



LOUISIANA DEPARTMENT OF INSURANCE
TIMOTHY J. TEMPLE
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 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. This package should be used as application for licensure as a vehicle mechanical breakdown insurer pursuant to [La. R.S. 22:361](#) et seq. or as a property residual value insurer pursuant to [La. R.S. 22:381](#) et seq.

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 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.

The Louisiana Department of Insurance (LDI) accepts electronic submission of the application. The applicant should contact the LDI prior to submission to make arrangements 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 the application is submitted 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. In addition, all correspondence must be sent 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 ninety (90) days of submittal of the application. If an application is submitted hard copy 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.

When designating a contact person for the application process, please remember that our staff will communicate only with this individual. The application process is considered confidential and 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.

REGISTRATION WITH THE LOUISIANA SECRETARY OF STATE

The submission of this application to the Louisiana Department of Insurance does not in any way exempt a corporation or any other juridical entity from the requirements of registration with the Louisiana Secretary of State. It is the responsibility of the applicant to contact that Office and make whatever arrangements may be necessary. The address and telephone number are:

Louisiana Secretary of State
Corporations Division
P.O. Box 94215
Baton Rouge, LA 70804-9215
(225) 925-4704
www.sos.louisiana.gov

SPECIAL INSTRUCTIONS REGARDING THIRD PARTY VERIFICATION REPORTS

In association with this application, the LDI requires that all applicants make arrangements for 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 http://naic.org/documents/industry_ucaa_third_party.pdf. The applicant should advise the firm that the reports are being prepared for the LDI and make the necessary arrangements for payment.

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.

INSTRUCTIONS FOR ATTESTATION PAGE

The Attestation Page of this application must be completed by two officers (or the equivalent) 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.

COMMON QUESTIONS

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

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

A: The term “specialty insurer” is used administratively in reference to two different types of insurers under Louisiana law. The two insurer types are vehicle mechanical breakdown insurers and property residual value insurers. Title 22 of the Louisiana Revised Statutes is the Louisiana Insurance Code (the Code) and most laws enacted by the Louisiana Legislature which affect vehicle mechanical breakdown insurers or property residual value insurers can be found in that Title. The portions of the Code dealing specifically with vehicle mechanical breakdown insurer are La. R.S. 22:361-373. In addition, the Department has also issued [Regulation 64](#) relative to vehicle mechanical breakdown insurers. The portions of the Code dealing with property residual value insurers are La. R.S. 22:381-393. Copies of the applicable statutes as well as copies of any applicable Rules, Regulations and Directives can be obtained from the LDOI web site at <http://www.ldi.la.gov>.

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 reviews 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. The forms are made available on our web site in a format that allows for entry of information directly onto the form.

Q: Can the statutory deposit or bond requirements be met 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 the required deposit prior to application review will result in the disapproval of the application.

COMMON QUESTIONS (continued)

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: 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, 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
TIMOTHY J. TEMPLE
COMMISSIONER

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

General Information (Type or Print)

APPLICANT NAME: _____

TRADE NAME: _____

FEI OR SOCIAL SECURITY NO.: _____ DOMICILE: _____

CONTACT[†]: _____ CONTACT TITLE: _____

CONTACT ADDRESS: _____

PHONE: _____ FACSIMILE: _____

E-MAIL: _____

[†] This Office will only communicate with the named contact person.

TYPE OF APPLICATION

VEHICLE MECHANICAL BREAKDOWN INSURER
 PROPERTY RESIDUAL VALUE INSURER

FEES*	
License Fee	\$ <u>1,500.00</u>
Filing of Contract Forms	<u>25.00</u>
Total Amount This Check	<u>1,525.00</u>

* Make all checks payable to the Louisiana Department of Insurance. The review process will not begin until all fees are paid.

ADDRESS AND CONTACT INFORMATION

DOMICILE ADDRESS: Provide give the domiciliary (registered office) address of the applicant.		
Address:		
City:	State:	Zip:

MAILING ADDRESS: Provide the mailing address of the applicant.		
Address:		
City:	State:	Zip:

ADMINISTRATIVE OFFICE ADDRESS: Provide the physical address of the main administrative office of the applicant.		
Address:		
City:	State:	Zip:

PRIMARY CONTACT: Provide the name, address, phone number and email address for the primary contact person with whom this Department should communication after completion of the licensing process.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

COMPLAINT CONTACT: Provide 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:	

CONTRACT FORM CONTACT: Provide the name, address, phone number and email address for the contact person to whom Department questions regarding the contract or policy forms should be directed.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

ADDRESS AND CONTACT INFORMATION - Continued

CONTACT PHONE NUMBERS Provide the appropriate phone number 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.

INTERROGATORIES

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

<p>1) Has 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 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 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 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 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 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 the applicant or 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) Within the last five years, has the applicant changed its name?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>10) Within the last five years, has the applicant undergone a change in domicile? (Changes of domicile address within the same state need not be included.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>11) Within the last five years, has the applicant merged or consolidated with any other entity?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>12) Within the last five years, has the applicant undergone a change in ownership (direct or indirect) of 10 percent or more? (If yes, provide a full explanation of the change in ownership and an organizational/ownership chart which clearly shows the ownership of the licensee both before and after the transaction.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

INTERROGATORIES - Continued

13) 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?	<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 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) 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.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
17) 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18) Is the applicant currently undergoing an examination or audit (whether routine, targeted or otherwise) being conducted by any state or federal regulatory authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19) Is the applicant part of an insurance holding company group? (If yes, provide the holding company group code assigned by the NAIC_____.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
20) 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
21) Does the regulatory authority governing the applicant in the state or country of 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
22) 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

LIST OF MANAGEMENT AND OWNERS

Below give the full legal name (no initials), position with the applicant and the percentage of ownership (if applicable) of all natural persons responsible for the conduct of affairs of the applicant. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and every natural person owning, directly or indirectly, 10 percent or more of the applicant and any other natural person who exercises control or influence over the affairs of the applicant.

FULL LEGAL NAME (No Initials)	POSITION WITH APPLICANT	OWNERSHIP PERCENTAGE

EXHIBITS

EXHIBIT A – A copy of the articles of incorporation, partnership agreement, trust agreement or other such organizational document of the applicant certified by the proper domiciliary official.

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

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 copy of the domiciliary Certificate of Authority or license 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 E – A fully completed Authorization For Release Of Information form. The appropriate form is attached. (ALIEN APPLICANTS ONLY)

EXHIBIT F – 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 G – 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.lidi.la.gov/docs/default-source/documents/licensing/companies/sample-ownership-chart.pdf?sfvrsn=0>.

EXHIBITS - Continued

EXHIBIT H – 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 (<http://www.lidi.la.gov/docs/default-source/documents/licensing/producers/surety-bond-uniform-other-than-home-service-contacts.pdf?sfvrsn=8>)

EXHIBIT I – 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 applicant may submit an audited consolidated financial statement which includes the consolidating schedule.

- A newly formed applicant which has conducted no business 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 J - 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 K - A report of reserves clearly indicating the method being used to reserve for future losses and the amount in reserve for future losses.

EXHIBIT L - 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 M - 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 N – 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 the NAIC website at http://naic.org/documents/industry_ucaa_form11.pdf.

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

EXHIBIT P – 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 Q - Copies of all applications, policy forms, service agreements, contracts and service brochures intended for use in Louisiana.

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 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____.

Notary Public or Bar Roll Number

Notary Public's Signature

My Commission Expires

Notary Public's Printed Name



LOUISIANA DEPARTMENT OF INSURANCE
TIMOTHY J. TEMPLE
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 _____

aforsaid, 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 ____.

Notary Public or Bar Roll Number

Notary Public's Signature

My Commission Expires

Notary Public's Printed Name

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