



**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

**Ralph T. Hudgens, Commissioner**

2 Martin Luther King Jr., Dr., Suite 604, West Tower, Atlanta, GA 30334

Phone: 404-656-7556 ♦ Fax: 770-344-5798 ♦ E-mail: TBrewster@oci.ga.gov



www.oci.ga.gov

**NON-TRADITIONAL ENTITIES**  
GID-051-NT JAN2012  
(same as GID-051-EN)

**Application For License As An Administrator**

Application is hereby made for a License to operate as an Administrator pursuant to the Laws of Georgia. In addition to the completed forms, please provide a check or money order for \$500.00 made payable to the Georgia Department of Insurance to the attention of Tammy L. Brewster, Financial Analyst, Non-Traditional Entities.

**ADDRESS TO REMIT BY MAIL:**

Georgia Dept. of Insurance- Regulatory Services/Enforcement, P.O. Box 935138, Atlanta, GA 31193-5138

**ADDRESS TO REMIT BY COURIER:**

Wachovia Bank, Georgia Dept. of Insurance- Regulatory Services/Enforcement, Lockbox 935138, 3585 Atlanta Ave, Hapeville, GA 30354

In support thereof, the following information and documentary evidence is submitted:

**ENTITY INFORMATION**

Filing Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

FEIN# \_\_\_\_\_

Type of organization:  Individual Proprietor  Partners hip  Corporation  Other (specify) \_\_\_\_\_

**MAILING ADDRESS**

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**DOMICILE ADDRESS**

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ County \_\_\_\_\_

**CONTACT INFORMATION**

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**NAME OF ATTORNEY OR PRINCIPAL FILING THIS APPLICATION**

Name \_\_\_\_\_ Title \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Effective, 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing.



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FUNDS HANDLING CHECKLIST

The checklist is to determine the funds handling capacity of the applicant. Please check the appropriate boxes which apply to all accounts handled by the company. (More than one space may be checked per category). Each category must include at least one response.

I. Premium Collections

- A. Premiums are paid directly to a bank or trust account over which applicant does not have check signature authority. Applies [ ]
B. Premiums are paid to applicant's business entity wherein applicant deposits in a bank account in which he is designated to have final check signature authority. Applies [ ]
C. Premium checks are made payable to applicant. Applies [ ]
D. Premium checks are made payable to applicant's MEWA/Self-Insurer/Insurer. Applies [ ]
E. Other (Explain): Applies [ ]

II. Claims

- A. Applicant has check signature authority. However, applicant needs counter signature of MEWA/Self-Insurer/Insurer/Commercial Self-Insurance Fund official for final payment. Applies [ ]
B. Applicant has final authority to make payment of claims or other disbursement of funds from any bank account on behalf of the MEWA/Self-Insurer/Insurer. Applies [ ]
C. Applicant has draft signature requiring, payment approval from MEWA/Self-Insurer/Insurer official. Applies [ ]
D. Applicant has no draft or check authority on any account handled. Applies [ ]
E. Other (Explain): Applies [ ]

III. Payment for Services

- A. Applicant deducts commission or fee from premiums collected. Applies [ ]
B. Applicant has authority to deduct its commission or fee from bank or trust account. Applies [ ]
C. Applicant receives payment for services directly from MEWA/Self-Insurer/Insurer. Applies [ ]
D. Other (Explain): Applies [ ]

APPLICATION ATTESTATION REQUIREMENTS:

For sole proprietorships, the application must be sworn by the sole proprietor; for partnerships, the application must be sworn by the principal partners; for corporations, the application must be sworn by the president and secretary or by all officers and directors.

FOLLOWING ATTESTATION SHALL BE USED:

I do solemnly swear or affirm that I am familiar with the Laws of Georgia relating, to Administrators; that all the foregoing information and documentary evidence submitted is true, complete and correct to the best of my knowledge and belief.

Company \_\_\_\_\_

Sworn to and Subscribed before Me

Signature \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Print Name \_\_\_\_\_

(Notary Public)

Print Title \_\_\_\_\_

(SEAL)

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(To reduce paper, please DO NOT include a printed copy of the instructions pages with the completed form.)

ANSWER ALL QUESTIONS AND PROVIDE THE INFORMATION REQUESTED ON SEPARATE SHEETS IDENTIFYING EACH BY THE CORRESPONDING NUMBER ON THIS APPLICATION.

1. Submit all applicable organizational documents. Documents must be original or certified copies. Include partnership agreements; articles of incorporation, certified by your Secretary of State; Certificate Good Standing/Certificate of Existence from the Georgia Secretary of State; trade name certificate; trust agreement; shareholder agreement; and other applicable documents and all amendments to those documents.
2. Provide one copy of bylaws, rules and regulations or similar documents regulating the affairs of the Administrator certified by the partners or the president and secretary and containing the corporate seal.
3. List the names, addresses, and official titles of positions held by individuals who are responsible for the conduct of the affairs of the Administrator, including, all partners, members of the board of directors, board of trustees, executive committee, the principal officers, or other governing board or committee, shareholders holding, directly or indirectly, 10% or more of the voting securities, and any other person who exercises control or influence over the affairs of the Administrator. List the percentage of stock owned or controlled by each stockholder's name (if control is 10% or more). If the applicant is a subsidiary, also provide all of the above information for officers of the parent corporation(s).
4. Submit one copy of individual Biographical Statement and Affidavit Form for each of the persons listed in item 3.
5. Submit one copy of an investigative background report on each individual listed in item 3. Included in the report should be a credit check (listing all accounts), check of all courts (including local, state and federal) and verification of residency for a 10-year period. These reports are paid for and requested by the applicant. The reports must be submitted directly to this office, to the attention of Tammy Brewster in the Enforcement Division, from the investigative firm.
6. Indicate if the Administrator plans to utilize a fictitious or "d.b.a." name. If so, attach a certified copy of the Certificate from the Clerk of the Circuit Court in the county where domiciled.
7. List all accounts administered and NAIC Company numbers, if any, and indicate for each the amount of funds managed or handled for Georgia business annually. Show a separate amount for premiums collected and claims paid, as applicable.
8. Submit a copy of a fidelity bond issued by an insurer licensed in Georgia equal to at least 10% of annualized funds handled or managed. If applicant collects premiums and pays claims, the 10% should be calculated on the greater amount. The bond must include a 30-day notice of cancellation to the Georgia Department of Insurance and must be for at least \$100,000 but not more the \$500,000.
9. Submit a copy of errors and omission policy; or other appropriate liability policy written by an insurer licensed to transact insurance in this state in an amount of at least \$100,000.

Such policy shall be for a term of at least one year and shall contain provisions that:

- (a) Cancellation or termination of the policy is not effective except upon sixty (60) days written notice by registered or certified mail to the other party to the policy and to the Commissioner: and
- (b) The policy is automatically renewable at the expiration of the policy period except upon sixty (60) days written notice by registered or certified mail to the other party to the policy and to the Commissioner.
- (c) Upon approval by the Commissioner, bonds or policies may be written by an eligible surplus lines insurer.
- (d) Compliance with this requirement is a prerequisite to the approval of this application by the Commissioner.

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10. For Administrators currently in business, copy of the Financial Statement Form of the Administrator for the TWO MOST RECENT CALENDAR YEARS.
11. If the applicant is not currently acting as an Administrator, a statement of the amount and sources of the funds or available for anticipated expenses and the proposed arrangements for reimbursement and compensation of incorporators or other principals. Also, include a current financial statement showing applicant's initial investment.
12. A statement explaining the nature and extent of the applicant's ownership interest or affiliation of any kind with any insurance company responsible directly or through reinsurance for providing benefits to any plan for which it provides administrative services.
13. Licenses:
  - (a) Provide a list of officers or employees who sell or solicit coverage or adjust claims, (including, claims processors) indicating whether such person has a license issued by the Department and if so, what type of license and Social Security Account Number.
  - (b) Provide a statement attesting to whether an insurance license of any type or application for license, of any officer, director, partner, stockholder or employee, has ever been denied, suspended, or revoked in this state or any other state.
  - (c) If a license denial, suspension, or revocation has taken place, give the full details of such action.
14. List the complete names and addresses of any branch, subsidiary, or affiliate operating in this state.
15. Name the location at which all-relevant books, records, accounts, documents and contracts will be made available to the Department.
16. Provide the following information on operations:
  - (a) The length of time that the applicant has operated as an Administrator, including date of operation and name of plans.
  - (b) The length of time that the applicant has operated as an Administrator in Georgia, including dates of operation, plan names and annualized premiums.
17. Complete the attached Funds Handling Checklist.
18. List all states in which the applicant operates as an administrator, the states in which a license is required, copy of the license, and acknowledgement from the state that the administrator is currently in good standing. The certificate of good standing must be an original document.
19. Provide a description of the company's Georgia business plan. Address the company's objective for pursuing, a Georgia license; prior operating history; prospective target markets; methods of solicitations, name of insurers and products offered; and type of service to be rendered as a TPA.
20. Provide an organization chart, required qualification for each position and number of persons required for each position. Include a list of persons and the qualifications for each position held.
21. Complete the Authority for Release of Information Form, for each of the persons listed in item 3.
22. Complete the Consent and Agreement in Regarding Service of Process Form.
23. Complete the Resolution Form.
24. Complete the Citizenship Affidavit Form GID-276-EN.

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