

**OFFICE OF SUPERINTENDENT OF INSURANCE
COMPANY LICENSING BUREAU
PHYSICAL ADDRESS: 1120 PASEO DE PERALTA, ROOM 439, SANTA FE, NM 87501
MAILING ADDRESS: P.O. BOX 1689, SANTA FE, NM 87504-1689
(505) 827-4362**

**SUMMARY OF REQUIRED DOCUMENTS FROM
ADVISORY ORGANIZATIONS SEEKING ADMISSION TO TRANSACT
BUSINESS IN THE STATE OF NEW MEXICO**

NAME OF ADVISORY ORGANIZATION

In support of the application, please furnish the OSI with the items listed below.

- _____ 1. **APPLICATION FEE 59A-17-19(A)(5) & 59A-6-1(O)(1)** A non-refundable application fee in the sum of \$100.00 must accompany this application before it can be reviewed. Make the check payable to the *Office of Superintendent of Insurance or OSI*.
- _____ 2. **APPLICATION FOR LICENSE 59A-17-19(A)** Apply by letter, requesting admission on behalf of the organization indicating the kind(s) of insurance which the organization is seeking admission to transact.
- _____ 3. **STATEMENT OF QUALIFICATIONS 59A-17-19(A)(4)** A statement showing its technical qualifications for acting in the capacity for which it seeks a license.
- _____ 4. **STATEMENT OF DISCLOSING QUALIFICATIONS IN OTHER STATES 59A-17-19(A)(6)** A statement disclosing all the restrictions placed by the laws or rules of the state of domicile or any other state where the organization now operates.
- _____ 5. **ORGANIZATION'S DOCUMENTATION 59A-17-19(A)(1)** A copy of its constitution, charter, articles of organization, agreement, association or incorporation, and any other rules or regulations governing conduct of its business. The organization's initial Articles of Incorporation and all amendments thereto must be certified, and bear the seal of the state official having custody of the original documents.
- _____ 6. **BY-LAWS 59A-17-19(A)(1)** A copy of the By-Laws certified by the corporate secretary and bearing the organization corporate seal.
- _____ 7. **PLAN OF OPERATION 59A-17-19(A)(1)** Provide an overview of the organization's New Mexico business plan.
- _____ 8. **LIST OF MEMBERS 59A-17-19(A)(2)** A list of the organization's members and subscribers.

9. **UNIFORM CONSENT TO SERVICE OF PROCESS 59A-17-19(A)(6)** A properly executed document authorizing the Superintendent of Insurance to accept Service of Process on behalf of the Advisory Organization. The NAIC UCAA Form 12 is available on the NAIC website at www.naic.org.
10. **NOTICES, PROCESS, AND ORDERS 59A-17-19(A)(3)** The name and address of one or more residents of this state upon whom notices, process affecting it, or orders of the superintendent may be served.
11. **CERTIFICATE OF COMPLIANCE 59A-17-19(A)(6)** A Certificate of Compliance certified by the state of domicile.
12. **CONTACT PROCESSING FORM 59A-17-19(A)(6)** Must be completed in its entirety.
13. **MEMBERSHIP NMAC 13.8.28.23** An advisory organization shall file a copy of the written authorization of each Member Company or Subscriber Company granting the advisory organization authority to act on behalf of such Member Company or Subscriber Company for some or all of its services or to adhere to any rates, rating plans or rating system underwriting rules or policy forms.
14. **POLICY FORMS RATING CLASSIFICATION 59A-17-28** A copy of all policy forms rating classification and territories promulgated by the advisory organization for use in this state by your members and subscribers.
15. **REPORT OF EXAMINATION 59A-17-32(B)** A copy of its most current Report of Examination certified by the state of domicile.
16. **LEGAL MEMORANDUM 59A-17-19(A)(6)** A legal memorandum which supports the legal status of the advisory organization in the state of domicile, and the applicable law in the State of New Mexico.
17. **CERTIFICATE OF GOOD STANDING 59A-17-19(A)(6)** Submit a Certificate of Good Standing from the New Mexico Office of the Secretary of State, Corporations Division.
18. **RENEWAL NOTICE 59A-17-19(D) & 59A-6-1(O)(2)** Please provide us with a written statement acknowledging that the company must renew its License on or before May 1 yearly and that the OSI will not issue a new License upon renewal since they are perpetual.

Please mail the application fee along with items 1 through 18 in paper form to:

**Office of Superintendent of Insurance (OSI)
Attn: Company Licensing Bureau
1120 Paseo De Peralta, Room 439
Santa Fe, New Mexico 87501**

If you have any questions regarding the requested documents above, please contact the Company Licensing Bureau at 505-827-4362.

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CONTACT PROCESSING FORM

COMPANY COMPLETE NAME – Do not abbreviate name.

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STATUTORY HOME OFFICE ADDRESS

MUST BE LOCATED IN STATE OF DOMICILE (PER NMSA §59A-5-22(B)) – As identified with the Certificate of Authority in domiciled state (This definition is consistent with the Annual Statement)

<u>Physical location only:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

COMPANY MAILING ADDRESS

<u>Street, P O Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

COMPANY CONTACT FOR GENERAL & SPECIAL DEPOSITS/SURETY BONDS

<u>Street, PO Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>