



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

**INSTRUCTIONS FOR
APPLICATION TO ACT AS A
SPECIALTY INSURER
IN THE STATE OF LOUISIANA**

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing the application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance
Company Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Phone: (225) 219-4318
Fax: (225) 219-9322
E-Mail Address: mboutwell@ldi.la.gov

While our Department 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.

- 1) Submit one original and two photocopies of the complete application package. Alternatively, the applicant may submit an original hard copy and an electronic copy in .pdf or .tif format to the e-mail address listed above.
- 2) All submittals in association with this application must be transmitted 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. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 3) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 4) 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.
- 5) All original items submitted become the property of the Louisiana Department of Insurance and will not be returned.
- 6) All certified documents required in the application must be dated within ninety (90) days of submittal of the application and all certifications must be original.
- 7) 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.

- 8) When designating a contact person for the application process, please remember that our staff will communicate only with that individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. We must be notified in writing of any change in the contact person. We also provide space to name an alternative contact person in cases where the primary contact cannot be reached. We recommend that the persons named as contacts have general knowledge of the affairs of the applicant and/or have ease of access to individuals within the organization who can answer questions posed by the Department during the applicant process.
- 9) We must be notified 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, updated financial statements, examination reports which become available after submission and any other material changes to the information submitted herewith. Failure to notify us of such changes may result in disapproval of the application.
- 10) Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If, for some reason, an item which would otherwise be required is not available, a written explanation must be supplied upon submission.

INSTRUCTIONS REGARDING BIOGRAPHICAL AFFIDAVITS

The Louisiana Department of Insurance utilizes and accepts only the most current version of the biographical affidavit created by the National Association of Insurance Commissioners (NAIC). A copy of that affidavit form is available on our web site at http://naic.org/documents/industry_ucaa_form11.pdf.

These biographical affidavits should be prepared in strict compliance with the instructions. If the response to a question is “No” or “None” then the affiant shall so state. Use of the term “N/A” in lieu thereof is strictly prohibited.

INSTRUCTIONS REGARDING INVESTIGATIVE REPORTS

In association with this application, the Louisiana Department of Insurance requires that all applicants make arrangement for investigative reports for all persons for whom biographical affidavits are supplied. This will 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 investigative report must be prepared by one of the investigators approved by this Department. A list of those investigators with the address, phone number and contact person may be obtained from the Louisiana Department of Insurance web site by using the “License Type” search feature at <http://www.ldi.la.gov/onlineservices/ActiveCompanySearch/>. Simply set the “License Type” field to “Approved Investigative Firm” and click the search button. The applicant should advise the investigator that the reports are being prepared for the Louisiana Department of Insurance and make the necessary arrangements for payment.

In order to complete the necessary reports, the investigative firms must be provided with copies of all biographical affidavits. **DO NOT SEND ORIGINAL AFFIDAVITS TO THE INVESTIGATIVE FIRMS.**

WAIVER OF INVESTIGATIVE REPORTS AND FINGERPRINT CARDS

In certain cases the investigative reports and fingerprint cards may be waived for specific individuals. The requirements for waiver are as follows;

- 1) An investigative report has been supplied to this Department for the individual within one year previous to the date of submittal of the complete application packet; OR
- 2) The individual in question has been the officer or director of an insurer licensed to do business in Louisiana for a period of not less than 10 years. This exception will not apply when the company has undergone a change of control at any time in that 10 year period.

The applicant may also request the waiver of submission of finger print cards if the individual has ever filed finger print cards with the Louisiana Department of Insurance in association with any other application.

REVIEW OF CONTRACT FORMS

In association with the review of this application the Property & Casualty Division of the Department of Insurance will review the policy forms to be used in Louisiana for compliance with the applicable statutes. This Division will contact the applicant directly with notice of any deficiencies. All deficiencies in the policy forms must be corrected and the forms must be approvable before a license will be issued to an applicant.

SPECIAL INSTRUCTIONS FOR ATTESTATION PAGE

The signatures which appear on the final page of the application are determined by the legal structure of the applicant. Below are the expected variations and the instructions for who should sign the application in each case.

IF THE APPLICANT IS A(N)...	THE APPLICATION SHOULD BE SIGNED BY...
Individual	the applicant
Corporation	the president and secretary
Association	the president and secretary
Partnership	two partners
Trust	two trustees
Any other	contact the Department for instructions

COMMON QUESTIONS

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

Q: What are the minimum capital and surplus requirements for specialty insurers doing business in Louisiana?

A: The Louisiana Insurance Code requires that all applicants for license as a specialty insurer be solvent corporations. No minimum requirements are set. However, the Department will review the actuarial statements and the financial statements of the applicants to determine whether or not they can reasonably be expected to meet the obligations of their contracts.

Q: What is the time frame for the review of an application?

A: This Department makes every effort to review all applications as soon after submittal as possible. The review process can be expected to take from ninety (90) to one hundred twenty (120) days from receipt of a complete application. Please take this time frame into account when considering deadlines and operation schedules for the applicant.

Q: Where can I find the laws and regulations governing insurance in Louisiana?

A: Title 22 of the Louisiana Revised Statutes is the Louisiana Insurance Code and most laws enacted by the Louisiana Legislature which affect specialty insurers and insurance can be found in that Title. Copies of the complete Louisiana Insurance

Code can be obtained from private printing companies which specialize in statutory printing. Copies of the statutes are also available on the Louisiana Legislative website (<http://www.legis.state.la.us/>). In addition to the statutes, the Commissioner of Insurance has issued many regulations, rules and directives. Copies of these items may also be obtained from publishers specializing in printing legal and regulatory documents. One such company is given below.

National Insurance Law Service
P.O. Box 2507
Chatsworth, CA 91313
1-800-423-5910

Q: Regarding the two copies of the application, since duplicates of the policy forms have already been supplied with the original, must duplicate copies be made?

A: Yes. Each copy of the application must be a complete packet.

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: Can the statutory deposits be made after an approval is given on the application?

A: No. All deposits must be in place at the time that the application is submitted. Failure to make these deposits prior to application review will result in the disapproval of the application.

Q: Is there a particular financial institution which the Department prefers for the statutory deposit?

A: No. Statutes require only that the deposit be placed in a savings and loan or banking institution doing business in Louisiana. Any institution which meets this requirement is acceptable to this Department.

Q: Section 3 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 parent corporations supply the biographical information?

A: Initially, no. However, this Department 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 Department will determine if additional information is required upon review of the application and notify the applicant.

Q: Can we meet with the Department 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, that this courtesy review is to help assure completeness only and our Division 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 Division of the Louisiana Department of Insurance. Preliminary reviews will be performed only with an appointment.



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
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**APPLICATION TO ACT AS A
SPECIALTY INSURER
IN THE STATE OF LOUISIANA**

General Information (Type or Print)	
APPLICANT NAME:	_____
FEDERAL EMPLOYER IDENTIFICATION (FEIN) NUMBER:	_____
STATUTORY ADDRESS:	_____

CONTACT NAME:	_____ CONTACT TITLE: _____
PHONE:	_____ FACSIMILE: _____
CONTACT ADDRESS:	_____

	EMAIL: _____
ALT. CONTACT NAME:	_____ ALT. CONTACT TITLE: _____
PHONE:	_____ FACSIMILE: _____
ALT. CONTACT ADDRESS:	_____

	EMAIL: _____

SECTION 1 – FEES

VEHICLE MECHANICAL BREAKDOWN INSURER	
License Fee	\$ 1,500.00
Recordation of Charter	25.00
Contract Form Review	25.00
Total Amount This Check	1,550.00
PROPERTY RESIDUAL VALUE INSURERS	
License Fee	\$ 1,500.00
Recordation of Charter (Articles of Incorporation)	25.00
Contract Form Review (\$100.00 per product)	25.00
Total Amount This Check	1,550.00

ALL CHECKS MUST BE MADE PAYABLE TO THE LOUISIANA DEPARTMENT OF INSURANCE.

The review process will not begin until ALL fees are paid. Louisiana law does not allow for the fees to be paid after the issuance of the Certificate of Authority. The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process your check.

SECTION 2 - INTERROGATORIES

Except as otherwise indicated below, all of the following questions must be answered for every applicant. ATTACH A FULL EXPLANATION AND/OR THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS

1) Has the applicant ever had an application denied by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the applicant ever been placed under any type of regulatory supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the applicant ever had a Certificate of Authority or license revoked or suspended by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Has the applicant ever been subject to any regulatory action including cease and desist orders or similar actions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Has the applicant ever changed its name?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Has the applicant ever redomesticated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Within the last five years, has the applicant transferred or encumbered a substantial portion (more than 20%) of its assets or business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8) Within the last five years, has the applicant merged or consolidated with any other entity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9) Within the last five years, has the applicant undergone a change in ownership of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10) Is the applicant presently negotiating or inviting negotiations or party to a counterletter which would result in transfer or encumbrance of a substantial portion (more than 20%) of its assets or business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11) Is the applicant presently negotiating or inviting negotiations or party to a counterletter which would result in a merger or consolidation with any other company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12) Is the applicant presently negotiating or inviting negotiations or party to a counterletter which would result in a change of ownership of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13) Has the applicant undergone a change of management or control since the date of the latest financial statement filed in support of this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14) Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the reasonably foreseeable future?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15) 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16) Has any person who is presently an officer, director or owner of 10% or more of the applicant company ever been convicted of or pleaded guilty or nolo contendere in any jurisdiction to a felony or misdemeanor other than minor traffic violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 2 - INTERROGATORIES

17) Is the applicant currently engaged in any controversy with any state or federal regulatory agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18) Is the applicant a plaintiff or defendant or subject in any legal action other than one arising from policy claims?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19) Is the applicant a defendant in <u>any</u> lawsuit asking for a judgment that is equal to or greater than 10% of the policyholder surplus?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20) Is the applicant presently licensed as an insurance agent or broker?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21) Within the last five years, has the applicant made a loan to an entity owned or controlled directly or indirectly by one or more of the applicant's officers, directors, trustees, investment committee or any owner of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22) Within the last five years, has the applicant sold or transferred any of its assets or property, real or personal, to any entity owned directly or indirectly by one or more of the applicant's officers, directors, trustees, investment committee members or owners of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23) Within the last five years, has the applicant purchased securities, assets or property of any kind from an entity owned or controlled directly or indirectly by one or more of the applicant's officers, directors, trustees, partners investment committee members or any owner of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24) If any of questions 22, 23 or 24 were answered yes, did any officer, director, trustee, partner investment committee member or owner of 10% or more of the applicant company receive any money or valuable thing for negotiating, procuring, recommending or aiding in such transaction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
25) Does the applicant have any reinsurance contracts which in effect provide that the applicant will reimburse or indemnify the reinsurer for losses payable thereunder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
26) Is the applicant affiliated with any insurers which are authorized or approved to do business in this state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27) Does the regulatory authority governing the applicant in its domicile have any statutes or regulations that might prohibit or restrict in any way the disclosure of information concerning the applicant to the Louisiana Department of Insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28) Is the applicant required to be licensed in its domiciliary state in order to supply the coverage or services which it proposes to offer in this state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
29) Is the applicant licensed in <u>any</u> state other than its domiciliary state to provide the coverage or services which in proposes to offer in this state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
30) Is the applicant or its parent corporation a publicly traded company? (If yes, attach a copy of the most recent 10K or equivalent filing.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 3 - LIST OF MANAGEMENT AND OWNERS

Below provide all requested information all persons responsible for the conduct of affairs of the applicant. This list should include all officers, all directors, all trustees, all executive committee members and any NATURAL person(s) owning, directly or indirectly, 10% or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. The address requested should be the resident address of the individual.

NAME:		S.S.#:	
STREET :	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

SECTION 4 - EXHIBITS

- EXHIBIT A - A copy of the articles of incorporation or other such organizational documents of the applicant certified by the proper domiciliary official.**
- EXHIBIT B - A copy of the bylaws of the applicant certified as true and correct by the secretary of the applicant.**
- EXHIBIT C - A certificate of good standing issued by the Louisiana Secretary of State evidencing that the applicant is qualified to do business in Louisiana.**
- EXHIBIT D - A certificate of compliance issued and certified by the proper domiciliary state official. (FOREIGN APPLICANTS WHICH ARE LICENSED IN THEIR DOMICILIARY STATE ONLY)**
- EXHIBIT E - A copy of the domiciliary certificate of authority certified by the proper domiciliary official. This Certificate must clearly indicate the lines of insurance or services which the applicant is authorized to write in its domicile. (FOREIGN AND ALIEN APPLICANTS ONLY)**
- EXHIBIT F - A fully completed Affidavit of Non-regulation signed by an officer of the company. The proper form is attached. (APPLICANTS WHICH ARE NOT REQUIRED TO BE LICENSED IN THEIR STATE OF DOMICILE)**
- EXHIBIT G - A fully completed Authorization For The Release Of Information form fully completed. The appropriate form is attached. (ALIEN APPLICANTS ONLY)**
- EXHIBIT H - A plan of operation which addresses all of the points listed below. If the information is not presented in the order listed, the plan must include an index which indicates the page and paragraph where each point is addressed.**
- What type of business does the applicant intend to write?
 - What markets does the applicant intend to target? What geographic areas?
 - Who will produce business for the applicant?
 - What is the anticipated number of agents the applicant plans to have selling its products?
 - What is the total projected Louisiana business over the next five years? These figures should be given on an annual basis and be arranged by lines of business which will comprise 10 percent or more of the total premium volume.
 - What are the total loss adjustments, expense and claim reserves, projected loss ratios and loss adjustment expense and amount of projected claim reserves for Louisiana business? These figures should be given on an annual basis and be arranged by lines of business which will comprise 10 percent or more of the total premium volume.
 - Who will be underwriting the business produced in Louisiana? If the underwriter is other than the applicant, what is the relationship to the applicant?
 - Briefly, what are the underwriting controls for accepting or rejecting a potential policyholder or member?
 - What procedures does the applicant have in place for reviewing, accepting or denying claims? What, if any, procedures are in place to allow the applicant to make prompt payment of claims?
 - What procedures or processes does the applicant have for reviewing the business produced by individual agents or general agents? What action is taken in association with agents who consistently produce unprofitable business?
 - What procedures does the applicant have in place for reviewing, accepting or denying proposed investments?
- EXHIBIT I - A detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates. This description should include a chart showing the full name, domicile and ownership percentages for any persons (whether natural or artificial) owning 10% or more of the applicant and all affiliated entities up to and including the ultimate controlling person. For a sample chart please go to our web site at <http://www.lds.la.gov/industry/company-licensing/application-forms>.**

SECTION 4 – EXHIBITS CONTINUED

EXHIBIT J – Evidence of a statutory deposit as indicated below.

A safekeeping or trust receipt from a bank doing business within this state or from a savings and loan association chartered to do business in this state indicating that the applicant has deposited one hundred fifty thousand dollars (\$150,000.00) in money or acceptable bonds with that institution and pledged said deposit to the Commissioner of Insurance. The banks have the necessary pledge forms. Do not contact this Office to request one; **OR**

A one hundred fifty thousand dollar (\$150,000.00) surety bond issued by a surety company licensed to do business in the state of Louisiana. The appropriate bond form can be obtained from the Louisiana Department of Insurance web site([Click Here for PDF](#)).

EXHIBIT K – A copy of an audited financial statement prepared by an independent qualified certified public accountant showing the assets and liabilities of the applicant as of the proceeding December 31. The statement must be certified as true and correct by two officers or two partners of the applicant.

- A **DOMESTIC APPLICANT** must supply a balance sheet verified by two officers of the applicant. This statement is **not** a pro forma and should reflect the accurate condition of the applicant upon submission of the application.

EXHIBIT L - An unaudited financial statement for the period since the previous December 31. The statement must be certified as true and correct by two officers of the applicant. (FOREIGN AND ALIEN APPLICANTS ONLY)

EXHIBIT M - A report of reserves clearly indicating the method being used to reserve for future losses and the amount in reserve for future losses.

EXHIBIT N - An affidavit of source of funds signed by the president and treasurer of the applicant, giving the description, value and exact source of all assets which will be used to capitalize the applicant. (DOMESTIC APPLICANTS ONLY)

EXHIBIT O - Complete copies of all reinsurance agreements of the applicant. Supply only copies of executed agreements. Draft copies, binders or specification sheets are not acceptable.

EXHIBIT P – Fully completed biographical affidavits for all persons responsible for the conduct of affairs of the applicant. This will include all officers, directors, partners (in the case of a partnership), trustees, executive committee members and/or 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. This form can be located on our website at <http://www.lds.la.gov/industry/company-licensing/application-forms>.

EXHIBIT Q - Fingerprint cards for all persons responsible for the conduct of affairs of the applicant. This will include all officers, directors, partners (in the case of a partnership), trustees, executive committee members and/or 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. The FBI/NCIC standard cards should be used and may be obtained from most local law enforcement offices.

EXHIBIT R - Investigative reports for all persons for whom biographical affidavits were supplied. See the application instructions for more information regarding the procedure for obtaining these reports.

EXHIBIT S - Duplicate copies of all applications, policy forms, service agreements, contracts and service brochures intended for use in Louisiana.

SECTION 5 - ADDITIONAL INFORMATION

1) If the applicant is an alien applicant, furnish the name, address, telephone number and e-mail address of its United States legal counsel.

Phone # _____ **Email Address:** _____

2) If the applicant is an alien entity, furnish the name, address, telephone number and e-mail address of the United States Trustee.

Phone # _____ **Email Address:** _____

3) Give the address, telephone number and e-mail address of the supervisory claims office responsible for Louisiana claims.

Phone # _____ **Email Address:** _____

4) Give the name, address, telephone number and e-mail address of the contact person and division to whom consumer complaints should be directed.

Phone # _____ **E-mail Address:** _____

SECTION 5 - ADDITIONAL INFORMATION CONTINUED

5) Give the name, address, telephone number and email address of the contact person or division to whom questions regarding contract forms should be directed.

Phone # _____ **E-mail Address:** _____

6) Give the name and address of the financial institution(s) where the funds of the applicant are on deposit. Also include the name telephone number and email address of a contact person at that institution. (DOMESTIC APPLICANTS ONLY)

Phone # _____ **E-mail Address:** _____

7) If available, provide the URL or World Wide Web address of the applicant.

8) If available, provide the toll free number to which consumers in Louisiana with question may be directed.

10) Does the applicant have a program to prevent insurance fraud?

YES

NO

If yes, provide a detailed explanation of the plan which should include but not be limited to the following:

- a) A description of current programs aimed at preventing insurance fraud in which the applicant is directly involved. Identify whether these programs are specific to Louisiana or countrywide.
- b) An analysis of each program's success. Provide hard data, if available, which measure the success of each program.
- c) The applicant's future plans aimed at preventing insurance fraud in Louisiana.
- d) Last year's budget and the current year's budget underlying programs aimed at preventing insurance fraud. Include a count of human resources directly allocated to programs aimed at preventing fraud.

Give the name, address and phone number of a person within the applicant who can be contacted to provide additional information regarding the applicant's fraud program.

Phone #

ATTESTATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____
and _____ who, after being duly sworn, did depose and say that all
information contained in this application and all attachments thereto are, to the best of their knowledge, true, complete and
correct. Furthermore they did certify that all of the terms, agreements involving this applicant and its officers, directors, owners
of 10 percent or more, trustees, partners or any other person responsible for the conduct of affairs of the applicant, whether
written or verbal, have been disclosed to the Louisiana Commissioner of Insurance and that any changes in the information
submitted shall be disclosed to the Commissioner within 48 hours of the change.

Signature of Witness

Signature of Applicant or Authorized Representative

Printed Name of Witness

Printed Name and Title of Authorized Representative

Signature of Witness

Signature of Authorized Representative of Applicant

Printed Name of Witness

Printed Name and Title of Authorized Representative

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

Signature of Notary Public

Printed Name of Notary Public

Notarial Seal

My Commission Expires _____



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

AFFIDAVIT OF NON-REGULATION

STATE OF _____

COUNTY OF _____

I, _____ as an officer of _____

domiciled in _____

do hereby certify that the company has made a diligent review of the laws and regulations of the domiciliary state or country and has confirmed that there is no requirement that this company be licensed to offer the services which it proposes to offer in Louisiana in its domiciliary state or country.

Signature of Witness

Signature of Applicant or Authorized Representative

Printed Name of Witness

Printed Name and Title of Authorized Representative

Signature of Witness

Signature of Authorized Representative of Applicant

Printed Name of Witness

Printed Name and Title of Authorized Representative

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

Signature of Notary Public

Printed Name of Notary Public

Notarial Seal

My Commission Expires _____



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

**AUTHORIZATION FOR RELEASE
OF INFORMATION**

KNOW ALL YE PERSONS BY THESE PRESENTS:

That the _____
organized under the laws of _____
now transacting business or having applied to transact business in the State of Louisiana does hereby authorize the government of
_____, or any political subdivision thereof, to
release any and all information which they may have in their possession regarding the organization, structure, ownership,
management and financial condition of said _____
to the Louisiana Department of Insurance. This authorization shall remain in force until such time as said
_____ has withdrawn from doing business
in the State of Louisiana.

IN WITNESS WHEREOF, The said _____ in
accordance with the resolution of the Board of Directors or other governing body duly
passed on the ___ day of _____, A.D. 20__ (a certified copy of which is
hereto attached), has to these presents affixed its Corporate Seal, and caused the same
to be subscribed and attested by its President and Secretary at the City of _____
_____ in the Country of _____ on the _____ day of _____,
A.D. 20__.

Signature of Company Secretary

Signature of Company President

Printed Name of Company Secretary

Printed Name of Company President

COUNTRY OF _____
STATE, PROVIDENCE OR COUNTY OF _____
CITY OF _____

On this ____ day of _____ A.D. 20____, before me, the subscriber, a _____
duly appointed to take the proof and acknowledgement of Deeds and other instruments came
_____ President,
and _____ Secretary,
of _____
to me personally known to be the individuals described in and who executed the preceding instruments; and they each duly
acknowledged the execution of the same; and being by me each duly sworn, severally, and each for himself, depose and saith,
that they are the said officers of the _____
aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of the said
_____ and that the said Corporate Seal
and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority and direction of the
said _____.

Signature of Witness

Signature of Applicant or Authorized Representative

Printed Name of Witness

Printed Name and Title of Authorized Representative

Signature of Witness

Signature of Authorized Representative of Applicant

Printed Name of Witness

Printed Name and Title of Authorized Representative

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

Signature of Notary Public

Printed Name of Notary Public

Notarial Seal

My Commission Expires _____

CERTIFIED COPY of a Resolution duly passed by the Board of Directors or other governing body of the

_____ on the _____ day of _____, A.D. 20__.

At the meeting of the Board of Directors or other governing body of the

_____ held on the _____ day of _____, A.D. 20__, at the city of _____ in the country of _____

_____ a quorum of the said Board was present and on motion the following Resolution was duly passed by said Board:

"RESOLVED, That this _____ now transacting business, or having applied to transact business in the State of Louisiana, does hereby authorize the government of _____ or any political subdivision thereof, to release any and all information which it may have in its possession regarding the organization, structure, ownership, management and financial condition of said _____ to the Louisiana Department of Insurance. This authorization shall remain in force until such time as said _____ has withdrawn from doing business in the State of Louisiana."

I HEREBY CERTIFY, That the above is a correct copy of the Resolution of the Directors of _____ authorizing release of information to the State of Louisiana.

Signature of Company Secretary

Printed Name of Company Secretary