



LOUISIANA DEPARTMENT OF INSURANCE
TIMOTHY J. TEMPLE
COMMISSIONER

**INSTRUCTIONS FOR
APPLICATION FOR HEALTH MAINTENANCE ORGANIZATION LICENSE
IN LOUISIANA**

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing this application in complying with the statutory and administrative requirements and to facilitate review of the application by the Louisiana Department of Insurance (LDI). Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

Direct all communication to:

Louisiana Department of Insurance
Company Licensing
PO Box 94214
Baton Rouge, LA 70804-9214

Physical Address:
1702 N. 3rd St.
Baton Rouge, LA 70802

Phone: (225) 342-1251
Fax: (225) 219-9322
E-Mail: companyapps@ldi.la.gov

While the LDI will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

The LDI accepts electronic submission of the application. The applicant should contact the LDI prior to submission to arrange for a secure portal for such a submission. Submission of sensitive or confidential information via standard email is not recommended. After submission of the application electronically, the payment of the fees must be submitted hard copy to the address above. All payments must be made payable to the Louisiana Department of Insurance.

If you are choosing to submit the application hard copy, all submittals in association with this application must reach the LDI via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. Send all correspondence to the attention of Company Licensing to assure prompt receipt and handling.

Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.

Do not alter the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.

All original items submitted become the property of the LDI and will not be returned.

All certified documents required in the application must be dated within six (6) months of submittal of the application. If you are submitting a hard copy application rather than electronically, all certifications must be original.

All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.

Applications must identify an application contact person. Because the application process is considered confidential, the application will not be discussed with any person other than the named contact person. The applicant must notify the LDI in writing of any change in contact person.

The applicant must notify the LDI of any changes in the company or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors; changes in address or domicile; and changes to the financial statements submitted in support of this application. Failure to notify the LDI of such changes may result in disapproval of the application.

INFORMATION REGARDING INCORPORATION

Louisiana law requires that a health maintenance organization must be a Louisiana domiciled corporation and must be incorporated pursuant to and the Articles of Incorporation must be compliant with the provisions of La. R.S. 22:243.

Once the Articles of Incorporation are properly prepared, the document must be submitted to the LDI for approval along with a fee in the amount of \$25.00. The LDI encourages review and discussion of the proposed Articles of Incorporation prior to the official and final submission for approval. The documents submitted to the LDI for final approval may be executed or unexecuted.

If the LDI finds the Articles of Incorporation are compliant with the applicable laws, the document will be approved for recordation and returned to the submitter for recordation with the Louisiana Secretary of State.

Once the Articles of Incorporation are properly recorded with the Louisiana Secretary of State, the company exists as a corporation and may open bank accounts and otherwise carry on business as a corporation but may not transact business as a health maintenance organization until such time as it is granted a Certificate of Authority by the LDI.

SPECIAL INSTRUCTIONS REGARDING THIRD PARTY VERIFICATION REPORTS

In association with this application, the LDI requires that all applicants obtain third party verification reports for all persons for whom biographical affidavits are required. This must include all officers, all directors, all individuals who own ten percent or more of the applicant and all other persons responsible for the conduct of affairs of the applicant. The reports must be prepared by one of the firms approved by the National Association of Insurance Commissioners. A list of those approved firms is available at <https://content.naic.org/industry-ucaa-third-party>. The applicant should advise the firm that the reports are being prepared for the LDI and make the necessary arrangements for payment. A receipt confirming the reports have been ordered should be included with the application.

SPECIAL INSTRUCTIONS REGARDING FINGERPRINTING

In association with this application, all officers, directors, trustees and all individuals who control, directly or indirectly ten percent or more of the applicant, are required to be fingerprinted and the results transmitted to the LDI. Detailed instructions on the fingerprinting process are posted on the LDI website at [Fingerprinting Requirements for Company Licensing Applications](#).

Any individual that is currently serving as an officer or director of another domestic regulated entity or has previously submitted fingerprints in association with a resident producer or adjuster license application may request a waiver of the fingerprinting requirements. Requests for such a waiver should be sent to companyapps@ldi.la.gov. The request must provide a full explanation of the application to be filed, the names of all individuals for whom the waiver is requested and clearly explain the grounds for the request.

INITIAL FINANCIAL EXAMINATION AND CONFIRMATION OF ASSETS

Prior to the issuance of a Certificate of Authority to a Louisiana domiciled insurer, the LDI will conduct an initial financial examination and confirmation of the assets of the applicant. The applicant must be properly capitalized, and its funds invested in compliance with the applicable statutes and in the name of the applicant upon submission of the application. If the funds are not properly invested and verifiable, the application will be disapproved.

The applicant must provide written notice to all depositories authorizing the release of information to the LDI.

LOCATION OF BOOKS AND RECORDS

Pursuant to La. R.S. 22:251 the books and records of a Louisiana domiciled health maintenance organization must be maintained in Louisiana unless a plan to keep them out of state has been adopted by the board of directors of the insurer and approved by the LDI.

If the applicant intends to maintain books and records outside of Louisiana, the required plan must be submitted as part of this application. That plan must include a detailed description of what books and records shall be maintained outside of Louisiana and a description of how those books and records will be made available to the LDI in compliance with La. R.S. 22:251 and all other applicable statutes.

INSTRUCTIONS FOR ATTESTATION PAGE

The Attestation Page of this application must be completed by two officers of the applicant. Each signature must be witnessed by two individuals and notarized. The same two individuals may witness both signatures, but a signatory of the document may not also act as a witness. The Attestation Page may also be signed in codicil by reproducing the form.

SPECIAL INSTRUCTIONS FOR MEDICARE ADVANTAGE APPLICANTS

If the applicant is filing this application for the sole purpose of writing Medicare Advantage business in Louisiana, certain exhibits in the application are not required. See the Exhibits portion of this application package for indications of which exhibits are not required.

COMMON QUESTIONS

The following are some of the most commonly asked questions regarding the application package and process.

Q: What is the timeframe for the review of an application?

A: The LDI makes every effort to review all applications as soon after submittal as possible. The review process can be expected to take from sixty (60) to ninety (90) days from receipt of a complete application. Please take this time frame into account when considering deadlines and operation schedules for the applicant.

Q: Can the forms in the application packet be recreated on a word processor for completion by the applicant?

A: No. The forms in this packet are designed for ease of recognition by our staff and, in many cases, in strict compliance with statutory wording requirements. Therefore, any changes in the format or wording of the forms will cause delays in the review and may lead to the disapproval of the application.

Q: The Exhibits portion of the application form requires certain biographical information on owners of 10% or more of the applicant. What if all owners are corporations? Do the officers and directors of those corporations supply the biographical information?

A: Initially, no. However, the LDI reserves the right to request biographical information for all persons who would exercise control over the insurer up to and including the ultimate controlling party. The LDI will determine if additional information is required upon review of the application and notify the applicant.

Q: Can we meet with the LDI for a preliminary review of our application prior to submission?

A: Yes. Our staff will be happy to meet with representatives of the applicant to review the application before it is actually submitted. It should be noted, however, this courtesy review is to help assure completeness only, and the LDI will not issue a preliminary approval or disapproval of the application prior to submission. Any application sent to this Office via U.S. Mail will be considered submitted for review and will not be eligible for a pre-review. You may make an appointment for preliminary review by contacting the Company Licensing Section of the LDI. Preliminary reviews will be performed only with an appointment.

Q: What factors should go into considering who should be named as the contact person?

A: Things to be considered when naming the contact person for the application process are:

- Knowledge - The person acting as the contact should have a thorough knowledge of the application packet and company functions.
- Accessibility - You should consider whether or not the contact person is easily reachable. A person who is often absent from the office or who is otherwise difficult to reach is a poor choice due to the nature of the application process.
- Location - All requests for additional information include a deadline to supply this information. Therefore, you should consider the location of the contact person and whether or not he or she can reasonably be expected to obtain needed documents or information within a time frame which is usually set at 30 days.



LOUISIANA DEPARTMENT OF INSURANCE
TIMOTHY J. TEMPLE
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**APPLICATION FOR
HEALTH MAINTENANCE ORGANIZATION LICENSE
IN LOUISIANA**

Applicant Information	
APPLICANT NAME: _____	
FEIN: _____	
APPLICATION CONTACT NAME: _____	
CONTACT TITLE _____	
CONTACT PHONE _____	
CONTACT FACSIMILE _____	
CONTACT EMAIL ADDRESS: _____	
CONTACT MAILING ADDRESS: _____	

Fees	
Initial Examination Fee	\$ 1,000.00
Certificate of Authority Fee	500.00
Total Amount This Check	\$ 1,500.00

INTERROGATORIES

All of the following questions must be answered for every applicant. ATTACH A FULL EXPLANATION AND ANY REQUESTED INFORMATION FOR ALL "YES" ANSWERS

<p>1) Has the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant ever had an application denied by any state or federal regulatory authority? (If yes, provide details including the type of application, the identity of the authority which issued the denial, the reasons for the denial and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>2) Has the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant ever had a Certificate of Authority or license suspended or revoked by any regulatory authority? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>3) Has the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant ever been subject to any regulatory action including cease and desist orders, fines, consent agreements or similar actions? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>4) Has the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant ever been placed into any type of regulatory supervision or rehabilitation by any regulatory authority? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action, an explanation of any subsequent events and an explanation of the current status.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>5) Is the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant currently involved in any dispute or controversy with any regulatory authority?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>6) Has the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant ever been the subject of bankruptcy or liquidation proceedings? (If yes, provide the jurisdiction of the proceedings, the docket number, the current status and the date of final disposition.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>7) Is the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant currently a defendant or the subject in any legal action alleging fraud, dishonesty or breach of trust on the part of the applicant or its officers, directors, trustees or members? (If yes, supply a statement giving the jurisdiction of the case, a summary of the allegations, the case style (name) and a summary of the current status of the case.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>8) Has any person who is presently an officer, director or owner of 10 percent or more of the applicant ever been convicted of or pleaded guilty or nolo contendere to, or found liable of indictment or bill of information, in any jurisdiction, charging a felony or misdemeanor other than minor traffic violations?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>9) Since incorporation, has the applicant transferred or encumbered any portion of its assets or business, or has its outstanding capital stock been directly or indirectly pledged?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>10) Is the applicant presently negotiating or inviting negotiations or acting as party to a counter-letter which would result in a transfer or encumbrance of any portion of its assets or business, or result in its outstanding capital stock being directly or indirectly pledged?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

INTERROGATORIES – Continued

<p>11) Is the applicant presently negotiating or inviting negotiations or acting as party to a counter-letter which would result in a merger or consolidation with any other entity or which would result in a change of ownership of 10 percent or more of the applicant?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>12) Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the foreseeable future?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>13) Is the applicant owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>14) Is the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant currently licensed in any capacity by the Louisiana Department of Insurance? (If yes, provide the full name of the affiliated entity and the type of license(s) held in Louisiana.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>15) Has the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant operated in any capacity in Louisiana for which it would be required to be licensed by the Louisiana Department of Insurance without having first obtained the necessary license? (If Yes, provide the identity of the entity and an explanation of the circumstances.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>16) Is the applicant part of an insurance holding company group? (If yes, provide the holding company group code assigned by the NAIC _____.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>17) Is the applicant affiliated with or concurrently operating as a bank, bank holding company, subsidiary or affiliate?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>18) Does the applicant purchase or intend to purchase investment securities through any investment banking or brokerage house or firm from whom any of the applicant's officers, directors, trustees, investment committee members or controlling stockholders receive a commission on such purchases?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>19) Has or will the applicant purchase(d) securities, assets or property of any kind from an entity owned or controlled by one or more of the applicant's officers, directors, trustees, controlling stockholder or any persons who have authority in the management of applicant's funds? (If yes, provide a full explanation and specifically address whether and officer, director, trustee, controlling stockholder or any person who has authority in the management of applicant's funds received any money or valuable thing for negotiating, procuring, recommending or aiding in such transaction.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>20) Has or will the applicant ever made/make a loan to an entity owned or controlled directly or through a holding corporation by one or more of the applicant's officers, directors, trustees or investment committee members, or to any such person? ? (If yes, provide a full explanation and specifically address whether and officer, director, trustee, controlling stockholder or any person who has authority in the management of applicant's funds received any money or valuable thing for negotiating, procuring, recommending or aiding in such transaction.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>21) Has the applicant ever sold or transferred any of its assets or property, real or personal, to an entity owned or controlled directly or through a holding corporation by one or more of the applicant's officers, directors, trustees or investment committee members, or to any such person? (If yes, provide a full explanation and specifically address whether and officer, director, trustee, controlling stockholder or any person who has authority in the management of applicant's funds received any money or valuable thing for negotiating, procuring, recommending or aiding in such transaction.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

INTERROGATORIES - Continued

<p>22) Is or will the applicant be party to any agreement with other persons to share common facilities or services (e.g. accounting personnel for financial statement preparation or management) or party to a tax allocation agreement with another company or companies? (If 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.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>23) Has the applicant had its outstanding capital stock directly or indirectly pledged for the debt of an affiliate? (If yes, provide a full explanation and specifically address whether and officer, director, trustee, controlling stockholder or any person who has authority in the management of applicant's funds received any money or valuable thing for negotiating, procuring, recommending or aiding in such transaction.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>24) Does the applicant have any reinsurance contracts which in effect provide that the applicant will reimburse or indemnify the reinsurer for losses payable there under?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>25) Does the applicant pay, directly or indirectly any commission to any officers, director, actuary, medical director or any other physician charged with the duty of examining risks or applications?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>26) Does the applicant use or intend to use a third party (whether affiliated or unaffiliated) to manage the applicant's investments? (If yes, provide detailed information as to the compensation that will be paid for this service and attach a copy of the investment management agreement and custodial agreement.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>27) Has the applicant determined who will be the independent actuary and independent CPA for the company will be? (If yes, provide the identity of those individuals/firms and a copy of the contract between the company and those parties.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>28) Will the applicant utilize a third party to administer any plans or contracts? This includes the processing of claims, adjustment of claims, pharmacy benefit management, collecting charges, or premiums, underwriting or utilization review determinations. (If yes, identify the identity of the third party and provide a copy of the proposed contract.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>29) Does the applicant have any outstanding unexercised stock options? (If yes, attach a full explanation of who holds these options and the number of shares subject thereto. If the options are outstanding for a number of shares greater than 10% of the number of shares currently issued, also attach a copy of the option form and of the plan pursuant to which the options were granted.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

EXHIBITS

EXHIBIT A – A copy of the bylaws or other such governing document of the applicant certified as true and correct by the secretary of the corporation.

EXHIBIT B – A copy of the Articles of Incorporation certified by the Louisiana Secretary of State.

EXHIBIT C - A balance sheet verified as true and correct by two officers of the company. This statement is not a pro-forma and should reflect the accurate condition of the applicant upon submission of the application.

EXHIBIT D – Pro forma financial statements for a period of three years from the proposed beginning business date. The applicant must use the Uniform Certificate of Authority form for health insurance. The forms are available at <https://content.naic.org/sites/default/files/ucaa-proforma-financial-statements-health-companies.xlsm>.

EXHIBIT E - A statement which provides a detailed description, value and exact source of all assets used to capitalize the applicant.

EXHIBIT F - Copies of all reinsurance contracts, agreements, or understandings which clearly illustrate the reinsurance plan of the applicant.

EXHIBIT G - A copy of the investment guidelines, policies, procedures or other such document which explains how decisions regarding the investments of the company will be made.

EXHIBIT H - A copy of the schedule of rates to be charged to individual and group enrollees. (NOT REQUIRED FOR MEDICARE ADVANTAGE APPLICANTS)

EXHIBIT I - A copy of the schedule of all fees and charges to be paid to the providers.

EXHIBIT J - Evidence of a fidelity bond or contract of insurance on employees and officers in an amount of not less than one hundred thousand dollars (\$100,000.00) and is in compliance with La. R.S. 22:250B.

EXHIBIT K – Completed biographical affidavits for all persons responsible for the conduct of affairs of the applicant. This should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly, 10 percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. Only the most recent version of the affidavit adopted by the National Association of Insurance Commissioners is acceptable and all affidavits must be executed no more than 180 days prior to submission. This form can be obtained at http://naic.org/documents/industry_ucaa_form11.pdf.

EXHIBIT L – A copy of the acceptance of trust executed by each director of the company. You may find a sample Director's Acceptance of Trust form at <http://www.lidi.la.gov/docs/default-source/documents/licensing/companies/directors-acceptance-of-trust.pdf?sfvrsn=0> but the applicant is free to develop its own form.

EXHIBITS – Continued

EXHIBIT M – A copy of the oath of officer executed by each officer of the company. You may find a sample form of the Oath of Officer at <http://www.lidi.la.gov/docs/default-source/documents/licensing/companies/oath-of-officer.pdf?sfvrsn=0> but the applicant is free to develop its own form.

EXHIBIT N – Written confirmation from the applicant that the fingerprints have been submitted as indicated in the special instructions in this application.

EXHIBIT O – Written confirmation from the applicant that third party verification reports have been requested as indicated in the special instructions in this application. Include the name of the firm from which the requests were made and the date of the request and payment.

EXHIBIT P - A detailed description of the corporate organizational/ownership structure of the applicant, its parent company, all owners and all affiliates. This description should include a chart showing the ownership percentages for all owners and all affiliated entities up to and including the ultimate controlling person. The chart must include the state of domicile and the Federal Employer Identification Number (FEIN) for each person. For a sample chart please go to our web site at <http://www.lidi.state.la.us/Licensing/Company/index.htm/>. This chart must be verified as true and correct by the president and secretary of the applicant.

EXHIBIT Q - A detailed Plan of Operation which addresses all of the following (NOT REQUIRED FOR MEDICARE ADVANTAGE APPLICANTS):

- 1) Provide a full explanation of the sales techniques of the applicant which includes;
 - a. Information regarding recruitment and training of sales representatives.
 - b. Identification as to whether the 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 the applicant to its agents, brokers or sales personnel.
 - d. Sample copies of any agreements entered into between the applicant and its agents or brokers.
 - e. If the 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.
- 4) Provide a detailed description of the advertising that will be used by the applicant to market its products in this state. Include a detailed explanation as to how the applicant will develop, purchase, control and supervise its advertising.
- 5) Provide a description of the applicant's method of providing for health care services and describing the professional services to be rendered. This statement must include the health care delivery capabilities of the plan including the number of primary physicians, the number of non-primary physicians identified by specialty, the numbers and types of licensed health care support staff and the number of contracted hospitals. This information should be arranged by parish.

EXHIBITS – Continued

- 6) Provide a statement describing the geographic area to be served by the application. The statement must contain a listing of principal and other offices maintained by the applicant and must be accompanied by a graphic illustration (a map) of the proposed service area.

- 6) Explain in detail how (a) the applicant’s enrollee contracts will be underwritten, including the issuance of enrollee contracts and endorsements (b) enrollee contracts will be cancelled and (c) premiums and other funds will be handled, including:
 - a. Identify the entity that will perform each of these functions.
 - b. Describe how the personnel will be trained, supervised, and compensated.
 - c. If personnel performing these functions will be shared with another entity or, if another entity will be performing these functions, please provide an explanation of this arrangement and a copy of the agreement for this service.

- 7) Describe in detail the procedures and programs which will be used by the applicant for internal review of the quality of health care provided to the enrollees.

- 8) Provide a full description of the enrollee grievance procedures to be utilized by the applicant.

EXHIBIT R - Copies of the form of the evidence of coverage to be issued to the enrollees. (NOT REQUIRED FOR MEDICARE ADVANTAGE APPLICANTS)

EXHIBIT S - Copies of the forms of all individual and group enrollee contracts. (NOT REQUIRED FOR MEDICARE ADVANTAGE APPLICANTS)

ADDRESS AND CONTACT INFORMATION

MAILING ADDRESS: Below give the mailing address of the applicant.

Address:

City:

State:

Zip:

ADMINISTRATIVE OFFICE ADDRESS: Below give the physical address of the main administrative office of the applicant.

Address:

City:

State:

Zip:

BOOKS AND RECORDS LOCATION: Below give the physical address where the books and records of the applicant are available for inspection by the Louisiana Commissioner of Insurance.

Address:

City:

State:

Zip:

PRIMARY CONTACT: Below give the name, address, phone number and email address for the primary contact person with whom the LDI should communicate after completion of the licensing process.

Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

COMPLAINT CONTACT: Below give the name, address, phone number and email address for the contact person to whom consumer complaints should be directed.

Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

ADDRESS AND CONTACT INFORMATION - Continued

REGULATORY COMPLIANCE CONTACT: Provide the name, address, phone number and email address for the contact person to whom regulations or other directives from the commissioner should be directed.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

ANNUAL STATEMENT CONTACT: Provide the name, address, phone number and email address for the contact person regarding the financial condition of the applicant should be directed.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

PREMIUM TAX CONTACT: Provide the name, address, phone number and email address for the contact person to whom inquiries from the department regarding tax payments should be directed.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

CYBERSECURITY CONTACT: Provide the name, address, phone number and email address for the contact person responsible for the receipt of and response to inquiries from the department regarding data security and data breaches should be directed.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

ADDRESS AND CONTACT INFORMATION – Continued

CATASTROPHE/DISASTER COORDINATION CONTACT: Provide the name, address, phone number and email address for the contact person for receipt of and response to inquiries from the department in the event of a catastrophe or disaster should be directed.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

MARKET CONDUCT CONTACT: Provide the name, address, phone number and email address for the contact person to whom market conduct issues should be directed.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

PRODUCER LICENSING CONTACT: Provide the name, address, phone number and email address for the contact person to whom inquiries and information regarding the licensing and appointment of producers should be directed.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

ADDRESS AND CONTACT INFORMATION – Continued

Provide the appropriate phone number to be used by Louisiana consumers for the indicated function. If the applicant has designated numbers for specific functions, include that information below.

FUNCTION	PHONE NUMBER
Primary Phone Number of Applicant	
General Consumer Inquiries	
Other (explain) _____	
Other (explain) _____	
Other (explain) _____	

WEB ADDRESS: If the applicant maintains a web site, give the URL or World Wide Web address of the site.

DEPOSITORY INFORMATION

Provide the name, contact information, and account information for all depositories with which the applicant has a relationship. You may reproduce this page as needed.

Bank/Broker Name:

Contact Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

Account Number:

Bank/Broker Name:

Contact Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

Account Number:

Bank/Broker Name:

Contact Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

Account Number:

ATTESTATION

BEFORE ME, the undersigned authority, personally appeared all of the below indicated individuals as directors of _____, an insurer incorporated under the laws of Louisiana, who, after being duly sworn, did depose and say they have personal knowledge of the information submitted with this application and that all information contained in this application and all attachments thereto is, to the best of his/her knowledge, true, complete and correct.

Signature of Witness

Signature of Company President

Printed Name of Witness

Printed Name of Company President

Signature of Witness

Signature of Company Secretary

Printed Name of Witness

Printed Name of Company Secretary

SWORN TO and subscribed before me this _____ day of _____, 20_____.

Notary Public or Bar Roll Number

Notary Public's Signature

My Commission Expires

Notary Public's Printed Name