



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

**INSTRUCTIONS FOR
APPLICATION FOR A CERTIFICATE OF AUTHORITY AS A LOUISIANA
DOMICILED INSURER**

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 LDI. 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
P.O. Box 94214
Baton Rouge, LA 70804-9214
OR
1702 N. 3rd St.
Baton Rouge, LA 70802
Phone: (225) 219-0565
Fax: (225) 219-9322
E-Mail Address: 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.

- 1) The Louisiana Department of Insurance (LDI) accepts electronic submission of the application via email. An application submitted in this manner must be submitted to companyapps@ldi.la.gov to assure receipt and prompt processing by the LDI. After submission of the application electronically, the payment of the fees must be submitted hard copy to address above. All payments must be made payable to the Louisiana Department of Insurance.
- 2) 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.
- 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 LDI and **will not be returned**.
- 6) All certified documents required in the application must be dated within six (6) months of submittal of the application. If an application is submitted hard copy rather than electronically, 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 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.
- 9) 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.

INSTRUCTIONS REGARDING ARTICLES OF INCORPORATION

At the time of submission of this application the applicant should already be incorporated and fully funded. The proposed articles of incorporation must be prepared in accordance with La. R.S. 22:61-63 and submitted to the Louisiana Department of Insurance for review and approval.

After approval, an executed copy of the proposed articles shall be recorded with the Recorder of Mortgages in the parish of domicile, and two copies certified by and bearing the certificate of the proper Recorder of Mortgages shall be returned to the Commissioner of Insurance for recordation along with a fee of \$25.00. The corporate existence of the entity begins upon the date and time when the articles were filed with the recorder of mortgages in the parish of domicile.

We recommend that the attorney preparing the Articles of Incorporation contact the Company Licensing Division while preparing the articles for an informal review prior to submission for approval.

The Articles of Incorporation for an insurer are not filed with the Louisiana Secretary of State.

ARTICLES OF INCORPORATION FOR REDOMESTICATION TO LOUISIANA

If the purpose of this application is the redomestication of an insurer from another state to Louisiana, the applicant must submit copies of the proposed amendments to the Articles of Incorporation of the existing corporation. These amendments must name the proposed domicile address of the corporation in Louisiana and otherwise bring the Articles of Incorporation into compliance with the provisions of La. R.S. 22:62.

The proposed amendments will be reviewed in association with the application for redomestication. If the application is approved, the amendments will be approved for recordation and returned to the applicant for recordation in the office of the recorder of mortgages (generally the Clerk of Court) in the proposed parish of domicile in Louisiana.

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.

For residents of Louisiana, fingerprinting services are provided by the license testing vendor PSI. No appointment is necessary and a list of testing locations and hours of operation is available on PSI's website (PSIexams.com). Fingerprinting fees are paid at the site at the time of submission.

For any individual who is not a resident of Louisiana, the following steps are required:

1. Duplicate fingerprint cards for each individual must be submitted. You may submit requests for blank fingerprint cards to companyapps@ldi.la.gov. Please include the number of cards required and the address to which the cards should be mailed.
2. [Applicable fingerprint fees](#) made payable to the Louisiana State Police.
3. A completed Authorization to Disclose Criminal History Records Information for each applicant. [This form is available on the LDI website.](#)
4. A completed Rap Sheet Disclosure Form for each applicant. [This form is available on the LDI website.](#)

All of these documents should be sent to:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

Generally the Department will receive fingerprint results within three to four days from submission of the fingerprints. If the Louisiana State Police or Federal Bureau of Investigation are unable to run the reports due to unreadable or unclear fingerprint submissions, it may take up to sixty (60) days for a check to be completed using alternate means.

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. 22:68 the books and records of a Louisiana domiciled insurer 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. 22:68 and all other applicable statutes.

INSTRUCTIONS FOR ATTESTATION PAGE AND AFFIDAVITS

Louisiana law requires that the application for Certificate of Authority for a Louisiana domiciled insurer must be certified by the board of directors of the applicant. This means that the board of directors of the applicant must be named and in place at the time of this application.

The signatures of the members of the board of directors must be witnessed by two individuals who are not otherwise signing the application and all signatures must be notarized. Separate witnesses and notarization are required if the individual board members execute the certification at different times or locations.

The application form provides spaces for the signatures of five directors as this is the minimum number of directors required by law. You may reproduce the attestation page of the application as needed.

All affidavits required by this application must be executed before a notary, and two individuals must witness the signature of each affiant.

COMMON QUESTIONS

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

Q: What is the time-frame 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: Among the 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

JAMES J. DONELON

COMMISSIONER

**APPLICATION FOR A CERTIFICATE OF AUTHORITY AS A LOUISIANA
DOMICILED INSURER**

Applicant Information

APPLICANT NAME: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

APPLICATION CONTACT NAME: _____

CONTACT TITLE: _____

CONTACT PHONE: _____

CONTACT FACSIMILE: _____

CONTACT EMAIL ADDRESS: _____

CONTACT MAILING ADDRESS: _____

Fees

Application Review Fees	\$ 2,500.00
-------------------------	-------------

Total Amount This Check	\$ 2,500.00
-------------------------	-------------

Reason for Application

INITIAL CERTIFICATE OF AUTHORITY

REDOMESTICATE TO LOUISIANA

Type of Corporation

STOCK COMPANY

MUTUAL COMPANY

Kinds of Insurance (Check all of the kinds of insurance for which the applicant is requesting authorization. Specific definitions for each kind of insurance are located in La. R.S. 22:47.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Life | <input type="checkbox"/> Annuities | <input type="checkbox"/> Health and accident |
| <input type="checkbox"/> Vehicle | <input type="checkbox"/> Liability | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Burglary and forgery | <input type="checkbox"/> Fidelity | <input type="checkbox"/> Surety |
| <input type="checkbox"/> Title | <input type="checkbox"/> Fire and allied lines | <input type="checkbox"/> Steam boiler and sprinkler leakage |
| <input type="checkbox"/> Crop | <input type="checkbox"/> Marine and transportation | <input type="checkbox"/> Homeowners |
| <input type="checkbox"/> Credit life, health and accidents | <input type="checkbox"/> Credit property and casualty | <input type="checkbox"/> Industrial fire |
| | <input type="checkbox"/> Miscellaneous | |

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

INTERROGATORIES - Continued

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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16) 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
17) Is the applicant affiliated with or concurrently operating as a bank, bank holding company, subsidiary or affiliate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

INTERROGATORIES - Continued

<p>19) Has the applicant ever purchased 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 the applicant ever made 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
<p>22) Is the applicant a member of a group of companies that shares common facilities or services (e.g. accounting personnel for financial statement preparation) 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.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>27) 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
THE FOLLOWING SHOULD BE ANSWERED BY APPLICANTS SEEKING THE LINE OF LIFE INSURANCE		
<p>28) Will any of the applicant's policies be sold in connection with a mutual fund or investment in securities?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>29) Is the sale of life insurance related or tied to the sale of a mutual fund or investment in securities? (If yes, supply details including all sales literature.)</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 acceptance of trust completed by each director in compliance with La. R.S. 22:93 (3). A sample form is available at <http://www.ldi.state.la.us/Documents/Licensing/Company/DirectorsAcceptanceofTrust.pdf>. The corporation is free to develop and use its own form.
- EXHIBIT C** – A copy of the oath of office completed by each officer of the corporation. A sample form is available at <http://www.ldi.state.la.us/Documents/Licensing/Company/OathOfOfficer.pdf>. The corporation is free to develop and use its own form.
- EXHIBIT D** – A Conflict of Interest Statement completed and signed by every officer and director. The form is available at <http://www.ldi.la.gov/docs/default-source/documents/licensing/companies/conflict-of-interest-statement-for-reg-66>. A copy of the Conflict of Interest policy of the applicant must be supplied with the statement.
- EXHIBIT E** – A completed Agreement to Abide by and Comply with Rates, Rules and Regulations. This Agreement must be completed by the president and secretary of the corporation. The proper form is included with this application package.
- EXHIBIT F** – A completed Affidavit of Organization and Investment of Funds confirming that the corporation is duly organized and that its funds are invested as required by law. This Affidavit must be completed by the president and secretary of the corporation. The proper form is included with this application package.
- EXHIBIT G** - 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. If this application is for the redomestication of an insurer from another state to Louisiana, the applicant must supply copies of the most recent annual statement and copies of any quarterly statements since the most recent annual statement.
- EXHIBIT H** – 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 appropriate to the type(s) of business to be written by the company. The forms are available at http://naic.org/industry_ucaa.htm.
- EXHIBIT I** - A statement which provides a detailed description, value and exact source of all assets used to capitalize the applicant.
- EXHIBIT J** - Copies of all reinsurance contracts, agreements, or understandings which clearly illustrate the reinsurance plan of the applicant.
- EXHIBIT K** - 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 L** - An agreement signed by the president of the company engaging an independent qualified actuary for a minimum of three years to provide to the Commissioner an annual actuarial reserves analysis.
- EXHIBIT M** - An agreement signed by the president of the company engaging an independent qualified CPA for a minimum of three years to supply the Commissioner with an annual audited financial statement.
- EXHIBIT N** – 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. This form can be obtained from the NAIC web site (http://naic.org/documents/industry_ucaa_form11.pdf).

EXHIBITS – Continued

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

EXHIBIT P - Third party verification 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 Q - 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 R - A detailed Plan of Operation which addresses all of the following:

- 1) Provide a full description of the product lines of the applicant. A general description of the classes to be transacted is not an adequate response. For example, if the applicant plans to market credit life and disability products tailored for use by credit unions, simply stating that it will transact credit life and disability is inadequate. The description must also include:
 - a. A description of the product lines currently sold or planned by the applicant,
 - b. A description of specialty line or lines currently sold and planned,
 - c. A description of captive business,
 - d. The applicant's marketing plan, including a description of the financial, corporate or other connections productive of insurance,
 - e. The applicant's current and expected competition (both regionally and nationally) and
- 2) 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.
- 3) If a parent, subsidiary and/or affiliated insurer is admitted for the classes of insurance requested in the pending application, please differentiate the products and/or markets of the applicant from those of the admitted insurer(s).

EXHIBITS – Continued

- 4) Provide a detailed description of the advertising that will be used by the applicant to market its products in each state. Include a detailed explanation as to how the applicant will develop, purchase, control and supervise its advertising.**

- 5) Explain in detail how (a) the applicant’s policies will be underwritten, including the issuance of policies and endorsements (b) policies 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.**

- 6) Explain in detail how the applicant will adjust and pay claims.**
 - a. Identify the entity which will perform the applicant’s claims adjusting and claims payment functions.**

 - b. Describe how the applicant will train, supervise and compensate the personnel handling claims adjusting and claims payment will be trained, supervised and compensated.**

 - c. If personnel for claims adjusting or claims payment will be shared with another entity or another entity will be performing the applicant’s claims adjusting and claims payment, please explain this arrangement, including any affiliation with the applicant, and provide a copy of the agreement for this service.**

 - d. Provide detailed information as to how and by whom claim reserves will be set and modified.**

EXHIBITS – Redomestication Only

The following exhibits are required only if this application is for the purpose of redomesticating an insurer from another state to Louisiana.

EXHIBIT S - A copy of the proposed amendments to the Articles of Incorporation for the insurer to redomesticate the corporation and to bring the existing Articles of Incorporation into compliance with Louisiana law.

EXHIBIT T - A copy of the minutes of the board of directors or shareholder meeting at which the proposed redomestication was approved. The copy of the minutes must be certified as true and correct by the secretary of the corporation. This requirement may also be satisfied by a unanimous written consent of the shareholders signed by each shareholder.

EXHIBIT U- A Certificate of Compliance from the current domiciliary state.

EXHIBIT V - A copy of the most recent financial examination of the applicant. The document must be certified by the proper domiciliary state official.

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

PRODUCER LICENSING CONTACT: Below give 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:

Below give 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

Below provide the name, contact information and account information for all depositories with which the applicant has a relationship.

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

STATE OF _____

COUNTY OR PARISH OF _____

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. Furthermore, all of the terms, agreements, and conditions involving this applicant and its officers, directors and owners of 10% or more of the application, whether written or verbal, have been disclosed to the Louisiana Department of Insurance and any changes in existing agreements and any new agreements shall be disclosed to the Department in the form of a notarized statement within 48 hours of the change.

SIGNATURES ON NEXT PAGE

Signature of Board Member

Printed Name of Board Member

Signature of Board Member

Printed Name of Board Member

Signature of Board Member

Printed Name of Board Member

Signature of Board Member

Printed Name of Board Member

Signature of Board Member

Printed Name of Board Member

Signature of Notary

Printed Name of Notary Public

Signature of Witness

Printed Name of Witness

Signature of Witness

Printed Name of Witness

NOTARIAL SEAL

My Commission Expires _____



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

AGREEMENT TO ABIDE BY AND COMPLY WITH RATES, RULES AND REGULATIONS

STATE OF _____

COUNTY OR PARISH OF _____

We, _____, as President, and _____,
as Secretary of _____, an insurance company organized
under the laws of Louisiana, do hereby agree that said company shall abide by and comply with the rates, except for life, health
and accident insurance, rules and regulations formulated and adopted by the commissioner of insurance or any duly
authorized state board or commission.

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____.

Signature of Notary

Printed Name of Notary

My Commission Expires _____



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

**AFFIDAVIT OF ORGANIZATION
AND
INVESTMENT OF FUNDS**

STATE OF _____

COUNTY OR PARISH OF _____

We, _____, as President, and _____,
as Secretary of _____, an insurance company organized
under the laws of Louisiana, do hereby certify that said company has been duly organized and the funds invested as required by
the laws of this state and that the attached description of investments accurately reflects the investments made by the company.

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____.

Signature of Notary

Printed Name of Notary

My Commission Expires _____