exchange Offers, or Similar Documents

Furnish a copy of all purchase agreements, tender or exchange offers and offering documents, or similar documents associated with the acquisition of the facility.

Section III-7 Feasibility Study

Submit an independent feasibility study that complies with the requirements of Section 651.023(1)(b), Florida Statutes. The Application Checklist below lists the required components of a feasibility study.

The provider may submit any other information it deems relevant and appropriate to enable the Office to make a more informed determination. If such information is submitted, please provide an explanation of why the additional information is relevant and appropriate for the Office to consider in reviewing the application filing.

Section III-8 Financial Ratio Projections

Please provide a projected days cash on hand, occupancy, and debt service coverage ratio calculations for the first 5 years of operations. Please explain if the provider anticipates dropping below the minimum standards established in Section 651.011(16) or 651.011(26), Florida Statutes, and if so, how it will come back into compliance. These projections should be consistent with the feasibility study.

Section III-9 Minimum Liquid Reserve Projections

Provide a projected calculation of the facility's minimum liquid reserves for the first 5 years of operations broken down by debt service reserve, operating reserve, and renewal and replacement reserve, as well as a description of how Applicant will fund the minimum liquid reserves. These projections should be consistent with the feasibility study.

Section III-10 Funding Plan and Supporting Documents

Furnish a Sources and Uses of Funds statement disclosing all sources and all uses of funds to be used in the acquisition. The statement should describe funding of the acquisition, any planned construction, and long-term financing for the facility.

Please provide financing agreements, commitments, letters of intent to finance, term sheets, or other agreements or similar documents with affiliates, lenders, or underwriters that describe the proposed plan for the financing and funding plan for the proposed facility. Please note if the documents are drafts or in final form. Provide executed copies for any agreements that are already in-force.

If agreements have not been executed at the time of filing, please provide an explanation of the conditions precedent to the parties executing each agreement and a timeline of when the agreements are expected to be executed.

If bonds are to be issued in connection with the acquisition, any planned construction, or long-term financing for the facility, submit the official statement used in connection with the proposed bond issue, a copy of the bond indenture, and a sample form of the bond. Submit drafts if final versions are not yet available. The final documents will be due to the Office within 30 days after the bonds are issued.

Section III-11 Escrow Agreements

Submit draft escrow agreements in compliance with Sections 651.023, 651.033, and 651.035, Florida Statutes. The following escrow agreements should be included:

- Seven-day escrow agreement
- Minimum liquid reserve escrow agreements
    - Debt Service Reserve
    - Operating Reserve
    - Renewal and Replacement Reserve

A provider may submit a statement that it intends to deposit its minimum liquid reserves with the Department of Financial Services Bureau of Collateral Management pursuant to Section 651.033(1)(a), Florida Statutes, in lieu of submitting a minimum liquid reserve escrow agreement. If, after licensure, Applicant wishes to establish a minimum liquid reserve escrow account, they may submit an escrow agreement in REFS for review and approval. Escrow accounts may not be established without the prior written approval of the escrow agreement by the Office pursuant to Section 651.033(1)(c), Florida Statutes.

Note that if the Applicant will have outstanding indebtedness that requires a debt service reserve to be held in escrow pursuant to a trust indenture or mortgage lien on the facility and for which the debt service reserve may only be used to pay principal and interest payments on the debt that the debtor is obligated to pay, pursuant to Section 651.035(1)(b), Florida Statutes, such an escrow account may be included in the debt service portion of its minimum liquid reserves. Please explain if Applicant will have such a debt service reserve and provide supporting documentation.

After licensure, for such an account to be applied to debt service reserves, the provider must furnish a copy of the agreement under which such debt service is held and a statement of the amount being held in escrow for the debt service reserve certified by the lender or trustee and the provider to be correct.

Section III-12 Continuing Care Contracts

Provide copies of each continuing care contract, reservation agreement, waitlist agreement, and addendum to be entered into between the Applicant and residents, which must meet the minimum requirements of Sections 651.055, 651.023, 651.022, and 651.061 Florida Statutes.

Please provide a list describing the continuing care contracts that the Applicant will assume as part of the acquisition transaction, including healthcare and refund obligations assumed.

Please note that continuing care contracts must meet the minimum requirements of Section 651.055, Florida Statutes, and must be approved by the Office before use. Review and approval of the continuing care contract forms, reservation agreements, and addendums to such agreements is independent of the application process. To begin this review process, contract forms must also be submitted for review through the IRFS portal. Such contracts may be submitted through the portal after the application has been accepted by the Office.

Section III-13 Contractors, Vendors, Services, and Other Agreements

Furnish copies of any agreements whereby the Applicant accepts obligations, debts, and encumbrances which would affect the facility.

Submit copies of any contract entered into or to be entered into by the Applicant in relation to marketing, construction, or long-term financing, leases of land or property, or management of the facility and the provision of shelter, food, and health care to residents. For example, management agreements, leases, development agreements, etc.

Please indicate if any person whose name is required to be provided in this application pursuant to Section 651.022(2)(b)1.-10., Florida Statutes, owns any interest in or receives any remuneration from, directly or indirectly, any professional service firm, association, trust, partnership, or corporation providing goods, leases, or services to the facility for which the application is made, with a real or anticipated value of $10,000 USD or more.

If so, provide the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held; describe such goods, leases, or services; the probable cost to the facility or provider; and why such goods, leases, or services should not be purchased from an independent entity. Explain whether the contract or arrangement is the result of arms-length negotiations, a bid, or otherwise. If no person meets these conditions, please provide a statement to that effect.

Additionally, furnish copies of any other agreements referenced in this filing.

Section III-14 **Advertisements**

Furnish the form of any advertisement or other written material proposed to be used in the solicitation of residents

SECTION IV – MANAGEMENT

Section IV-1 **Management Information Forms**

Please submit a Management Information Form (Form OIR-C1-2221) fully describing the post-acquisition management, ownership, and control of the domestic insurer up to and including any 10% or greater shareholders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the first, middle, and last name of each officer, director, and 10% or greater owner of the entity named on the form.

Section IV-2 **Biographical Information Package**

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, “Uniform Certificate of Authority Application (UCAA) Biographical Affidavit”
- OIR-C1-938, “Fingerprints and Social Security Number”
- OIR-C1-0500, “UCAA Biographical Affidavit Addendum Blank”
- OIR-C1-0501, “UCAA Biographical Affidavit Addendum Education”
- OIR-C1-0502, “UCAA Biographical Affidavit Addendum Employment”
- OIR-C1-0503, “UCAA Biographical Affidavit Addendum General”
- OIR-C1-0504, “UCAA Biographical Affidavit Addendum Licenses”
- OIR-C1-0505, “UCAA Biographical Affidavit Addendum Professional”
- OIR-C1-0506, “UCAA Biographical Affidavit Addendum Residence”
- OIR-C1-0507, “UCAA Biographical Affidavit Addendum Societies”
- OIR-C1-0509, “Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure”

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

CHECKLIST

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

Please note that if any material change occurs in the facts set forth in this application while it is pending before the Office, an amendment setting forth such change must be filed with the Office within 10 business days after the Applicant becomes aware of such change, and a copy of the amendment must be sent by registered mail to the principal office of the facility and to the principal office of the controlling company. Submit copies of the registered mail return receipts when filing with the Office.

SECTION I – APPLICATION FORM AND FEES

☐ **1.** Application fee paid

☐ **2.** All fingerprint fees paid electronically

☐ **a.** Copies of online payment confirmation

☐ **3.** Application certification and checklist

CHECKLIST

SECTION II - LEGAL

- ☐ **1.** Authorization Letter
- ☐ **2.** Organizational Documents
  - ☐ **a.** Certified by the Secretary of State (if applicable)
- ☐ **3.** Bylaws (or equivalent documents)
  - ☐ **a.** Certified by corporate Secretary
- ☐ **4.** Certificate of Status
- ☐ **5.** Fictitious Name Filing (if applicable)
- ☐ **6.** Parent Companies and Controlling Partners
  - ☐ **a.** Organizational Documents
    - ☐ **i.** Certified by the Secretary of State (if applicable)
  - ☐ **b.** Bylaws (or equivalent document)
    - ☐ **i.** Certified by corporate Secretary
  - ☐ **c.** Certificate of Status
  - ☐ **d.** Fictitious Name Filing (if applicable)
- ☐ **7.** Organizational Charts
  - ☐ **a.** Chart showing Applicant's organization prior to acquisition
    - ☐ **i.** With ownership percentages
  - ☐ **b.** Chart showing facility's ownership structure prior to the acquisition
    - ☐ **i.** With ownership percentages

- ☐ **c.** Chart showing all entities after the acquisition
- ☐ **i.** With ownership percentages
- ☐ **8.** Description of Transaction
- ☐ **9.** Notification Statement
- ☐ **a.** Return receipt cards for
- ☐ **i.** Principal office of the provider
- ☐ **ii.** Any controlling company of the provider
- ☐ **10.** Proof that this Application has been furnished to the continuing care facility and any controlling company
- ☐ **11.** Service of Process Consent & Agreement (Form OIR-C1-144)
- ☐ **12.** Statutory Statements, Section 628.4615(b)-(f), Florida Statutes

CHECKLIST

SECTION III – FINANCIAL

- ☐ **1.** Plan of Operations
- ☐ **2.** Interrogatories, Exhibit III-2
- ☐ **3.** Quarterly Financial Statements
- ☐ **a.** Applicant's most recent unaudited quarterly financial statements
- ☐ **b.** Most recent unaudited quarterly financial statements for affiliate or controlling company, if required (see directions in III-3)
- ☐ **4.** Annual Financial Statements
- ☐ **a.** Applicant's most recent annual financial statements, audited if available
- ☐ **b.** Most recent annual financial statements or audit for affiliate or controlling company, if required (see directions in III-4)

5. Applicant's History in the Industry

☐ **a.** Brief history of the company since its incorporation

☐ **b.** History in Florida

☐ **c.** Management experience of individuals

☐ **d.** Experience of controlling companies and management companies

☐ **e.** Detailed listing of continuing care experience

☐ **f.** Audited financial reports of comparable facilities

☐ **6.** Purchase Agreements, Tender or Exchange Offers, or Similar Documents

☐ **7.** Feasibility Study

☐ **a.** Prepared by an independent certified public accountant or an independent consulting actuary

☐ **b.** Indicate the page number where each of the following required elements is located within the feasibility study:

A description of the facility, including:	pg _____
The location	pg _____
The size	pg _____
The healthcare delivery system	pg _____
Current facility occupancy rates	pg _____
Recent marketing results	pg _____
Any anticipated post-acquisition renovations or construction	pg _____
Current resident contract provisions	pg _____
Refund liability	pg _____
The primary market area	pg _____
The secondary market area, if applicable	pg _____
Projected unit sales per month	pg _____

Projected revenues, including	pg _____
Anticipated entrance fees	pg _____
Monthly service fees	pg _____
Nursing care revenues, if applicable	pg _____
Other sources of revenue	pg _____
Projected expenses, including	pg _____
Staffing requirements and salaries	pg _____
Cost of property, plant, and equipment	pg _____
Depreciation expense	pg _____
Interest expense	pg _____
Marketing expense	pg _____
Other operating expense	pg _____
Projected balance sheet of the Applicant	pg _____
Expectations for the financial condition of the project, including	pg _____
Projected cash flow statement; and	pg _____
Estimate of funds necessary to cover startup losses	pg _____
Inflation factor, if any, and a statement of how and where it is applied	pg _____
Project costs	pg _____
Total amount of debt financing required.	pg _____
Marketing projections.	pg _____
Resident rates, fees, and charges.	pg _____
The breakeven point.	pg _____
The competition.	pg _____
Resident contract provisions, including	pg _____
Description of contracts in-force at or offered by the facility	pg _____
Description of contracts to be offered related to the expansion	pg _____
Total amount of contractual liability attributable to refundable contracts	pg _____
Other factors that may affect the feasibility of the facility.	pg _____
Appropriate population projections, including	pg _____

Morbidity assumptions; and pg _____

Mortality assumptions. pg _____

The assumptions used in the study, if any. pg _____

The name of the person who prepared the feasibility study and their experience in preparing similar studies or otherwise consulting in the field of continuing care. pg _____

Financial forecasts or projections prepared in accordance with standards adopted by the American Institute of Certified Public Accountants or in accordance with standards for feasibility studies for continuing care retirement communities adopted by the Actuarial Standards Board. pg _____

If the study is prepared by an independent certified public accountant, it must contain an examination opinion or a compilation report containing a financial forecast or projections for the first 5 years of operations which take into account an actuary's mortality and morbidity assumptions as the study relates to turnover, rates, fees, and charges. pg _____

If the study is prepared by an independent consulting actuary, it must contain mortality and morbidity assumptions as the study relates to turnover, rates, fees, and charges and an actuary's signed opinion that the project as proposed is feasible and that the study has been prepare in accordance with standards adopted by the American Academy of Actuaries. pg _____

In addition to the list above, any other information that the Applicant deems relevant and appropriate to enable the Office to make a more informed determination may be included in the feasibility study.

☐ **1.** Financial Ratio Projections

- ☐ **a.** Days cash on hand
- ☐ **b.** Debt service coverage ratio
- ☐ **c.** Occupancy

☐ **2.** Minimum Liquid Reserve Projections

- ☐ **a.** Debt Service Reserve
- ☐ **b.** Operating Reserve
- ☐ **c.** Renewal and Replacement Reserve

☐ **3.** Funding Plan and Supporting Documents

- ☐ **a.** Sources and Uses of Funds
- ☐ **b.** Financing agreements
- ☐ **c.** Bond documents (if applicable)

☐ **4.** Escrow Agreements

- ☐ **a.** Seven-day escrow agreement
- ☐ **b.** Minimum liquid reserve escrow agreements
  - ☐ **i.** Debt Service Reserve
  - ☐ **ii.** Operating Reserve
  - ☐ **iii.** Renewal and Replacement Reserve

☐ **5.** Continuing Care Contracts

- ☐ **a.** Continuing care contracts
- ☐ **b.** Reservation agreements
- ☐ **c.** Waitlist agreements
- ☐ **d.** Addendums

- ☐ **6.** Contractors, Vendors, Services, and Other Agreements
  - ☐ **a.** Marketing agreements
  - ☐ **b.** Development or construction contracts
  - ☐ **c.** Construction or long-term financing agreements
  - ☐ **d.** Leases of land or property
  - ☐ **e.** Management agreements
  - ☐ **f.** Contracts related to the provision of the following to residents
    - ☐ **i.** Shelter
    - ☐ **ii.** Food
    - ☐ **iii.** Health care to residents
  - ☐ **g.** Affiliated contracts pursuant to Section 651.022(2)(b)8., Florida Statutes
- ☐ **7.** Advertisements

CHECKLIST

SECTION IV – MANAGEMENT

- ☐ **1.** Management Information Form (Form OIR-C1-2221) submitted for all required entities
- ☐ **2.** Biographical Information Packages submitted for all required individuals
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** “Yes” answers explained
  - ☐ **c.** Signed
  - ☐ **d.** Notarized
- ☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this

Application.

☐ **a.** Proof of order and confirmation of payment submitted to the Office

☐ **4.** A Fingerprints and Social Security Number form (Form OIR-C1-938) for each required individual.

☐ **a.** All information completed (no blanks)

☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

EXHIBIT III-2

INTERROGATORIES

1. The Applicant is:

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

2. The contact person for the Applicant is:

Name: _____

Employer: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Email Address: _____

3. The continuing care facility that is the subject of this application is:

Facility Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

4. The number and type of units at the facility is as follows:
_____ Independent living units
_____ Assisted living units
_____ Sheltered skilled nursing beds
_____ Community skilled nursing beds
_____ Rental units
_____ Total units

5. Health care will be provided:
_____ by the Applicant
_____ by an affiliate, pursuant to contract
_____ by a third-party, pursuant to contract

6. Health care will be provided (check one)
_____ on-site
_____ off-site

7. The assisted living or skilled nursing facilities proving healthcare to residents are:

Facility Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Facility Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

8. Will the Applicant own or lease the facility?
_____ own
_____ lease

9. Will the Applicant employ a management company to operate the facility?
_____ yes
_____ no

If yes submit a copy of the agreement in Section III-13, which must comply with Section 651.1151, Florida Statutes, and the information required in Section IV – Management, including management information forms for the management company and its owners, a list of the officers and directors of the management company, and complete biographical information for all principals.

10. Pursuant to Section 651.022(2)(b), Florida Statutes, please attach a listing the full names, residences, and business addresses of each of the following:

a. The proprietor, if the Applicant or provider is an individual.

b. Every partner or member, if the Applicant or provider is a partnership or other unincorporated association, however organized, having fewer than 50 partners or members, together with the business name and address of the partnership or other organization.

c. The principal partners or members, if the Applicant or provider is a partnership or other unincorporated association, however organized, having 50 or more partners or members, together with the business name and business address of the partnership or other organization. If such unincorporated organization has officers and a board of directors, the full name and business address of each officer and director may be set forth in lieu of the full name and business address of its principal members.

d. The corporation and each officer and director thereof, if the Applicant or provider is a corporation.

e. Every trustee and officer, if the Applicant or provider is a trust.

f. The manager, whether an individual, corporation, partnership, or association.

g. Any stockholder holding at least a 10% interest in the operations of the facility in which the care is to be offered.

h. Any person whose name is required to be provided in the application under this paragraph and who owns any interest in or receives any remuneration from, directly or indirectly, any professional service firm, association, trust,

partnership, or corporation providing goods, leases, or services to the facility for which the application is made, with a real or anticipated value of $10,000 or more, and the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held. The Applicant shall describe such goods, leases, or services and the probable cost to the facility or provider and shall describe why such goods, leases, or services should not be purchased from an independent entity.

i. Any person, corporation, partnership, association, or trust owning land or property leased to the facility, along with a copy of the lease agreement.

j. Any affiliated parent or subsidiary corporation or partnership.

11. Has any person identified in the listing required by question 10 above, the administrator of the facility, the manager of the facility, or any such person living in the same location:

a. Been convicted of a felony or pleaded nolo contendere to a felony charge, been held liable or enjoined in a civil action by final judgement, if the felony or civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation of property?
_____ yes
_____ no

b. Is such a proceeding currently pending?
_____ yes
_____ no

c. If so, provide a certified copy of the complaint and the final adjudication by the recording public official.

12. Has any person identified in the listing required by question 10 above, the administrator of the facility, the manager of the facility, or any such person living in the same location:

a. Subject to a currently effective injunctive or restrictive order or federal or state administrative order relating to business activity or health care as a result of an action brought by a public agency or department, including, without limitation, an action affecting a license under Chapter 400 or 429, Florida Statutes?

_____ yes
_____ no

b. If so, provide a certified copy of the complaint and the final adjudication by the recording public official.

13. The Applicant's fiscal year-end is: _____.

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 this application submitted to the Florida Office of Insurance Regulation by _____("Applicant"), that they have read said application, and that they know the contents thereof and verify that the items indicated in the application checklist are true and complete to the best of their knowledge and have been submitted with the application. The undersigned represent that they have the authority to bind the Applicant, and that by their signatures on the instrument, the Applicant on behalf of which they have 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, 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, or similar persons with the authority to bind Applicant, will be accepted only if Applicant does not have these positions.

CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

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.

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fees

Applicants must pay an application-filing fee of $75 U.S. Dollars ("USD") pursuant to Section 651.015(2)(a), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Section I-2 Fingerprint Processing Fees

Applicants are required to pay a fee directly to the vendor for the processing of the fingerprint cards as required in Section IV-4.

SECTION II - LEGAL

Section II-1 Authorization Letter

Provide a letter of authorization for anyone other than company personnel or the company-sponsoring agent, designating the named individual to represent the Applicant.

Section II-2 Organizational Documents

Submit a copy of Applicant's organizational documents or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, Association Membership Agreements, etc., complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant.

Section II-3 Bylaws

Submit a copy of Applicant's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless the Applicant does not have this position.

Section II-4 Certificate of Status

Submit a certificate of status dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-5 Fictitious Name Filing

If the Applicant plans to utilize a fictitious name, provide documentation of compliance with Section 865.09, Florida Statutes, dealing with fictitious names.

Section II-6 Parent Companies and Controlling Partners

Provide complete organizational documents required in Sections II-2 through II-5 for all entities controlling the Applicant upward to the ultimate controlling entity.

Section II-7 Organizational Charts

Furnish complete organizational charts for Applicant. The organizational charts should disclose the relationship between all entities in the organizational structure, include all parent, holding, subsidiary, and other affiliated companies, and state all ownership percentages.

Section II-8 Service of Process Consent & Agreement

Provide a properly executed Service of Process Consent & Agreement form (Form OIR-C1-144).

SECTION III - FINANCIAL

Section III-1 Plan of Operations

Submit a general summary of the plan of operations of Applicant. The plan should include management structure, healthcare delivery system, and a description of the types of continuing care contracts offered, including health care benefits and refundable contract options. This plan should be consistent with the feasibility study.

Section III-2 Interrogatories

Submit complete responses to all interrogatories attached as Exhibit III-2.

Section III-3 Unaudited Quarterly Financial Statements

Submit complete unaudited quarterly financial statements attested to by the Applicant after the date of the last audit. If Applicant relies on funding from an affiliate or controlling company, provide the most recent quarterly financial statements for that entity as well.

Section III-4 Audited Annual Financial Statements

Submit a complete audited financial report of the Applicant, prepared by an independent certified public accountant in accordance with generally accepted accounting principles, as of the date the Applicant commenced business operations or for the fiscal year that ended

immediately preceding the date of the application, whichever is later.

If Applicant relies on funding from an affiliate or controlling company, provide the most recent annual financial statements or audit for that entity as well.

Section III-5 Applicant's History in the Industry

Furnish a history of the Applicant including the following information.

(A) A brief history of the company since its incorporation.

(B) A history of the Applicant's operations in Florida.

(C) A brief description of the management experience of each individual (by name) involved in the operation of the Applicant and the facility.

(D) A description of the experience of any controlling company or management company in the field of continuing care.

(E) Provide a listing of all continuing care facilities currently or previously owned, managed or developed by the Applicant. As used in this paragraph, "Applicant" includes the Applicant and its affiliates and principals. The listing must include the following information:

i. The facility's name, address, city, and state;
ii. An indication of if Applicant's role with the facility was that of an owner, manger, developer, or a combination thereof;
iii. An indication regarding whether Applicant is currently involved with the facility or if their involvement has ceased;
iv. For facilities located outside of the state of Florida, an indication of whether the facility is regulated by a state agency similar to the Office of Insurance Regulation. If so, please provide the name of the agency and indicate whether the facility currently holds a license issued by the agency or if a license was previously held; and
v. Disclosure of any administrative actions, bankruptcy or receivership proceedings, violations of financing covenants and related defaults, or similar significant financial or regulatory issues that occurred while the facility was owned, managed, or being developed by Applicant. For previously owned, managed, or developed facilities, include any such occurrences up to one year after the relationship was terminated.

Applicant may submit documentation, including but not limited to written explanations, consultant reports, court filings, and audited financial statements, to describe the circumstances surrounding the issue(s) and their resolution.

(F) Regarding the facilities identified in (E) above, please provide financial statements for comparable facilities meeting the criteria described below. If audited financial statements were prepared, provide audited financial statements. If audited financial statements were not prepared, provide a statement that audited financial statements were not prepared and unaudited annual financial statements.

1. Current Facilities: For comparable facilities currently owned, managed, or being developed, provide the most recent financial statements. If there are more than 2 comparable facilities, please provide financial statements for at least 2 facilities based on the criteria below.

a. A facility that would be representative of the average financial and operating performance based on debt service coverage ratio, days cash on hand, occupancy, and net operating margin; and

b. The facility whose financial and operating performance is the least strong when evaluated on the basis of debt service coverage ratio, days cash on hand, occupancy, and net operating margin.

2. Previous Facilities: For comparable facilities previously owned, managed, or developed, provide the financial statements prepared for the last period in which the facility was owned, managed, or being developed by Applicant. If there are more than 2 comparable facilities, please provide financial statements for at least 2 facilities based on the criteria below.

a. A facility that would be representative of the average financial and operating performance based on debt service coverage ratio, days cash on hand, occupancy, and net operating margin; and

b. The facility whose financial and operating performance is the least strong when evaluated on the basis of debt service coverage ratio, days cash on hand, occupancy, and net operating margin.

Section III-6 Proof of Ownership, Right to Operate, or Manage

If Applicant is the owner of the proposed facility site, attach a copy of the warranty deed or contract for deed. If the Applicant intends to operate the facility, attach a copy of the proposed operating agreement. If the Applicant intends to manage or employ a management company to manage the facility, attach a copy of the proposed or executed management agreement.

Section III-7 Feasibility Study

Submit an independent feasibility study that complies with the requirements of Section 651.0215(2)(b), Florida Statutes. The Application Checklist below lists the required components of the feasibility study.

Section III-8 Financial Ratio Projections

Please provide a projected days cash on hand, occupancy, and debt service coverage ratio calculations for the first 5 years of operations. Please explain when the provider anticipates exceeding the minimum thresholds provided in Sections 651.011(16) and 651.011(26), Florida Statutes. These projections should be consistent with the feasibility study.

Section III-9 Minimum Liquid Reserve Projections and Funding

Provide a projected calculation of the facility's minimum liquid reserves for the first 5 years of operations and a description of how Applicant will fund the minimum liquid reserves. These projections should be consistent with the feasibility study.

Furnish documents evidencing that the Applicant will be able to comply with Section 651.035, Florida Statutes.

Section III-10 Funding Plan

Furnish a Sources and Uses of Funds statement explaining the projects proposed method of financing and disclosing all sources and all uses of funds to be used to develop the project. The statement should describe construction and long-term financing for the facility and should be supported by the information provided in response to Section III-11.

All reservation deposits and entrance fees must be placed in escrow in accordance with Section 651.033, Florida Statutes. The Applicant may not use or pledge any part of an initial entrance fee for the construction or purchase of the facility or as security for long-term financing.

Note that the Office may not approve an application that includes in the plan of financing any encumbrance of the operating reserves or renewal and replacement reserves required by Chapter 651, Florida Statutes.

Section III-11 Financing Plan Documentation

Submit documents evidencing that commitments have been secured for both construction financing and long-term financing or that a documented plan acceptable to the Office has been adopted by the Applicant for long-term financing**.**

Please provide financing agreements, commitments, letters of intent to finance, term sheets, or other agreements or similar documents with affiliates, lenders, or underwriters that describe the proposed plan for the financing and funding plan for the proposed facility. Please note if the documents are drafts or in final form. Provide executed copies for any agreements that are already in-force.

If agreements have not been executed at the time of filing, please provide an explanation of the conditions precedent to the parties executing each agreement and a timeline of when the agreements are expected to be executed.

If bonds are to be issued in connection with the project, submit the official statement used in

connection with the proposed bond issue, a copy of the bond indenture, and a sample form of the bond. Submit drafts if final versions are not yet available. The final documents will be due to the Office within 30 days after the bonds are issued.

Section III-12 Satisfaction of Lending Conditions

For projects financed in whole or part by one or more lenders, whether affiliated or third-party, submit documentation from the lender(s) that all conditions of the lender have been satisfied to activate the commitment to disburse funds. The lender should explain any other conditions precedent to the disbursement of funds. This requirement does not apply to projects financed by public bond issue.

Section III-13 Sufficiency of Funds

Submit documents evidencing that the aggregate amount of entrance fees received by or pledged to the Applicant, plus anticipated proceeds from any long-term financing commitment, plus funds from all other sources in the actual possession of the Applicant, equal at least 100% of the aggregate cost of construction or purchasing, equipping, and furnishing the facility plus 100% of the anticipated startup losses of the facility.

Section III-14 Escrow Agreements

Submit draft escrow agreements in compliance with Sections 651.0215, 651.023, 651.033, and 651.035, Florida Statutes. The following escrow agreements should be included:

- Entrance fee escrow agreement
- Seven-day escrow agreement
- Minimum liquid reserve escrow agreements
    - Debt Service Reserve
    - Operating Reserve
    - Renewal and Replacement Reserve

A provider may submit a statement that it intends to deposit its minimum liquid reserves with the Department of Financial Services Bureau of Collateral Management pursuant to Section 651.033(1)(a), Florida Statutes, in lieu of submitting a minimum liquid reserve escrow agreement. If, after licensure, Applicant wishes to establish a minimum liquid reserve escrow account, they may submit an escrow agreement in REFS for review and approval. Escrow accounts may not be stablished without the prior written approval of the escrow agreement by the Office pursuant to Section 651.033(1)(c), Florida Statutes.

Note that if the Applicant will have outstanding indebtedness that requires a debt service reserve to be held in escrow pursuant to a trust indenture or mortgage lien on the facility and for which the debt service reserve may only be used to pay principal and interest payments on the debt that the debtor is obligated to pay, pursuant to Section 651.035(1)(b), Florida Statutes, such an escrow account may be included in the debt service portion of its minimum liquid reserves. Please explain if Applicant will have such a debt service reserve and provide

supporting documentation.

After licensure, for such an account to be applied to debt service reserves, the provider must furnish a copy of the agreement under which such debt service is held and a statement of the amount being held in escrow for the debt service reserve certified by the lender or trustee and the provider to be correct.

Section III-15 Continuing Care Contracts

Provide copies of each continuing care contract, reservation agreement, waitlist agreement, and addendum, to be entered into between the Applicant and residents, which must meet the minimum requirements of Sections 651.022, 651.023, 651.055, and 651.061 Florida Statutes. The contracts must include a statement describing the procedures required by law relating to the release of escrowed entrance fees. Such a statement may be furnished through an addendum.

If Applicant will offer personal services or nursing services through written contractual agreement, the contractual agreement to provide personal services or nursing services must be disclosed in the contract for continuing care.

Reservation deposits may not exceed the lesser of $40,000 USD or 10% of the then-current fee for the unit selected by a resident and must be refundable at any time before the resident takes occupancy of the selected unit. Further, the resident contract must state that collection of the balance of the entrance fee is to occur after the resident is notified that his or her selected unit is available for occupancy and on or before the occupancy date. The reservation contract must state the cancellation policy and the terms of the continuing care contract.

Please note that continuing care contracts must be approved by the Office before use. Review and approval of the continuing care contract forms, reservation agreements, and addendums to such agreements is independent of the application process. To begin this review process, contract forms must also be submitted for review through the IRFS portal. Such contracts may be submitted through the portal after the application has been accepted by the Office.

Section III-16 Contractors, Vendors, Services, and Other Agreements

Furnish copies of any agreements whereby the Applicant accepts obligations, debts, and encumbrances which would affect the facility.

Submit copies of any contract entered into or to be entered into by the Applicant in relation to marketing, construction, long-term financing, leases of land or property, or management of the facility and the provision of shelter, food, and health care to residents. For example, management agreements, leases, development agreements, etc.

Please indicate if any person whose name is required to be provided in this application pursuant to Section 651.022(2)(b)1.-10., Florida Statutes, owns any interest in or receives any remuneration from, directly or indirectly, any professional service firm, association, trust,

partnership, or corporation providing goods, leases, or services to the facility for which the application is made, with a real or anticipated value of $10,000 USD or more.

If so, provide the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held; describe such goods, leases, or services; the probable cost to the facility or provider; and why such goods, leases, or services should not be purchased from an independent entity. Explain whether the contract or arrangement is the result of arms-length negotiations, a bid, or otherwise. If no person meets these conditions, please provide a statement to that effect.

Additionally, furnish copies of any other agreements referenced in this filing.

Section III-17 Advertisements

Furnish the form of any advertisement or other written material proposed to be used in the solicitation of residents.

SECTION IV – MANAGEMENT

Section IV-1 Management Information Forms

Please submit a Management Information Form (Form OIR-C1-2221) fully describing the management, ownership, and control of the Applicant up to and including any 10% or greater shareholders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the first, middle, and last name of each officer, director, and 10% or greater owner of the entity named on the form.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1, must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, “Uniform Certificate of Authority Application (UCAA) Biographical Affidavit”
- OIR-C1-938, “Fingerprints and Social Security Number”
- OIR-C1-0500, “UCAA Biographical Affidavit Addendum Blank”
- OIR-C1-0501, “UCAA Biographical Affidavit Addendum Education”
- OIR-C1-0502, “UCAA Biographical Affidavit Addendum Employment”
- OIR-C1-0503, “UCAA Biographical Affidavit Addendum General”
- OIR-C1-0504, “UCAA Biographical Affidavit Addendum Licenses”
- OIR-C1-0505, “UCAA Biographical Affidavit Addendum Professional”
- OIR-C1-0506, “UCAA Biographical Affidavit Addendum Residence”
- OIR-C1-0507, “UCAA Biographical Affidavit Addendum Societies”
- OIR-C1-0509, “Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure”

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.com who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to lhappcoord@floir.com (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at www.floir.com/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

CHECKLIST

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

Please note that if any material change occurs in the facts set forth in this application while it is pending before the Office, an amendment setting forth such change must be filed with the Office within 10 business days after the Applicant becomes aware of such change, and a copy of the amendment must be sent by registered mail to the principal office of the facility and to the principal office of the controlling company. Submit copies of the registered mail return receipts when filing with the Office.

SECTION I – APPLICATION FORM AND FEES

☐ **1.** Application fee paid

☐ **2.** All fingerprint fees paid electronically

☐ **a.** Copies of online payment confirmation

☐ **3.** Application certification and checklist

CHECKLIST

SECTION II - LEGAL

☐ **1.** Authorization Letter

☐ **2.** Organizational Documents

☐ **a.** Certified by the Secretary of State (if applicable)

☐ **3.** Bylaws

☐ **a.** Certified by corporate Secretary

☐ **4.** Certificate of Status

☐ **5.** Fictitious Name Filing (if applicable)

☐ **6.** Parent Companies and Controlling Partners

☐ **a.** Organizational Documents

☐ i. Certified by the Secretary of State (if applicable)

☐ **b.** Bylaws

☐ **ii.** Certified by corporate Secretary

☐ **c.** Certificates of Status

☐ **d.** Fictitious Name Filings (if applicable)

☐ **7.** Organizational Charts

☐ **a.** Complete charts showing all parent, holding, affiliate, and subsidiary companies

☐ **b.** With ownership percentages

☐ **8.** Service of Process Consent & Agreement (Form OIR-C1-144)

CHECKLIST

SECTION III – FINANCIAL

☐ **1.** Plan of Operations

☐ **2.** Interrogatories, Exhibit III-2

☐ **3.** Quarterly Financial Statements

☐ **a.** Complete unaudited quarterly statements since date of last audit

☐ **b.** Attested to by Applicant

☐ **c.** Most recent unaudited quarterly financial statements for affiliate or controlling company, if required (see directions in III-3)

☐ **4.** Annual Financial Statements

☐ **a.** Complete audited financial report

☐ **b.** Prepared by an independent certified public accountant

☐ **c.** Most recent unaudited annual financial statements or audit for affiliate or controlling company, if required (see directions in III-4)

☐ **5.** Applicant's History in the Industry

☐ **a.** Brief history of the company since its incorporation

☐ **b.** History in Florida

☐ **c.** Management experience of individuals

☐ **d.** Experience of controlling companies and management companies

☐ **e.** Detailed listing of continuing care experience

☐ **f.** Audited financial reports of comparable facilities

☐ **6.** Proof of Ownership, Right to Operate, or Manage

☐ **7.** Feasibility Study

☐ **a.** Prepared by an independent certified public accountant or an independent consulting actuary

☐ **b.** Indicate the page number where each of the following required elements is located within the feasibility study:

A description of the proposed facility, including:

The location	pg _____
The size	pg _____
The healthcare delivery system	pg _____
Anticipated completion date	pg _____
Proposed construction program	pg _____
The primary market area.	pg _____
The secondary market area, if applicable.	pg _____
Projected unit sales per month	pg _____
Projected revenues, including	pg _____
Anticipated entrance fees	pg _____
Monthly service fees	pg _____
Nursing care revenues, if applicable	pg _____

Other sources of revenue	pg _____
Projected expenses, including	pg _____
Staffing requirements and salaries	pg _____
Cost of property, plant, and equipment	pg _____
Depreciation expense	pg _____
Interest expense	pg _____
Marketing expense	pg _____
Other operating expense	pg _____
Projected balance sheet of the Applicant	pg _____
Expectations for the financial condition of the project, including:	pg _____
Projected cash flow statement	pg _____
Estimate of funds necessary to cover startup losses	pg _____
Inflation factor, if any, and a statement of how and where it is applied	pg _____
Project costs	pg _____
Total amount of debt financing required	pg _____
Marketing activities, including:	pg _____
Actual marketing results to date	pg _____
Marketing projections	pg _____
Resident rates, fees, and charges	pg _____
The breakeven point	pg _____
The competition	pg _____
Resident contract provisions, including:	pg _____
The projected amount of contractual liability attributable to refundable contracts	pg _____
Any other factors that may affect the feasibility of the facility	pg _____
Appropriate population projections, including:	pg _____
Morbidity assumptions	pg _____
Mortality assumptions	pg _____
Any other assumptions used in the study	pg _____
The name of the person who prepared the feasibility study and their experience in preparing similar studies or otherwise consulting in the field of continuing care	pg _____

Financial forecasts or projections prepared in accordance with standards adopted by the American Institute of Certified Public Accountants or in accordance with standards for feasibility studies for continuing care retirement

communities adopted by the Actuarial Standards Board pg _____

If the study is prepared by an independent certified public accountant, it must contain an examination opinion or a compilation report containing a financial forecast or projections for the first 5 years of operations which take into account an actuary's mortality and morbidity assumptions as the study relates to turnover, rates, fees, and charges. pg _____

If the study is prepared by an independent consulting actuary, it must contain mortality and morbidity assumptions as the study relates to turnover, rates, fees, and charges and an actuary's signed opinion that the project as proposed is feasible and that the study has been prepare in accordance with standards adopted by the American Academy of Actuaries. pg _____

In addition to the list above, any other information that the Applicant deems relevant and appropriate to enable the Office to make a more informed determination may be included in the feasibility study.

☐ **8.** Financial Ratio Projections

☐ **a.** Days cash on hand

☐ **b.** Debt service coverage ratio

☐ **c.** Occupancy

☐ **9.** Minimum Liquid Reserve Projections and Funding

☐ **a.** Debt Service Reserve

☐ **b.** Operating Reserve

☐ **c.** Renewal and Replacement Reserve

☐ **d.** Documents evidencing ability to comply

☐ **10.** Funding Plan and Supporting Documents

☐ **a.** Sources and Uses of Funds

☐ **b.** Financing agreements

- ☐ **c.** Bond documents (if applicable)
- ☐ **11.** Financing Plan Documentation
- ☐ **12.** Satisfaction of Lending Conditions
- ☐ **13.** Sufficiency of Funds
- ☐ **14.** Escrow Agreements
  - ☐ **a.** Entrance fee escrow agreement
  - ☐ **b.** Seven-day escrow agreement
  - ☐ **c.** Minimum liquid reserve escrow agreements
    - ☐ **i.** Debt Service Reserve
    - ☐ **ii.** Operating Reserve
    - ☐ **iii.** Renewal and Replacement Reserve
- ☐ **15.** Continuing Care Contracts
  - ☐ **a.** Continuing care contracts
  - ☐ **b.** Reservation agreements
  - ☐ **c.** Waitlist agreements
  - ☐ **d.** Addendums
- ☐ **16.** Contractors, Vendors, Services, and Other Agreements
  - ☐ **a.** Marketing agreements
  - ☐ **b.** Development or construction contracts
  - ☐ **c.** Construction or long-term financing agreements
  - ☐ **d.** Leases of land or property
  - ☐ **e.** Management agreements
  - ☐ **f.** Contracts related to the provision of the following to residents
    - ☐ **i.** Shelter

☐ **ii.** Food

☐ **iii.** Health care to residents

☐ **g.** Affiliated contracts pursuant to Section 651.022(2)(b)8., Florida Statutes

☐ **17.** Advertisements

CHECKLIST

SECTION IV – MANAGEMENT

☐ **1.** Management Information Forms submitted for all required entities (Form OIR-C1-2221)

☐ **2.** Biographical Information Packages submitted for all required individuals

☐ **a.** All information completed (no blanks)

☐ **b.** "Yes" answers explained

☐ **c.** Signed

☐ **d.** Notarized

☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Information Packages submitted to the Office with this Application.

☐ **a.** Proof of order and confirmation of payment submitted to the Office

☐ **4.** A Fingerprints and Social Security Number Form (Form OIR-C1-938) for each required individual.

☐ **a.** All information completed (no blanks)

☐ **b.** Fingerprints submitted for each individual required to file a Biographical Information Package

EXHIBIT III-2

INTERROGATORIES

1. The Applicant is:

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

2. The contact person for the Applicant is:

Name: _____

Employer: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Email Address: _____

3. The continuing care facility that is the subject of this application is:

Facility Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

4. The number and type of units at the proposed facility is as follows:

_____ Independent living units
_____ Assisted living units
_____ Sheltered skilled nursing beds
_____ Community skilled nursing beds
_____ Rental units
_____ Total units

5. Health care will be provided:
_____ by the Applicant
_____ by an affiliate, pursuant to contract
_____ by a third-party, pursuant to contract

6. Health care will be provided (check one)
_____ on-site
_____ off-site

7. The assisted living or skilled nursing facilities proposed to provide care to residents are:

Facility Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)
Facility Name: _____ _____

Address: _____
(Street Address) (City) (State) (Zip Code)

8. Identify the entity that has or will apply for the proposed nursing bed "Certificate of Need" with the Florida Agency for Health Care Administration:

Provider Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

9. The total number of sheltered skilled nursing beds proposed is: _____.

10. The total number of community skilled nursing beds proposed is: _____.

11. Will the Applicant own or lease the facility?
_____ own
_____ lease

12. Will the Applicant employ a management company to operate the facility?
_____ yes
_____ no

If yes, submit a copy of the agreement, which must comply with Section 651.1151, Florida Statutes, in Section III-13. Submit the information required in Section IV – Management, for the management company, including complete biographical information for all owners, officers, and directors of the management company.

13. Pursuant to Section 651.022(2)(b), Florida Statutes, please attach a listing the full names, residences, and business addresses of each of the following:

a. The proprietor, if the Applicant or provider is an individual.

b. Every partner or member, if the Applicant or provider is a partnership or other unincorporated association, however organized, having fewer than 50 partners or members, together with the business name and address of the partnership or other organization.

c. The principal partners or members, if the Applicant or provider is a partnership or other unincorporated association, however organized, having 50 or more partners or members, together with the business name and business address of the partnership or other organization. If such unincorporated organization has officers and a board of directors, the full name and business address of each officer and director may be set forth in lieu of the full name and business address of its principal members.

d. The corporation and each officer and director thereof, if the Applicant or provider is a corporation.

e. Every trustee and officer, if the Applicant or provider is a trust.

f. The manager, whether an individual, corporation, partnership, or association.

g. Any stockholder holding at least a 10% interest in the operations of the facility in which the care is to be offered.

h. Any person whose name is required to be provided in the application under this paragraph and who owns any interest in or receives any remuneration from, directly or indirectly, any professional service firm, association, trust, partnership, or corporation providing goods, leases, or services to the facility for which the application is made, with a real or anticipated value of $10,000 or more, and the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held. The Applicant shall describe such goods, leases, or services and the probable cost to the facility or provider and shall describe why such goods, leases, or services should not be purchased from an independent entity.

i. Any person, corporation, partnership, association, or trust owning land or property leased to the facility, along with a copy of the lease agreement.

j. Any affiliated parent or subsidiary corporation or partnership.

14. Has any person identified in the listing required by question 10 above, the administrator of the facility, the manager of the facility, or any such person living in the same location:

a. Been convicted of a felony or pleaded nolo contendere to a felony charge, been held liable or enjoined in a civil action by final judgement, if the felony or civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation of property?
_____ yes
_____ no

b. Is such a proceeding currently pending?
_____ yes
_____ no

c. If so, provide a certified copy of the complaint and the final adjudication by the recording public official.

15. Has any person identified in the listing required by question 10 above, the administrator of the facility, the manager of the facility, or any such person living in the same location:

a. Subject to a currently effective injunctive or restrictive order or federal or state administrative order relating to business activity or health care as a result of an action brought by a public agency or department, including, without limitation, an action affecting a license under Chapters 400 or 429, Florida Statutes?
_____ yes
_____ no

b. If so, provide a certified copy of the complaint and the final adjudication by the recording public official.

16. The Applicant's fiscal year-end is: _____.

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 this application submitted to the Florida Office of Insurance Regulation by _____("Applicant"), that they have read said application, and that they know the contents thereof and verify that the items indicated in the application checklist are true and complete to the best of their knowledge and have been submitted with the application. The undersigned represent that they have the authority to bind the Applicant, and that by their signatures on the instrument, the Applicant on behalf of which they have 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, 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, or similar persons with the authority to bind Applicant, will be accepted only if the Applicant does not have these positions.

Florida Office of Insurance Regulation

Management Information Form

Provide a complete listing of the individuals or entities managing, owning, or exercising control over the entity named below, i.e., Officers, Directors, 10% (5% if an HMO) or Greater Shareholders, Managers, Members, Partners, Proprietors, Management Company Principals, Association Members, Trustees, Incorporators, Key Individuals, and other like positions. Please type or print clearly.

Name of Entity: _____

Individuals

Name	Title (e.g.: President)	Ownership %

Entities

Name	Ownership %

*Additional pages in like format may be attached as necessary

APPLICATION FOR LICENSE
RATING ORGANIZATION

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 pcappcoord@floir.com.

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fee

Applicants must pay a license fee of $25 U.S. Dollars, pursuant to Section 624.501(18), Florida Statutes. The fee is due at the time the application is filed and is not refundable.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee for the processing of the fingerprint cards required in Section IV-4. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions.

Section I-3 Application Checklist and Certification

Applicant should have pages 7-9 completed and returned with its application.

SECTION II - LEGAL

Section II-1 Organizational Documents

Submit a copy of Applicant's Articles of Incorporation, Constitution, Articles of Agreement, or Articles of Association, and all amendments to those documents, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

Section II-2 Certificate of Status from Florida Secretary of State

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-3 Bylaws or Similar Documents

Submit a copy of Applicant's Bylaws, or equivalent document regulating the conduct of Applicant's internal affairs. This document should be certified within the last year by Applicant's Secretary as a true and correct copy of the current document. Only the Secretary's signature will be accepted unless Applicant does not have this position.

Section II-4 Certificate of Status from State of Domicile

If Applicant is not a Florida domestic entity, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of business entities in the Applicant's home state, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile.

Section II-5 Fictitious Name Filing

If Applicant plans to utilize a fictitious name, provide documentation of Applicant's compliance with the fictitious name statutes of this state.

Section II-6 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

SECTION III – BUSINESS INFORMATION

Section III-1 List of Members and Subscribers

Submit a list of Applicant's members and subscribers.

Section III-2 Kinds of Insurance

Provide a completed Uniform Certificate of Authority (UCAA) Lines of Insurance form (Form OIR-C1-1416) indicating the lines of insurance for which Applicant is applying to act as a rating organization.

Section III-3 Statement of Qualification

Applicant should provide a statement of its qualifications as a rating organization. This statement should address:

A. A detailed history of Applicant.

B. Its managerial experience.

C. A description of the services to be provided.

D. Its disaster preparedness plan.

E. Any other information Applicant deems pertinent to demonstrate Applicant's ability to successfully operate in this state.

SECTION IV - MANAGEMENT

Section IV-1 Management Information Forms

A. Submit Management Information Form OIR-C1-2221, fully describing Applicant's management, ownership, and all individuals or entities having direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

B. If Applicant is a subsidiary of a parent or holding company, provide an organizational chart showing the relationship of all affiliated entities.

Section IV-2 Biographical Affidavits

Provide a Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) for each individual listed in Section IV-1. Applicant may omit individuals for those companies in the organizational structure between the immediate parent and the ultimate parent. Please note that if an individual has a Biographical Affidavit with an associated background report on file with the Office, and the Biographical Affidavit was signed and notarized within 2 years of the date of the Application being filed, a Biographical Affidavit and associated background report need not be submitted for that individual.

All questions must be answered. All "Yes" answers must be explained.

Each Biographical Affidavit must be signed and notarized.

The affiant's social security number must be submitted to the Office. 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 to ensure that the owners, management, officers, and directors of any entity regulated by the Office 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 or more.

However, pursuant to Section 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, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to the Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

Section IV-3 Background Investigative Report

A Background Investigative Report must be provided for each person for whom a Biographical Affidavit is required, as described above. Background reports must be submitted by an approved background investigation vendor directly to the Office. Attach proof of payment confirming that all background reports have been ordered when submitting the application. Please refer to Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports, included in this packet.

The NAIC approved background investigation vendor list can be found at:

https://www.naic.org/documents/industry_ucaa_third_party.pdf

Section IV-4 Fingerprint Cards

Fingerprint cards must be provided to the Office for each person for whom a Biographical Affidavit is required. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions. If an individual has submitted a fingerprint card dated within 5 years of the date of the Application filing, a fingerprint card need not be submitted for thatindividual.

APPLICATION FOR LICENSE RATING ORGANIZATION

CHECKLIST

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted. Submit the completed checklist with the application.

SECTION I - APPLICATION FORM & FEES

- ☐ **1.** Application fee paid
- ☐ **2.** All fingerprint fees paid electronically
- ☐ **a.** Copies of online payment confirmation
- ☐ **3.** Application certification and checklist

SECTION II – LEGAL

- ☐ **1.** Organizational documents
- ☐ **a.** Certified by public official within the last year
- ☐ **2.** Certificate of Status from Florida dated within the last year
- ☐ **3.** Company bylaws or equivalent
- ☐ **b.** Certified by Secretary
- ☐ **4.** Certificate of Status from state of domicile (if applicable)
- ☐ **5.** Authorization Letter (if applicable)
- ☐ **6.** Fictitious Name Filing (if applicable)

APPLICATION FOR LICENSE RATING ORGANIZATION

CHECKLIST

Applicant Name: _____

SECTION III – BUSINESS INFORMATION

- ☐ 1. List of members and subscribers
- ☐ 2. Uniform Certificate of Authority (UCAA) Lines of Insurance form (Form OIR-C1-1416)
- ☐ 3. Statement of qualification
  - ☐ a. Detailed history of Applicant
  - ☐ b. Managerial experience
  - ☐ c. Description of services to be provided
  - ☐ d. Disaster preparedness plan
  - ☐ e. Other relevant information

SECTION IV - MANAGEMENT

- ☐ 1. Management Information Forms (Form OIR-C1-2221)
  - ☐ a. Submitted for all required entities
  - ☐ b. Organizational chart showing all affiliated entities (if applicable)
- ☐ 2. Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
  - ☐ a. All information completed (no blanks)
  - ☐ b. "Yes" answers explained
  - ☐ c. Signed
  - ☐ d. Notarized
- ☐ 3. Background investigative reports for all required individuals (OIR-C1-905). The reports must be based on the Biographical Affidavits submitted to the Office with this Application.
  - ☐ a. Proof of order and confirmation of payment submitted to the Office
- ☐ 4. Fingerprint cards for all required individuals (OIR-C1-938)
  - ☐ a. All information completed (no blanks)
  - ☐ b. Signed

Below provide the name and address of a resident of this state upon whom notices or orders of the office or process affecting Applicant may be served.

Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Email Address: _____

APPLICATION FOR LICENSE RATING ORGANIZATION

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 licensure as a Rating Organization in Florida; 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.

LICENSE RENEWAL

RATING ORGANIZATION

This packet is designed to assist individuals in preparing the application for license renewal or information update 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 pcappcoord@floir.com.

LICENSE RENEWAL RATING ORGANIZATION

CHECKLIST

Please complete and check off all relevant items prior to submission. Submit the completed checklist with the application. Indicate if this is a license renewal or information update below.

☐ **License Renewal:** If a license renewal, Applicant should check off and submit items 1 & 2 as well as any additional information that needs to be updated.

☐ **Information Update:** If an information update only, Applicant should check off and submit only the items to be updated.

☐ **1. Applicant Name & Address**

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS ABOVE):

_____

_____

(city) (state) (zip code)

If adding a fictitious name, provide documentation of Applicant's compliance with the fictitious name statutes of this state.

☐ **2. Fee (only for license renewals)**

Rating Organizations must pay a license renewal fee of $25 U.S. Dollars, pursuant to Section 627.221, Florida Statutes. This fee is due at the time the application is filed and is not refundable.

☐ **3. Organizational Document**

If updating, submit a copy of Applicant's Articles of Incorporation, Constitution, Articles of Agreement, or Articles of Association, and all amendments to those documents, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

☐ **4. Bylaws or Similar Documents**

If updating, submit a copy of Applicant's Bylaws, or equivalent document regulating the conduct of Applicant's internal affairs. This document should be certified within the last year by Applicant's Secretary as a true and correct copy of the current document. Only the Secretary's signature will be accepted unless Applicant does not have this position.

☐ **5. List of Members and Subscribers**

If updating, submit a current list of Applicant's members and subscribers.

☐ **6. Changes in Kinds of Insurance**

If updating, provide a completed Uniform Certificate of Authority (UCAA) Lines of Insurance form (Form OIR-C1-1416) indicating all lines of insurance for which Applicant is applying to act as a rating organization. Provide an updated statement of qualification at the same time pursuant to the instructions in Section III-3 of Form OIR-C1-PCR1, Application for License Rating Organization.

☐ **7. Management Information**

If there have been any changes in Applicant's management, ownership, or the individuals or entities having direct or indirect control of Applicant, up to and including any 10% or greater interest holders of the ultimate parent, Applicant should submit a new Management Information Form OIR-C1-2221 for the relevant entity and comply with the directions in IV-2, IV-3, and IV-4 of Form OIR-C1-PCR1, Application for License Rating Organization.

☐ **8. Resident Agent**

If updating, below provide the name and address of a resident of this state upon whom notices or orders of the office or process affecting Applicant may be served.

Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Email Address: _____

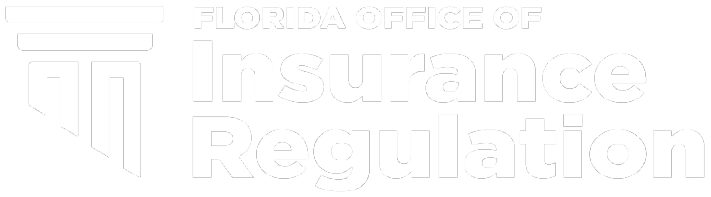
VERSION
24.01.A

Supplemental Policy Credits to Premium Taxes Reporting Form

Pursuant to: Rule 69O-171.013, F.A.C.

If you need any assistance during the filing process,
please contact the Office at

PremiumTaxDiscounts@floir.com



Reports must be submitted no later than

FORM OIR-B1-596
Effective Date 07/2024
Rule 69O-171.013, F.A.C.

Contact Information

THIS IS REQUIRED INFORMATION that is to be provided each time the supplemental policy credits to premium taxes is submitted to the Office of Insurance Regulation.

Contact and General Questions	Responses	VALIDATION CHECKS Required Data Field Complete?
Please provide the name of the individual responsible for the coordination and submission of the supplemental policy credits to premium taxes.		*FALSE*
What is her or his email address?		*FALSE*
What is the best number where she or he can be reached?		*FALSE*
What is the Company's name?		*FALSE*
What is the Company's NAIC Code? ("00000" if no NAIC Code exists)		*FALSE*
What is the Company's Florida Company Code? ("00000" if no NAIC Code exists)		*FALSE*
What is the Company's FEIN?		*FALSE*
What is the Company's NAIC Group Code? ("0000" if no NAIC Group Code exists)		*FALSE*
What is the Company's State of Domicile?		*FALSE*
Date of Completing this Report (Date Report Completed)		*FALSE*
Statement Period		*FALSE*

Florida Supplemental Policy Credits to Premium Taxes

Instructions: As authorized under section 624.5108, F.S., the Florida Office of Insurance Regulation requires the use of this form by authorized insurers to collect information required by section 624.5108(8), F.S. This form must be uploaded into the Office's Regulatory Electronic Filing system as a supplement to the company's quarterly and annual statements filed through that system.

Specifically, every insurer required to provide a premium deduction under section 624.5108 must provide the information below.

QUESTION	Section 624.5108(1)(a)	Section 624.5108(1)(b)	Section 624.5108(1)(c)	
1. The total number of policies that received a deduction during the period covered by this statement for:				*FALSE*
2. The total dollar amount of deductions provided to policyholders during the period covered by this statement period for:				*FALSE*
3. The total premium related to insurance policies providing residential coverage on a dwelling covered by this statement period for:				*FALSE*
4. The total premium related to policies, contracts, or endorsements providing personal or commercial lines coverage for the peril of flood or excess coverage for the peril of flood on any structure or the contents of personal property contained therein covered by this statement period for:				*FALSE*

ACORD

FLORIDA WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext): / FAX (A/C, No):	COMPANY	UNDERWRITER
		APPLICANT NAME - INCLUDE ALL SUBSIDIARIES & DBA'S TO BE INCLUDED IN COVERAGE, ALONG WITH THEIR FEIN	
		MAILING ADDRESS (INCLUDING ZIP CODE) - INCLUDE PRINCIPAL PHYSICAL LOCATION AND ALL INSURED ENTITIES ☐ CHECK HERE IF LIST OF ADDITIONAL LOCATIONS ATTACHED	
LICENSE #: / CODE: SUB CODE:	YRS IN BUS / SIC CODE	☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ SUBCHAPTER "S" CORP ☐ OTHER:	
AGENCY CUSTOMER ID	FEDERAL EMPLOYER ID NUMBER	NCCI ID NUMBER	OTHER RATING BUREAU ID NUMBER

STATUS OF SUBMISSION

☐ QUOTE ☐ ISSUE POLICY

BILLING / AUDIT INFORMATION

BILLING PLAN	PAYMENT PLAN		AUDIT	
☐ AGENCY BILL	☐ ANNUAL	☐ PREM FINANCED	☐ AT EXPIRATION	☐ MONTHLY
☐ DIRECT BILL	☐ SEMI-ANNUAL	☐ OTHER:	☐ SEMI-ANNUAL	☐ OTHER:
	☐ QUARTERLY	% DOWN:	☐ QUARTERLY	

LOCATIONS -

LIST ALL PHYSICAL LOCATIONS, INCLUDING OTHER STATES, WHETHER COVERAGE IS REQUESTED OR NOT. IF APPLICANT IS A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY, LIST ALL CLIENT COMPANIES AND THEIR LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP CODE

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE	☐ PARTICIPATING ☐ NON-PARTICIPATING	RETRO PLAN

PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLE	OTHER COVERAGES
	$ EACH ACCIDENT			☐ U.S.L. & H.
	$ DISEASE - POLICY LIMIT		COINSURANCE LIMIT	☐ VOLUNTARY COMPENSATION
	$ DISEASE - EACH EMPLOYEE			☐

DIVIDEND PLAN / SAFETY GROUP	ADDITIONAL COMPANY INFORMATION

RATING INFORMATION

☐ CHECK HERE IF LIST OF ADDITIONAL CLASS CODES ATTACHED

LOC	CLASS CODE	COM-PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EM-PLOYEES	ACTUAL REMUNERATION PAST 12 MONTHS	ESTIMATED REMUNERATION FOR NEXT POLICY PERIOD	RATE	ESTIMATED ANNUAL PREMIUM

SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS

	FACTOR	FACTORED PREMIUM
TOTAL		$
		$
		$
EXPERIENCE MODIFICATION		$
MODIFIED PREMIUM		$
PREMIUM DISCOUNT		$
EXPENSE CONSTANT	N/A	$
TOTAL ESTIMATED ANNUAL PREMIUM		$
MINIMUM PREMIUM $	DEPOSIT PREMIUM	$

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INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, OWNERS TO BE INCLUDED OR EXCLUDED. (REMUNERATION TO BE INCLUDED MUST BE PART OF RATING INFORMATION SECTION.) ATTACH LIST OF ADDITIONS/EXEMPTIONS, IF ANY. PROVIDE COPIES OF EVIDENCE OF EXCLUSIONS/INCLUSIONS. DISCLOSURES OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY, AS AN ALTERNATIVE, ATTACH A COPY OF EXEMPTION OR INCLUSION FORM FILED WITH THE STATE OF FLORIDA.

#	NAME	DATE OF BIRTH	SOCIAL SECURITY #	TITLE / RELATIONSHIP	OWNR-SHP %	DUTIES	INC / EXC	CLASS CODE	REMUNERATION
1									
2									
3									

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS ☐ LOSS RUN ATTACHED

YEAR	CARRIER & POLICY NUMBER	ACTUAL/AUDITED PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF ALL BUSINESSES, OPERATIONS AND PRODUCTS (INCLUDING OTHER STATES): MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. IF CONTRACTOR, PROVIDE LICENSE NUMBER.

☐ PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY ☐ TEMPORARY EMPLOYMENT SERVICE

EMPLOYEES - ATTACH A LIST OF ADDITIONAL EMPLOYEE NAMES

NAME	CLASS CODE	SOCIAL SECURITY #	NAME	CLASS CODE	SOCIAL SECURITY #

ATTACH THE LAST FOUR (4) EMPLOYERS QUARTERLY REPORTS OR IRS FORM 941. PLEASE EXPLAIN IF THE EMPLOYERS QUARTERLY REPORTS OR 941 IS NOT AVAILABLE. DISCLOSURE OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS AN ALTERNATIVE, THE LATEST EMPLOYERS QUARTERLY REPORT WITH CLASS CODES ADDED CAN BE USED IN LIEU OF A SEPARATE LISTING OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBER AND CLASS CODE. ANY EMPLOYEES NOT ON THE EMPLOYERS QUARTERLY REPORT SHOULD BE SHOWN SEPARATELY.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?			16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			17. ANY OTHER INSURANCE WITH THIS INSURER?		
			18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED (Last 3 years)?		
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?			19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?			20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS / SUBSIDIARY?		
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?			21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
6. ARE SUB-CONTRACTORS AND/OR INDEPENDENT CONTRACTORS USED?			22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?			23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? $		
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?			24. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?		
9. ANY GROUP TRANSPORTATION PROVIDED?			**CONTACT INFORMATION**		
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?			**IN-SPECTION** PHONE:		
11. ANY PART TIME OR SEASONAL EMPLOYEES?			NAME:		
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?			**ACCTNG RECORD** PHONE:		
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?			NAME:		
14. DO EMPLOYEES TRAVEL OUT OF STATE?			**CLAIMS INFO** PHONE:		
15. ARE ATHLETIC TEAMS SPONSORED?			NAME:		

REMARKS

THE FILING OF AN APPLICATION CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION PROVIDED WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS' COMPENSATION COVERAGE IS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, OR S. 775.084.

I UNDERSTAND THAT AS THE EMPLOYER,

I MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANGE IN THE REQUIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)

IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVERAGE IT IS A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS PROVIDED UNDER THE LAW.

I SHALL SUBMIT TO THE CARRIER, A COPY OF THE EMPLOYERS QUARTERLY REPORT AND SELF-AUDITS SUPPORTED BY THE EMPLOYERS QUARTERLY REPORT, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS EMPLOYERS QUARTERLY REPORT, FLORIDA STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBURSE THE CARRIER FOR ANY WORKERS COMPENSATION BENEFITS PAID TO THIS OMITTED EMPLOYEE;

I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYROLL VERIFICATION AUDIT AND PERMIT THE AUDITOR TO MAKE A PHYSICAL INSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHALL RESULT IN A $500 PAYMENT TO THE CARRIER TO DEFRAY THE COST OF THE AUDITS;

THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDERSTATE OR CONCEAL PAYROLL, OR MISREPRESENT OR CONCEAL EMPLOYEE DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND REASONABLE ATTORNEY'S FEES.

FORMER NAMES AND OWNERS

FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FORMER NAMES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE COVERED BY THE POLICY. INCLUDE THE FEIN FOR EACH COMPANY.

FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO HAS MORE THAN 5% OWNERSHIP INTEREST. FOR EACH COVERED COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE THAN 5% OWNERSHIP INTEREST IN THE LAST 5 YEARS.

OWNERSHIP / COMBINABILITY

DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OF THIS BUSINESS, OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION?

☐ YES ☐ NO

OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WHICH IN TURN OWNS A MAJORITY INTEREST IN ANY ENTITY THAT OPERATED AT ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?

☐ YES ☐ NO

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE FOLLOWING SUPPLEMENTAL OWNERSHIP / COMBINABILITY QUESTIONS:

1. IDENTIFY BY NAME, ADDRESS, AND FEIN EACH BUSINESS WHICH IS RELATED BY COMMON OWNERSHIP TO THE APPLICANT BUSINESS.

2. SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURANCE COMPANY THAT PROVIDED WORKERS' COMPENSATION INSURANCE, THE POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO EACH SUCH POLICY.

3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FACTOR, PLEASE STATE.

THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZATION WITH EXPERIENCE RATING INFORMATION RELATED TO THE APPLICANT AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO THE INSURER, FWCJUA, OR OTHER RATING ORGANIZATION SO THAT THE CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE. THAT I, AS AN OWNER / OFFICER, AM FULLY AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND TO BIND THE APPLICATION.	AS AGENT / PRODUCER I HEREBY ATTEST THAT I HAVE GIVEN THE APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER OR OFFICER THE CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES.
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.	UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.
OWNER / OFFICER SIGNATURE **DATE**	**PRODUCER'S SIGNATURE** **DATE**
PRINT NAME	

ACORD™ FLORIDA WORKERS COMPENSATION
MONTHLY CHANGE SHEET

PRODUCER	COMPANY	UNDERWRITER	DATE
	APPLICANT NAME (as shown on original application)		
	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE

INSURANCE

COMPANY (NAME AND ADDRESS) THIS SECTION WILL FIT IN A WINDOW ENVELOPE

THE FLORIDA RULES REQUIRE THAT AN EMPLOYER UPDATE AN APPLICATION MONTHLY TO REFLECT ANY CHANGE.

FOLD LINE FOR WINDOW ENVELOPE

APPLICANT NAME (Enter new name)

MAILING ADDRESS (Enter new address including zip code)

LOCATIONS (If applicant is an employee leasing company, the client's company name should be included with the address)

CHANGE		LEASING COMPANY		LOC #	STREET, CITY, STATE, ZIP CODE
	ADD		YES		
	DELETE		NO		
	ADD		YES		
	DELETE		NO		
	ADD		YES		
	DELETE		NO		
	ADD		YES		
	DELETE		NO		
	ADD		YES		
	DELETE		NO		
	ADD		YES		
	DELETE		NO		

RATING INFORMATION

CHANGE		STREET, CITY, STATE	LOC #	CLASS CODE	COMPANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	NO. OF EM-PLOYEES	EST REMUNER FOR PRESENT POLICY PERIOD
	ADD							
	DELETE							
	CHANGE							
	ADD							
	DELETE							
	CHANGE							
	ADD							
	DELETE							
	CHANGE							
	REMARKS							

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED (Remuneration to be included must be part of rating information section.)

CHANGE	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	RE-MUNERATION
☐ ADD ☐ DELETE ☐ CHANGE								
☐ ADD ☐ DELETE ☐ CHANGE								
☐ ADD ☐ DELETE ☐ CHANGE								
☐ ADD ☐ DELETE ☐ CHANGE								

EMPLOYEES NAMES

☐ Check if additional employee names are attached

CHANGE	NAME	CHANGE	NAME
☐ ADD ☐ DELETE ☐ CHANGE		☐ ADD ☐ DELETE ☐ CHANGE	
☐ ADD ☐ DELETE ☐ CHANGE		☐ ADD ☐ DELETE ☐ CHANGE	
☐ ADD ☐ DELETE ☐ CHANGE		☐ ADD ☐ DELETE ☐ CHANGE	

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS (Please provide comments on changes in operations and the reason for the changes)

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING – RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT, CONTRACTOR – TYPE OF WORK, SUB-CONTRACTS. MERCANTILE – MERCHANDISE, CUSTOMERS, DELIVERIES. SERVICE – TYPE, LOCATION, FARM – ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

REMARKS

I understand that as the employer,

I must update the application monthly to reflect any change in the required application information;

If I file an application or application update containing false, misleading, or incomplete, information with the purpose of avoiding or reducing the amount of premiums for Worker's Compensation coverage it is a felony of the third degree;

I shall submit to the carrier, a copy of the quarterly earnings report and self-audits supported by the quarterly earnings reports, as required by chapter 443, at the end of each quarter. If I omit the name of an employee from this quarterly earnings report, Florida statues state that I will remain liable and will reimburse the carrier for any worker's compensation benefits paid to this omitted employee;

I agree to make available, all records necessary for the payroll verification audit and permit the auditor to make a physical inspection of our operations. I understand failure to do this shall result in a $500 payment to the carrier to defray the cost of the audits;

If I intentionally understate or conceal payroll, or misrepresent or conceal employee duties so as to avoid proper classification for premium calculations, or misrepresent or conceal information pertinent to the computation and application of an experience rating modification factor, I shall pay the carrier, in addition to any additional premium due resulting from an audit, a penalty of 10 times the amount of the difference in premium paid and the amount I should have paid, and reasonable attorney's fees.

I hereby swear that the information contained in this application is accurate and acknowledge that I have read the above statements.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE

APPROVED
Date Received: 11/30/2022 Date Of Action: 01/22/2024
FL OFFICE OF INSURANCE REGULATION

Florida State Special Audit Rules

Rule ID: BM-FLPP-FA658

Effective Date: July 1, 2024

This rule provides information regarding the Florida State Special Audit Rules applicable to voluntary market workers compensation and employers liability insurance policyholders.

Topic	See page
Annual audits for new and renewal polices	121
Biennial mail or physical audits	121
Final physical audit thresholds	121
Rule for conducting a preliminary physical audit for new policies	121
Rule for conducting audits at the employer's request	122

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APPROVED
Date Received: 11/30/2022 Date Of Action: 01/22/2024
FL OFFICE OF INSURANCE REGULATION

Topic	See page
Mail audit reports	122
Rules for including records in the physical audits	122
Conducting audits for accurate classification assignment of employee duties	122
Non-cooperation with audit and Audit Noncompliance Charge	122
$500 charge when employer fails to provide access to complete the audit	123
Employer penalty for concealment or misrepresentation	124
Audit completion requirements	124

Annual audits for new and renewal polices

Rule ID: BM-FLPP-AC99D

Effective Date: July 1, 2024

Final annual audits must be completed for both new and renewal policies.

- For policies with an estimated annual premium of $10,000 and over, a final physical audit must be completed annually on all employers regardless of governing classification code.
- For policies with an estimated annual premium of $9,999 and under, a final mail or physical audit must be completed annually on all employers regardless of governing classification code.

Annual audits for new and renewal polices having construction classifications

For policies having construction classifications, the following audits must be completed:

- For all new business policies having construction classifications, regardless of premium range, a final physical audit must be completed annually.
- For all renewal business policies having construction classifications, a final physical audit must be completed annually if the estimated annual premium is $5,000 and over.

Biennial mail or physical audits

Rule ID: BM-FLPP-B0817

Effective Date: July 1, 2024

For per capita policies, a final mail or physical audit must be completed not less than biennially.

Final physical audit thresholds

Rule ID: BM-FLPP-F54EF

Effective Date: July 1, 2024

Final physical audit thresholds are different for policies having construction classifications and policies having nonconstruction classifications.

Policy type	Classification type	Final physical audit threshold
New and Renewal policies	Nonconstruction classification	Estimated annual premium of $10,000 and over
New policy	Construction classification	All new policies, regardless of estimated annual premium size
Renewal policy	Construction classification	Estimated annual premium of $5,000 and over

Rule for conducting a preliminary physical audit for new policies

Rule ID: BM-FLPP-RAA18

Effective Date: July 1, 2024

You should consider conducting a preliminary physical audit before the expiration of new policies having any of the following characteristics:

- construction risks with over $10,000 in estimated annual premium

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APPROVED
Date Received: 11/30/2022 Date Of Action: 01/22/2024
FL OFFICE OF INSURANCE REGULATION

- employee leasing companies
- trucking companies
- payroll inconsistencies on Reemployment Tax (RT) forms or monthly updates, and
- estimated annual premium greater than $50,000.

Rule for conducting audits at the employer's request

Rule ID: BM-FLPP-RB410
Effective Date: July 1, 2024

Conduct physical audits whenever requested by the employer unless such request is unnecessarily repetitive.

Mail audit reports

Rule ID: BM-FLPP-MB42B
Effective Date: July 1, 2024

Mail audit reports by the employer are permitted only where a physical audit is not required.

To comply with Section 440.381(4), Florida Statutes, at the end of each quarter you must request a copy of the employer's quarterly earnings report, including self-audits supported by the quarterly earnings report, required by chapter 443. The reports must include a sworn statement by an officer or principal of the employer attesting to the accuracy of the information contained in the report.

Rules for including records in the physical audits

Rule ID: BM-FLPP-RFE0D
Effective Date: July 1, 2024

When examining records during physical audits, you must use the following as applicable:

- Reemployment Tax (RT) forms
- federal reports of employee income
- payroll records
- cash disbursement journals
- other acceptable accounting records
- certificates of insurance covering subcontractors
- independent contractor documents, and
- any other employer records necessary to establish premium or assign classifications.

Conducting audits for accurate classification assignment of employee duties

Rule ID: BM-FLPP-CB96D
Effective Date: July 1, 2024

NCCI or carriers must conduct audits to ensure the accurate classification assignment for duties of employees. Increases in premium due to changes in classifications are subject to the Classification changes or corrections rules. The Florida Office of Insurance Regulation monitors classification assignments through its examination of carriers.

Non-cooperation with audit and Audit Noncompliance Charge

Rule ID: BM-FLPP-D557E
Effective Date: July 1, 2024

If the employer fails to return voluntary audit requests or refuses to cooperate in completing a final physical audit within 90 days from the date of termination in accordance with the Return of Unearned Premium rule, the carrier may use any information available to estimate payroll and develop the most recent estimated annual premium. The final premium charged must not exceed three times the most recent estimated annual premium in accordance with Section 440.381(8), Florida Statutes.

Audit Noncompliance Charge

The difference between the final premium charged and the most recent estimated annual premium is the Audit Noncompliance Charge.

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FL OFFICE OF INSURANCE REGULATION

Reporting instructions for the Audit Noncompliance Charge

For reporting instructions on the Audit Noncompliance Charge detailed in this rule and in Florida's Workers Compensation Premium Algorithm, refer to NCCI's ***Statistical Plan***.

References

Refer to NCCI's ***Basic Manual User's Guide*** for an example.

Topic	See page
Rules for establishing proof of the employer's non-cooperation with audit	123
Florida Non-Cooperation With Premium Audit Endorsement	123
Involving the Special Investigation Unit when employer refuses access to records	123
Rules that do not apply to retrospectively rated policies	123

Rules for establishing proof of the employer's non-cooperation with audit

Rule ID: BM-FLPP-R1AF2

Effective Date: July 1, 2024

You must do the following to establish proof of the employer's non-cooperation with an audit.

- Make two good faith efforts to obtain the voluntary audit report or complete the physical audit.
- Document the audit file regarding the two good faith attempts to obtain the required audit information.
- After the two good faith attempts to obtain records, send a letter by certified mail to the employer advising it of the specific records that are required and the premium that will be charged if the employer continues to refuse access to the records.
- Issue a cancellation notice for the renewal policy. If the audit is conducted, you may rescind the cancellation notice.

Florida Non-Cooperation With Premium Audit Endorsement

Rule ID: BM-FLPP-F3406

Effective Date: July 1, 2024

You must attach the Florida Non-Cooperation With Premium Audit Endorsement to each policy.

Involving the Special Investigation Unit when employer refuses access to records

Rule ID: BM-FLPP-I299F

Effective Date: July 1, 2024

If an employer pays the Audit Noncompliance Charge, and continues to refuse access to the records, in accordance with Section 626.9891, Florida Statutes, you should have your Special Investigation Unit take further action, which may include involving the Florida Department of Financial Services Division of Insurance Fraud.

Rules that do not apply to retrospectively rated policies

Rule ID: BM-FLPP-RD7AF

Effective Date: July 1, 2024

The following rules do not apply to policies written under workers compensation retrospective rating plans:

- Non-cooperation with audit and Audit Non-compliance Charge
- Rules for establishing proof of the employer's non-cooperation with audit
- Florida Non-Cooperation With Premium Audit Endorsement, and
- Involving the Special Investigation Unit when employer refuses access to records.

$500 charge when employer fails to provide access to complete the audit

Rule ID: BM-FLPP-A9F16

Effective Date: July 1, 2024

In accordance with Section 440.381(5), Florida Statutes, employers must make available all records necessary for the payroll verification audit and

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permit the auditor to make a physical inspection of the employer's operation. If the employer fails upon request of the auditor to allow physical entry or to provide access to the documents specified in this section and you cannot complete the audit as a result, then the employer must pay $500 to you to defray the costs of the audits.

Rule for imposing a $500 charge

You may impose the $500 charge only if you incurred actual travel expenses and the employer was made aware of the potential charge in writing when access was denied.

Denial of access to records by the agent or representative of the employer is considered the same as a denial by the employer.

The $500 charge is not premium and must not be reported to NCCI.

Employer penalty for concealment or misrepresentation

Rule ID: BM-FLPP-E85FC

Effective Date: July 1, 2024

In accordance with Section 440.381(6), Florida Statutes, if an employer understates or conceals payroll, or misrepresents or conceals employee duties to avoid proper classification for premium calculations, or misrepresents or conceals information pertinent to the calculation and application of an experience rating modification factor, the employer, or his agent or attorney, must pay to the insurance carrier a penalty of 10 times the amount of the difference in premium paid and the amount the employer should have paid and reasonable attorney's fees. The penalty may be enforced in the circuit courts of the state of Florida.

Audit completion requirements

Rule ID: BM-FLPP-A00DB

Effective Date: July 1, 2024

In accordance with Section 440.381(3), Florida Statutes, at the completion of an audit, the employer or officer of the corporation and the auditor must print and sign their names on the audit document and attach proof of identification to the audit document, subject to the audit completion requirements.

Audit completion requirements

<table>
<tr><th>Requirement</th><th colspan="2">Description</th></tr>
<tr><td rowspan="3">An audit is complete . . .</td><td>Physical Audit</td><td>Mail Audit</td></tr>
<tr><td>After the principal examination of the records by the auditor.</td><td>Upon receipt by the insurance carrier.</td></tr>
<tr><td colspan="2">Note: Failure to obtain signature sheets from the employer does not preclude you from billing.</td></tr>
<tr><td>A signature sheet is . . .</td><td colspan="2">An acknowledgment form used to comply with the signature requirements of Section 440.381(3), Florida Statutes and Rule 69O-189.003, Florida Administrative Code. The forms that may be used are:
Partner's, Sole Proprietor's, or Corporate Officer's Statement
Statement of Individual Providing Audit Information (other than Partner, Sole Proprietor, or Corporate Officer)
Auditor's Statement
Other forms in compliance with Rule 69O-189.003, Florida Administrative Code, and approved by the Office of Insurance Regulation prior to use</td></tr>
<tr><td>Signature</td><td colspan="2"></td></tr>
</table>

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Requirement	Description	
Employer	1. Any partner, sole proprietor or officer of the employer must provide a completed signature sheet. 2. If the individual providing the records and/or operational information on behalf of the employer is not a partner, sole proprietor, or officer of the employer, that individual must also complete a signature sheet, accompanied by a completed signature sheet as detailed in 1. above. This individual may supply his/her completed signature sheet at the time of the audit and subsequently provide to the insurance carrier the completed signature sheet as detailed in 1. above.	
Insurer (Auditor)	An employee or agent of the insurance carrier performing the audit will complete the appropriate signature sheet.	
Proof of Identification		
Employer	• Notarized signature, or • Company issued photo ID with the name of the individual, or • Driver's license, or • Other forms of photo ID such as passport	
Insurer (Auditor)	**Physical Audit**	**Mail Audit**
	Auditor Identification may consist of a business card or a copy of a photo ID.	Proof of Identification is not required.

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OFFICE OF INSURANCE REGULATION
Property & Casualty Forms and Rates

PARTNER'S, SOLE PROPRIETOR'S OR CORPORATE OFFICER'S STATEMENT

Name of Insurance Carrier: _____

Name of Individual or Business Conducting the Audit: _____
(If other than an employee of the Insurance Company)

Name of Insured: _____

Policy Number: _____ **Policy Period From:** _____ **to** _____

PARTNER'S, SOLE PROPRIETOR'S OR CORPORATE OFFICER'S STATEMENT

I attest that I am the Partner, Sole Proprietor or a Corporate officer of the insured shown above. As such, I have authorized the individual(s) listed below, in addition to myself, to provide to the auditor(s) indicated above, all information necessary to determine the appropriate premium for the workers' compensation policy referenced herein. This information includes, but is not limited to the following: ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, programs for storing and retrieving data, scope of operations, employee classifications, employee duties/job descriptions, payments to subcontractors and independent contractors and all other information requested for the purpose of completing this audit. I understand that this audit will be completed utilizing this information. I attest to the truthfulness and accuracy of the information provided.

Names of individuals authorized to provide audit information (if any):

I understand that it is a felony for **any** person to knowingly make any false, fraudulent, or misleading oral or written statement, or to knowingly omit or conceal material information for the purpose of avoiding, delaying, or diminishing the amount of payment of any workers' compensation premiums.

Signing this statement does not waive my right to dispute any part of the auditor's interpretations, findings or judgment.

_____ _____
Partner's, Sole Proprietor's or Corporate Officer's Printed Name **Title**

_____ _____
Signature ***(Attach copy of proof of identification)*** **Date**

OFFICE OF INSURANCE REGULATION
Property & Casualty Forms and Rates

STATEMENT OF INDIVIDUAL PROVIDING AUDIT INFORMATION
(Other than Partner, Sole Proprietor or Corporate Officer)

Name of Insurance Carrier: _____

Name of Individual or Business Conducting the Audit: _____
(If other than an employee of the Insurance Company)

Name of Insured: _____

Policy Number: _____ **Policy Period From:** _____ **to** _____

STATEMENT OF INDIVIDUAL PROVIDING AUDIT INFORMATION
(other than Partner, Sole Proprietor or Corporate Officer)

I attest that I am authorized by the insured shown above, to provide to the auditor(s) referenced above, all records that relate to this policy. These records include, but are not limited to ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. I have provided the auditor with the scope of operation of the insured, employee classifications, employee duties/job descriptions, information relating to payments to subcontractors and independent contractors and all other information requested for the purpose of completing this audit, with the exception of:

which, I did not provide because:

I understand that it is a felony for any person to knowingly make any false, fraudulent, or misleading oral or written statement, or to knowingly omit or conceal material information for the purpose of avoiding, delaying, or diminishing the amount of payment of any workers' compensation premiums.

Individual's Printed Name	**Title**
Signature ***(Attach copy of proof of identification)***	**Date**

AUDITOR'S STATEMENT

Name of Insurance Carrier: _____

Name of Individual or Business Conducting the Audit: _____
(If other than an employee of the Insurance Company)

Name of Insured: _____

Policy Number: _____ **Policy Period From:** _____ **to** _____

AUDITOR'S STATEMENT

I attest that I am authorized by the above named insurance carrier to examine the records of this insured, to perform a physical onsite inspection if necessary and to gather any and all other pertinent information to ensure that the appropriate premium is charged for the workers' compensation policy referenced above.

Auditor's Printed Name	**Title**
Signature *(Attach copy of proof of identification)*	**Date**

KATHLEEN PASSIDOMO
President

PAUL RENNER
Speaker

THE FLORIDA LEGISLATURE

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July 17, 2024

Ms. Kama Monroe
Assistant General Counsel
Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399

RE: Office of Insurance Regulation
Proposed Rule Number 69O-189.003

Dear Ms. Monroe:

I have reviewed the above-referenced proposed rule, which was advertised in the Florida Administrative Register on June 14, 2024. I have the following comment for your consideration and response:

69O-189.003(4)(a)2.: This subparagraph states that it incorporates by reference the "National Council on Compensation Insurance's (NCCI) Basic Manual, Florida State Special Audit Rules." The manual received does not indicate that it is solely the Florida Special Audit Rules. Is this a select portion of the manual? If so, clarity should be provided in the incorporation.

Additionally, rule 1-1.013(2)(a), F.A.C., requires incorporated material to be identified with an effective date and a statement describing how an affected person may obtain a copy of the material, including procedures for copyrighted material. *See* § 120.54(1)(i)2., Fla. Stat. (2023).

Please let me know if you have any questions. Otherwise, I look forward to your response.

Sincerely,

Jamie L. Jackson

Jamie L. Jackson
Chief Attorney

JLJ:tf #193080

FINANCIAL SERVICES COMMISSION

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COMMISSIONER

August 29, 2024

Mr. Kenneth J. Plante
Coordinator
Joint Administrative Procedures Committee
Room 680, Pepper Building
111 W. Madison Street
Tallahassee, Florida 32399-1400

RE: Rules 69O-189.003, Florida Administrative Code ("F.A.C.")

Dear Mr. Plante:

Below are the Office of Insurance Regulation ("Office") responses to written material submitted to the Office from Jamie Jackson, Chief Attorney, Joint Administrative Procedures Committee.

69O-189.003(4)(a)2. This subparagraph states that it incorporates by reference the "National Council on Compensation Insurance's (NCCI) Basic Manual, Florida State Special Audit Rules." The manual received does not indicates that it is solely the Florida Special Audit Rules. Is this a select portion of the manual? If so, clarity should be provided in the incorporation.

Additionally, Rule 1-1.013(2)(a), F.A.C., requires incorporated material to be identified with an effective date and a statement describing how an affected person may obtain a copy of the material, including procedures for copyrighted material. See Section 120.54(1)(i)2., Fla. Stat. (2023).

Response: Your points are well taken. After careful review, we have determined that the most accurate way to reference the incorporated materials is "NCCI Basic Manual (pages 120-125), Florida State Special Audit Rules, effective July 1, 2024, approved for use by the Office on 1/22/24." A Notice of Change will be published to use this title for the referenced materials and additional language regarding how to obtain a copy of the materials will be added.

Sincerely,

Kama Monroe
Kama Monroe
Assistant General Counsel

Notice of Change/Withdrawal

DEPARTMENT OF FINANCIAL SERVICES
OIR – Insurance Regulation
RULE NO.: RULE TITLE:
69O-189.003 Workers' Compensation: Application and Audit Procedures

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 50 No. 117, June 14, 2024 issue of the Florida Administrative Register.

69O-189.003 Workers' Compensation: Application and Audit Procedures.

(1)(a) through (3)(a) No Change

(4)(a) In order to ensure that the appropriate premium is charged for workers' compensation coverage, each employer and carrier shall comply with:

1. No Change

2. The current voluntary market audit requirements as set forth in the "NCCI Basic Manual (pages 120-125), Florida State Special Audit Rules", approved for use by the Office effective 1/24, and hereby incorporated by reference. The Office has determined that posting these incorporated materials would be a violation of federal copyright law. The "NCCI Basic Manual (pages 120-125), Florida State Special Audit Rules" is available from the National Council on Compensation Insurance (NCCI) 901 Peninsula Corporate Circle, Boca Raton, Florida 33487-1362 at https://www.ncci.com/pages/default.aspx, for inspection during regular business hours at the Office of Insurance Regulation, Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0300, and for inspection during regular business hours at the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250. ~~National Council on Compensation Insurance's (NCCI) Basic Manual, Florida State Special Audit Rules, approved for use by the Office, and hereby incorporated by reference.~~

(b) through (g) No Change

Rulemaking Authority 440.381, 624.308(1) FS. Law Implemented 440.105(4)(b)5., 440.381, 624.307, 624.424(1)(c) FS. History– New 8-1-91, Formerly 4-28.007, Amended 10-3-95, 10-10-96, 1-15-98, 11-21-00, 11-5-02, 9-22-03, Formerly 4-189.003, Amended 3-29-05, 3-10-10, 12-26-19,_____.