



LOUISIANA DEPARTMENT OF INSURANCE  
JAMES J. DONELON  
COMMISSIONER

**INSTRUCTIONS FOR  
APPLICATION FOR CHANGE OF CONTROL OF  
LOUISIANA DOMICILED INSURER**

This packet is designed to assist the individual preparing the application in complying with all 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 application should be used for changes of control of a Louisiana domiciled insurer pursuant to La. R.S. 22:691.4.

Direct all communication to:

Louisiana Department of Insurance  
Company Licensing Division  
P.O. Box 94214  
Baton Rouge, LA 70804-9214  
Or  
1702 3<sup>rd</sup> St. Baton Rouge, LA 70802  
Phone: (225) 219-4318  
Fax: (225) 342-7401  
Email : [companyapps@ldi.la.gov](mailto:companyapps@ldi.la.gov)

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

- 1) The 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.
- 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**.

APPLICATION FOR CHANGE OF CONTROL OF A LOUISIANA DOMICILED INSURER

- 6) 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.
- 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 applicant 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.

### **PRE-ACQUISITION NOTICE REQUIREMENT**

Upon entering negotiations to acquire control of a Louisiana domiciled insurer, the party seeking the acquisition shall file a pre-acquisition notice with the LDI. The notice shall be on the form and provide the information required in the Form E of [Regulation 31 \(LAC 37:XIII Chapter 1\)](#).

### **DEFINITION OF APPLICANT**

For the purpose of this package the applicant is the party which will be acquiring control of or merging with the Louisiana domestic insurer. All other terms have the meanings assigned to them in [La. R.S. 22:691.2](#).

### **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. It also includes all of the individuals proposed as officers or directors of the Louisiana domiciled insurer.

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](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.

## **WAIVER OF THIRD PARTY VERIFICATION REPORTS**

In certain cases the investigative report may be waived for specific individuals. The requirements for this waiver are as follows;

- 1) A report for the individual has been supplied to the LDI within one year prior 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.

## **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 and all individuals proposed as officers or directors of the Louisiana domiciled insurer, are required to be fingerprinted and the results transmitted to the LDI (Exhibit X).

For residents of Louisiana or individuals who are able to travel to Louisiana for printing, 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 and who is unable to travel to Louisiana for printing, the following steps are required:

- 1) Duplicate (2) fingerprint cards for each individual must be submitted. You may submit requests for blank fingerprint cards to [companyapps@ldi.la.gov](mailto:companyapps@ldi.la.gov). Please include the number of cards required and the address to which the cards should be mailed.
- 2) Appropriate Fees must be submitted made payable to the Louisiana State Police. The proper fee amounts are stated at the top of the Authorization to Disclose Criminal History Records Information form referenced below.
- 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](mailto: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.

## **SPECIAL INSTRUCTIONS REGARDING PUBLIC HEARING**

The final step in this application process will include a public hearing. The hearing may not be waived and will not be scheduled until the LDI has determined that the applicant has submitted a complete application. Representatives from the applicant, the domestic insurer and the current controlling party of the domestic insurer must be present at that hearing. The hearing is subject to certain public notice requirements.

The proposed dates in this application must be at least thirty (30) days after submission of the complete application package.

## **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 acquisition of or merger with a Louisiana domestic insurer?

**A:** For the most part, the statutes governing acquisition of or merger with a Louisiana domiciled insurer can be found in [La. R.S. 22:691.1](#) et seq. In addition, the LDI has issued [Regulation 31 \(LAC 37:XIII Chapter 1\)](#) which is applicable to a change of control of a domestic insurer.

**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 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 submitted. 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 or a carrier with interstate business will be considered submitted for review and will not be eligible for a preliminary review. Preliminary reviews will be performed only with an appointment. To schedule an appointment, contact the Company Licensing Division.

**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.**



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**APPLICATION FOR  
CHANGE OF CONTROL OF A  
LOUISIANA DOMICILED INSURER**

**GENERAL INFORMATION FOR APPLICANT (Type or Print)**

APPLICANT NAME: \_\_\_\_\_

DOMICILE: \_\_\_\_\_

DATE OF ORGANIZATION: \_\_\_\_\_ FEIN NO.: \_\_\_\_\_

HOME OFFICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICATION CONTACT NAME: \_\_\_\_\_

CONTACT TITLE: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

CONTACT MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Application Review Fee**

Total Amount \$ 2,500.00

**Louisiana domiciled insurer(s) affected by this transaction (list all)**

Company Name	NAIC Number





## 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) Is the applicant a defendant in <u>any</u> lawsuit asking for a judgment that is equal to or greater than ten percent of its assets above liability?</p>		
<p>9) 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>10) Within the last five years, has the applicant changed its name?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>11) 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

## INTERROGATORIES – CONTINUED

12) Within the last five years, has the applicant merged or consolidated with any other entity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13) 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 applicant both before and after the transaction.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14) Other than the transaction leading to this application, 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 or in a change ownership, direct or indirect, of ten percent or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15) Has the applicant undergone a change of management or control since the date of the latest audited statement filed in support of this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16) Other than those disclosed with this application, does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the next 24 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17) Within the last five years, has the applicant transferred or encumbered a substantial portion (more than 20%) of its assets or liabilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18) Does the applicant have any plans to redomesticate the domestic insurer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19) Other than changes disclosed in this application, does the applicant have any plans to change the officers and/or directors of the domestic insurer within 24 months of the transaction leading to this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20) Does the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant currently have any application pending with any Department of Insurance for a Certificate of Authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21) 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
22) 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 or registered with the Louisiana Department of Insurance without having first obtained the necessary license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23) 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
24) 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
25) 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
26) Does the applicant purchase investment securities through any investment banking or brokerage house or firm from whom any of the applicant's officers, directors, trustees, investment committee, owners of 10% or more of the applicant or the family members thereof receive a commission or salary or any form of compensation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## INTERROGATORIES – CONTINUED

27) 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 of the applicant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28) 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 of the applicant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
29) 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, investment committee members or any owner of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
30) If any of questions 26, 27, 28 or 29 were answered yes, did any officer, director, trustee, investment committee member or owner of ten percent 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
31) In association with this transaction or subsequent to it, will the domestic insurer become party to any reinsurance contracts which in effect provide that the domestic insurer will reimburse or indemnify the reinsurer for losses payable thereunder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
32) Does the applicant utilize or plan to utilize the services of third party administrators or managing general agents for the domestic insurer? (If yes, provide the name and Louisiana license number of the entity.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
33) Has the applicant filed with its domiciliary state any amendments or restatements of its most recent annual financial statement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
34) 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
35) 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
36) Is the applicant licensed as an insurance producer in any jurisdiction? (If yes, provide the jurisdiction(s) and license numbers.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
37) 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.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
38) Does the applicant have pending or plan to file any other applications, exemption requests or other such filings for acquisition of insurers in any jurisdiction in association with this or any other transaction? (If yes, identify the states in which the filing is made and specifically indicate whether or not the applicant is seeking a consolidated public hearing pursuant to La. R.S. 22:691.4 E(3).)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
39) As a result of this transaction will the domestic insurer(s) become party to any management, tax sharing, investment, reinsurance or other agreements? (If yes, supply copies of all such agreements).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
40) After the transaction leading to this application, will the domestic insurer be able to satisfy the requirements for the issuance of a license to write the lines of insurance for which it is presently licensed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## INTERROGATORIES – CONTINUED

<b>41) Will the effect of the transaction leading to this application be to substantially lessen competition in insurance in Louisiana or tend to create a monopoly therein?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>42) Is the financial condition of the applicant such as is might jeopardize the financial stability of the domestic insurer or prejudice the interest of the policyholders?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>43) Are any plans or proposals which the applicant has in regard to the domestic insurer unfair or unreasonable to policyholders of the insurer or not in the public interest?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>44) Are the competence, experience and integrity of those persons who will control the operation of the domestic insurer such that it would not be in the interest of policyholders of the insurer and of the public to permit the transaction leading to this application?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>45) Is the transaction leading to this application likely to be hazardous or prejudicial to the insurance buying public?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## EXHIBITS

- EXHIBIT A - FORM A STATEMENT** completed on behalf of the applicant. The proper format for this statement is included in [LAC 37:XIII Chapter 1 \(Regulation 31\)](#).
- EXHIBIT B - COPY OF EXECUTED ACQUISITION/MERGER AGREEMENT** relative to the proposed transaction. This should include all exhibits, schedules or other addendums.
- EXHIBIT C - WAIVER OF NOTICE OF HEARING** from each entity party to the transaction.
- EXHIBIT D – A STATEMENT WHICH CLEARLY IDENTIFIES THE ULTIMATE CONTROLLING PERSON** as determined by the applicant for the purposes of the application and subsequent registration requirements pursuant to La. R.S. 22:691.6 (Form B). The statement must include a clear explanation of why no other person should be considered an ultimate controlling party as defined in LAC 31:XIII Chapter 1 (Regulation 31) and should include any rebuttal of the presumption of control as provided for in La. R.S. 22:691.6 K.
- EXHIBIT E – AN AGREEMENT** from the applicant confirming that they will provide the enterprise risk annual report required pursuant to La. R.S. 22:691.6 L. The agreement must be signed by two officers of the applicant if the applicant is not an individual.
- EXHIBIT F – AN ACKNOWLEDGEMENT** from the applicant confirming that they and all subsidiaries within their control in the insurance holding company system will provide information to the Commissioner upon request as necessary to evaluate enterprise risk to the insurer. The acknowledgement must be signed by two officers of the applicant if the applicant is not an individual.
- EXHIBIT G - COPY OF THE ARTICLES OF INCORPORATION** or other such organizational documents of the applicant certified by the proper domiciliary state authority. The certification must be dated within one hundred eighty (180) days of submission.
- EXHIBIT H - COPIES OF THE ARTICLES OF INCORPORATION** or other such organizational documents of persons who control, directly or indirectly ten percent or more of the applicant certified by the proper domiciliary state authority. The certification must be dated within one hundred eighty (180) days of submission.
- EXHIBIT I - COPY OF THE RESOLUTION FROM THE BOARD OR MEMBERS OF THE APPLICANT** agreeing to the proposed transaction. The copy must be certified by the secretary of the applicant.
- EXHIBIT J - COPY OF THE RESOLUTION FROM THE BOARD OR MEMBERS OF THE CURRENT CONTROLLING PARTY OF THE DOMESTIC INSURER** agreeing to the proposed transaction. The copy must be certified by the secretary of the current controlling party.
- EXHIBIT K - AN AFFIDAVIT FROM THE DOMESTIC INSURER OR CURRENT CONTROLLING PARTY OF THE DOMESTIC INSURER** stating that no option of first refusal has been violated by the proposed transaction.
- EXHIBIT L - AUDITED FINANCIAL STATEMENT FOR THE APPLICANT FOR THE PREVIOUS FIVE YEARS.** If the applicant has been in existence for less than five years, audited statements must be supplied for the time which it has existed. If the applicant is a natural person, you must submit reviewed financial statements for the individual for a period of five years.
- EXHIBIT M - AUDITED FINANCIAL STATEMENT FOR THE ULTIMATE CONTROLLING PERSON OF THE APPLICANT FOR THE PREVIOUS FIVE YEARS.** If the ultimate controlling person has been in existence for less than five years, audited statements must be supplied for the time which it has existed. If the ultimate controlling person is a natural person, you must submit reviewed financial statements for the individual for a period of five years.

## EXHIBITS - Continued

**EXHIBIT N - UNAUDITED FINANCIAL STATEMENT FOR THE APPLICANT FOR THE PERIOD FROM THE END OF THE LAST FISCAL YEAR.** This statement must be certified as true and correct by the treasurer or chief financial officer of the applicant or, if the applicant is a natural person, the individual.

**EXHIBIT O - FINANCIAL PROJECTIONS OF THE DOMESTIC INSURER FOR A PERIOD OF NOT LESS THAN THREE YEARS POST TRANSACTION.** You must use the ProForma Financial statement blanks from the Uniform Certificate of Authority Application. You may find copies of those forms at [http://naic.org/industry\\_ucaa.htm](http://naic.org/industry_ucaa.htm).

**EXHIBIT P – COPY OF THE INVESTMENT POLICY OR GUIDELINES TO BE USED BY THE DOMESTIC INSURER.**

**EXHIBIT Q - AN ORGANIZATIONAL CHART OF THE APPLICANT and all related entities.** The chart must include the ownership percentages of all affiliated companies up to and including the ultimate controlling person and illustrate how the domestic insurer will fit into that structure. You may find an example of the required chart at <http://www.ldi.la.gov/docs/default-source/documents/licensing/companies/sample-ownership-chart.pdf?sfvrsn=0>.

**EXHIBIT R– Completed biographical affidavits for all individuals 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](http://naic.org/documents/industry_ucaa_form11.pdf)).

**EXHIBIT S – Completed biographical affidavits for all individuals proposed as officer and directors of the domestic insurer.** 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](http://naic.org/documents/industry_ucaa_form11.pdf)).

**EXHIBIT T – A copy of the acceptance of trust executed by each proposed director of the domestic insurer.** You may find a sample Director's Acceptance of Trust form at <http://www.ldi.la.gov/docs/default-source/documents/licensing/companies/directors-acceptance-of-trust.pdf?sfvrsn=0> but the applicant is free to develop its own form.

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

**EXHIBIT V – A Conflict of Interest Statement completed and signed by every officer and director of the domestic insurer**  
You may find a copy of the Conflict of Interest Statement 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.

## **EXHIBITS - Continued**

**EXHIBIT W - Written confirmation from the applicant that the fingerprints have been submitted as indicated in the special instructions in this application.**

**EXHIBIT X – 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 Y - DETAILED PLAN OF OPERATION which indicates the plans which the applicant has regarding the domestic insurer. This plan should address each of the following points.**

- What kinds of insurance will the domestic insurer write?
- What markets does the company intend to target? What geographic areas?
- Who will produce business for the company?
- What is the anticipated number of agents the company 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% 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% or more of the total premium volume.
- Who will be underwriting the business produced in Louisiana? If the underwriter is other than the company, what is the relationship to the company?
- Briefly, what are the underwriting controls to accept or reject a potential policyholder?
- What procedures does the company have in place for reviewing, accepting or denying claims?
  - What, if any, procedures are in place to allow the company to make prompt payment of claims?
- What procedures or processes does the company 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 company have in place for reviewing, accepting or denying proposed investments?

# HEARING INFORMATION

HEARING ATTENDEES	
<p>Below give the name, position, address and phone number for each person to be present at the hearing. Also include the minimum amount of notice required to arrange for travel.</p>	
APPLICANT	DOMESTIC INSURER
<p>Name: _____</p> <p>Phone: _____ Fax: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Position: _____</p> <p>Minimum Notice Required: _____</p>	<p>Name: _____</p> <p>Phone: _____ Fax: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Position: _____</p> <p>Minimum Notice Required: _____</p>
CURRENT CONTROLLING PARTY OF DOMESTIC INSURER (if applicable)	OTHER INTERESTED PARTY
<p>Name: _____</p> <p>Phone: _____ Fax: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Position: _____</p> <p>Minimum Notice Required: _____</p>	<p>Name: _____</p> <p>Phone: _____ Fax: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Position: _____</p> <p>Minimum Notice Required: _____</p>
HEARING SCHEDULE	
<p>Below give four proposed dates for the hearing which will be acceptable to all parties listed above. These dates must be no less than 30 days from submission of this application.</p>	
<p>Date: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p>	<p>Date: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p>
<p>Date: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p>	<p>Date: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p>

# 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 is, to the best of his knowledge, true, complete and correct.

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Signature of Authorized Representative of Applicant

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

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

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Public's Printed Name

My Commission Expires \_\_\_\_\_