

# Arkansas Insurance Department

1 Commerce Way, Suite 505  
Little Rock, AR 72202-2087

## SERVICE CONTRACT PROVIDER REGISTRATION FORM

Unless exempt, a provider of a service contract in Arkansas issued on or after October 1, 2007 is required to register with the Arkansas Insurance Department. For information on service contracts, see Arkansas Code Annotated §§ 4-114-101, *et seq.* and Arkansas Insurance Department Rule 91.

### **Return Completed Form with Registration Fee to:**

**Arkansas Insurance Department, Finance Division**  
**1 Commerce Way, Suite 505, Little Rock, Arkansas 72202-2087**  
**501-371-2665, Fax 501-371-2747**

### **Registration Information**

\_\_\_\_\_ Original Registration Form

\_\_\_\_\_ \$200 Registration Fee Enclosed

Check made payable to: State Insurance Department Trust Fund.

### **Provider Identification Information**

1. Legal Name of Provider:

\_\_\_\_\_  
Trade Name (if different)

\_\_\_\_\_  
Principal Business Street Address:

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

2. Domicile of Provider: \_\_\_\_\_

3. Name and Contact Information for Provider's Representative to handle inquiries in Service Contracts Sold in Arkansas (if different than the contact person listed in item number one):

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Principal Business Street Address:

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

4. List the States in which the Provider is engaged in the business of providing Service Contracts:

\_\_\_\_\_

5. Are there any administrative or regulatory actions that have been taken or are pending against the Provider by any governmental agency within the last ten (10) years?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, attach a detailed explanation of any such actions.

6. Provide a copy of the provider's most recent financial statements (balance sheet and income statement) certified by an officer of the company.

### **Compliance with Financial Requirements**

\_\_\_\_\_ (Provider's Name) has chosen to comply with the obligations imposed by Ark. Code Ann. § 4-114-104(d), under **one** of the **three options** checked below:

1. \_\_\_\_\_ All service contracts are insured under a reimbursement insurance policy that meets the requirements of Ark. Code Ann. § 4-114-104(d)(1).

a. Name of insurer that issued your reimbursement insurance policy:

\_\_\_\_\_  
b. Submit a copy of the policy with this filing.

2. \_\_\_\_\_ A funded reserve account is maintained that meets the requirements of Ark. Code Ann. § 4-114-104(d)(2) **and**

a. 40% of Gross consideration received on Arkansas in-force contracts: \$ \_\_\_\_\_

Less: claims paid \_\_\_\_\_

Equals minimum reserve requirement \$ \_\_\_\_\_

Please attach financial statements that show the reserve amount.

\_\_\_\_\_ A financial security deposit that meets the requirements of Ark. Code Ann. § 4-114-104(d)(3) of not less than 5% of gross considerations received less claims paid, but not less than \$25,000, consisting of a surety bond issued by an authorized surety. (*Provide proof that your security deposit meets the minimum requirements by completing the calculation below and complete the attached Service Contract Provider Bond Form*)

a. 5 % of Gross consideration received on Arkansas in-force contracts: \$ \_\_\_\_\_

Less: claims paid \_\_\_\_\_

Equals minimum security deposit requirement \$ \_\_\_\_\_

***Please attach proof that your security deposit meets the minimum requirements.***

3. \_\_\_\_\_ Maintain a net worth of \$100,000,000 pursuant to the requirements of Ark. Code Ann. § 4-114-104(d)(4). Submit the Provider's or Provider's Parent's most recent 10K or Form 20F filed with the SEC or audited financial statement. If the financial responsibility requirement under this paragraph is to be maintained by the Provider's parent company, the parent company shall guarantee the Provider's obligations under service contracts sold by the Provider in this State. Submit a written guarantee agreement signed and notarized by an officer of the parent company to this effect.

**Provider Certification**

STATE OF \_\_\_\_\_ )  
)

COUNTY OF \_\_\_\_\_ )

I, the undersigned, state under oath that I have duly executed this registration, for and on behalf of \_\_\_\_\_ (Provider Name), and that I hold the executive position of \_\_\_\_\_ (Title) of such Provider, and that I am authorized to execute and file this registration. I, the undersigned, further state that I am familiar with this instrument, including all documents related to this registration and the contents thereof, and that the facts herein set forth are true to the best of my knowledge, information and belief. I hereby certify that the Provider named herein is in compliance with all requirements of the Service Contracts Act, Ark. Code Ann. §§ 4-114-101, *et seq.* I further certify that the service contracts issued by the Provider named herein comply with the disclosure requirements of Ark. Code Ann. § 4-114-106.

Signature

Print Name

Date

**Notary Information**

The foregoing instrument was signed and acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_, personally known or made known to me.

(Notary Public)

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