Rev. 5/2015

CHECKLIST OF NECESSARY INFORMATION FOR REINSURANCE INTERMEDIARY MANAGER

Name: _____

*For yearly renewal of Reinsurance Intermediary Manager status, the company should acknowledge in a cover letter that all licensing information is current, if the information required below is not current, then submit any updated information and remit the renewal fee.

1. Name and address of applicant. (Every licensee must notify this Department, in writing, of any change in its legal name within 30 days of the change and include all pertinent legal documentation approving the name change.)
   - Federal Tax ID number: _____
   - Year Organized: _____
   - State of Incorporation:_____
   - Attach a chart or listing clearly presenting the identities of and interrelationships among the applicant and any controlling person of the applicant.

2. Name and address to be used in license. (Every licensee must notify the Office, in writing, of any change in residence address or business address within 30 days of the change.

3. Names and biographical information of each such person to act as or on the behalf of the reinsurance intermediary.
   - This information must be kept current. (Every licensee must notify this Department in writing within 30 days of initiation of any disciplinary action taken by any jurisdiction against the license or any other professional licensee or criminal action taken by any jurisdiction against the licensee.) If you need to submit a new or updated biographical affidavit, you can find the form at: http://www.naic.org/documents/industry_ucaa_form11.doc

4. Affidavit naming the Arkansas Insurance Commissioner as agent for service of process, with the same effect as service to the licensee.
   - This is a condition precedent to obtaining and/or maintaining any license issued by the Arkansas Insurance Commissioner.

5. Affidavit naming a resident of the State of Arkansas upon whom notices, orders, or process affecting the licensee may be served (name and address).
   - This is a condition precedent to obtaining and/or maintaining any license issued by the Arkansas Insurance Commissioner. No changes shall be effective until acknowledged by the Commissioner.

6. Affidavit from an authorized representative of the applicant that all such transactions performed under the license shall provide the required contract provisions as stated in Ark. Code Ann. §23-62-405.

7. Affidavit from an authorized representative of the applicant that the licensee shall be subject to the regulatory authority of the Arkansas Insurance Commissioner and the Courts of the State of Arkansas.

8. a. FIVE HUNDRED DOLLAR ($500) fee for initial application (nonrefundable).
   b. ONE HUNDRED DOLLAR ($100) fee for renewal (annual).
   c. SEVENTY-FIVE DOLLAR ($75) fee for designation of Commissioner as agent for service of process.

9. Annual Financial Statement or Most Current financial statement.

10. Copy of Certificate of Errors & Omissions Policy. For the renewal, provide proof that this policy is still in effect.

11. Name, Title, Address, telephone number and email address of the designated contact person for the application process.

Submit all of the above-required information to the attention of:

Arkansas Insurance Department
Attn: License Division
1200 West Third Street
Little Rock, AR 72201-1904
501-371-2750, fax 683-2604