



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE
1 COMMERCE WAY, SUITE 505
LITTLE ROCK, ARKANSAS 72202-2087

APPLICATION FOR APPROVAL TO TRANSACT THE BUSINESS OF
INSURANCE IN THE STATE OF ARKANSAS

THE _____ DOMICILED IN THE STATE OF
_____ BY _____, DOES HEREBY APPLY FOR
(NAME AND TITLE)
AUTHORITY TO TRANSACT THE FOLLOWING KINDS OF INSURANCE IN ARKANSAS:

AND STATES THAT IT IS SO AUTHORIZED BY ARTICLES OF INCORPORATION (OR CHARTER)
UNDER THE LAWS OF ITS STATE OF DOMICILE _____ AND ANSWERS THE
FOLLOWING QUESTIONS PERTAINING TO THE COMPANY:

DATE INCORPORATED _____ DATE ORGANIZED _____
STATE OF INCORPORATION _____ DATE COMMENCED BUSINESS _____
AUTHORIZED CAPITAL STOCK _____ PAID IN CAPITAL STOCK _____
ADMITTED ASSETS AS OF DEC 31st _____ LIABILITIES _____
SURPLUS _____

KIND OF COMPANY AND PLAN OF DOING BUSINESS _____

DATE OF LAST EXAMINATION _____

IN WHAT STATES IS THE COMPANY AUTHORIZED TO TRANSACT BUSINESS

DOES THE COMPANY HAVE ANY ADMITTED AFFILIATES DOING BUSINESS IN THE STATE OF
ARKANSAS? IF SO, STATE THE NAME OF THE COMPANY AND DATE OF ADMISSION

HAS THE COMPANY EVER BEEN DENIED ADMISSION TO CONDUCT BUSINESS IN ANY STATE? IF
SO, PLEASE ADVISE OF WHICH STATE(S)? _____

AFFIDAVIT

STATE OF _____)
_____)
COUNTY OF _____)

I, _____, THE UNDERSIGNED, BEING THE
_____ OF THE _____, SWEAR (OR AFFIRM)
THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS CONTAINED IN THIS
APPLICATION, INCLUDING THE ACCOMPANYING STATES AND DOCUMENTS (IF ANY), ARE TRUE
AND COMPLETE.

BY: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____,
20__.

NOTARY PUBLIC

MY COMMISSION EXPIRES:
