



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL

SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING, JR., DRIVE
ATLANTA, GEORGIA 30334
(404) 656-2056 TDD#(404)656-4031
www.gainsurance.org

APPLICATION FOR LICENSE AS A PREPAID LEGAL SERVICES SPONSOR

To the Commissioner of Insurance of the State of Georgia:

Application is hereby made of a license to operate as a prepaid legal services sponsor as defined at O.C.G.A. §33-35-1 et seq.

1. Sponsor Name: _____

2. Address at which applicant will conduct business under license:

(a) Address of principal place of business within State:

(b) Address at which all books, records, accounts and documents relating to business in this State will be kept:

(c) If Applicant is a foreign proprietorship, partnership, or corporation, provide the address of the principal place of business:

3. Applicant is: () Individual Proprietor
 () Partnership
 () Corporation
 () Other (Specify) _____

4. If Applicant is a corporation (attach Certificate of Incorporation)
a. State of incorporation: _____
b. Date of incorporation: _____
c. If a foreign corporation, name and address of Agent for Service of Process in Georgia: _____

5. If Applicant has engaged previously in the same or a similar business; provide details, including name(s), address(es) and date(s) first commenced:
- _____
- _____
- _____
6. State whether Applicant is, directly or indirectly, under common ownership, control, or management or is otherwise affiliated or associated with any insurer, or any person, firm or corporation having or exercising control of an insurer.
- Yes _____ (Supply complete details)
- No _____
7. If Applicant is a partnership:
- (a) State whether general partnership or limited partnership _____
- (b) Give names and addresses of all partners, specifically identifying limited partners: _____
- _____
- _____
8. If Applicant is a corporation, trust or other entity, other than a partnership, of which ownership is manifested by shares, identify each type of shares and state:
- (a) Number of shares authorized _____
- (b) Number of shares outstanding _____
- (c) Par Value _____
- (d) Give name, residence address, title and number and percent of shares directly or beneficially owned by every officer and director and every person, firm or corporation owning or controlling 10% or more of the shares of each type:
- | <u>Name and Residence Address</u> | <u>Title</u> | <u># of Shares (%)</u> |
|-----------------------------------|--------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
9. Attach a current certified financial statement as of the following date: _____
10. In addition to a prepaid legal service sponsor, the following additional business will be conducted at the address of the Applicant:
- _____
- _____
11. If Applicant, or any subsidiary, affiliated or associated prepaid legal service sponsor, has more than one place of business, give the name and address of each:
- _____
- _____
- _____
- _____

12. If the appropriate answer is “Yes” to any of the following questions concerning the Applicant, manager, any officer, director, owner or beneficial owner of 10% or more of the shares, complete details must be given including name, address, disposition of charges.

Have any of the above:

- (a) Applied previously in this State for a license to engage in the business of sponsoring prepaid legal plans? _____
- (b) Received a rejection, revocation or suspension of license under the laws of this State governing prepaid legal service plans? _____
- (c) Received a rejection, revocation or suspension under a prepaid legal service law or regulation, or similar law or regulation in any other State? _____
- (d) Received a revocation or suspension of any license, been convicted or entered a plea of guilty, or nolo contendere, with respect to any law or regulation relating to the business of insurance? _____
- (e) Been arrested, indicted, convicted, entered a plea of guilty or nolo contendere with respect to a State or Federal offense in this or any other State?

- (f) Been placed in voluntary or involuntary bankruptcy, receivership, trusteeship or conservatorship? _____
- (g) Do any of the above now hold a license to engage in the business of sponsoring prepaid legal services plans or a similar or related business in any State, District or Territory of the United States? _____

13. Name and address of registered office and registered agent for service of process:

AFFIDAVIT

County _____

State _____

I, _____, the undersigned, being the
_____ of the
(Title, if a corporation)

(Name of the prepaid legal services sponsor)

swear, or affirm, that to the best of my knowledge and belief, the statements contained in this application, including the accompanying statements (if any), are true and complete.

BY _____

Subscribed and sworn to before me this _____ day of _____, _____

(Notary Public)

(SEAL)

Commission Expiration Date