

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  
FRATERNAL BENEFIT SOCIETIES SEEKING ADMISSION TO TRANSACT  
INSURANCE BUSINESS IN THE STATE OF NEW MEXICO**

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NAME OF FRATERNAL BENEFIT SOCIETY

**In support of the application, please furnish the OSI with the items listed below in accordance with NMSA §59A-44.**

1.     **APPLICATION FOR CERTIFICATE OF AUTHORITY**     Apply by letter, requesting admission on behalf of the society.
  
2.     **ARTICLES OF INCORPORATION 59A-44-29(A)(1)**     The society's initial Articles of Incorporation and all amendments thereto. The Articles of Incorporation must be certified, and bear the seal of the state official having custody of the original documents.
  
3.     **BY-LAWS 59A-44-29(A)(2)**     A copy of the By-Laws certified by the state official having custody of the original or the society's corporate secretary. Ensure that the corporate seal is affixed to the secretary's certification.
  
4.     **UNIFORM CONSENT TO SERVICE OF PROCESS 59A-44-29(A)(3) & 59A-44-35**     A properly executed document authorizing the Superintendent of Insurance to accept Service of Process on behalf of the society. The NAIC UCAA FORM 12 is available at the NAIC Website at [www.naic.org](http://www.naic.org)
  
5.     **ANNUAL STATEMENT 59A-44-29(A)(7)**     The most current Annual Statement certified by the state official having custody of the original document. The statement must be filed in a 9" x 14" size booklet. Separate exhibits on Profit and Loss from Participating and Non-Participating business, if any, must be filed with this Division. The "Assets" must conform to the requirements set forth by NMSA §59A-8-1.
  
6.     **CERTIFICATE OF COMPLIANCE 59A-44-29(A)(5)**     A certified document indicating compliance by the society with the laws of its state of domicile.
  
6.     **CERTIFICATE FORMS 59A-44-29(A)(6)**     Please provide copies of certificate forms and accident and health rates.
  
7.     **REPORT OF EXAMINATION FROM STATE OF DOMICILE 59A-44-29(A)(4)**     A certified copy of the most recent report of examination of the society. This report must have been conducted within the last five years.

- \_\_\_\_\_ 8. **MANAGEMENT 59A-44-8 (C)**
- (A)\_\_\_\_\_ A list of the directors, officers, and key personnel of the society indicating the terms of their office, their business affiliation with the society and any business other than insurance. We need Biographical Affidavits for each individual. Please complete the most current form and the affidavit must be originally signed and notarized within six months of the application date or they will not be valid. The most current form can be found at [www.naic.org](http://www.naic.org)
- (B)\_\_\_\_\_ A copy of the declaration page of the fidelity bond giving the name of the surety company, the effective date, and amount for which the officers and key employees of the society are bonded. It must specify that the specific Fraternal Benefit Society seeking admission be covered.
- \_\_\_\_\_ 9. **NAME OF INSURER 59A-44-10 (A)(1)** Your attention is directed to the prohibition affecting the licensing of societies with names which are so similar that the name may likely mislead the public in New Mexico with the name of another insurer that is already licensed. (See NMSA §59A-5-14)
- \_\_\_\_\_ 10. **REINSURANCE CONTRACTS 59A-44-13** Provide a narrative description of assumed and ceded reinsurance programs. Give the details as to the effective date, coverage, terms, insolvency clause, etc. Provide the cover slips of each reinsurance treaty that the society has.
- \_\_\_\_\_ 11. **CONTACT PROCESSING FORM 59A-44-29 (A)(7)** Must be completed in its entirety.
- \_\_\_\_\_ 12. **NOTIFICATION OF PLANNED EXPANSION 59A-44-29-(A)(7)** Provide us with a copy of notification to state of domicile of planned expansion. (Foreign Insurers)
- \_\_\_\_\_ 13. **RENEWAL NOTICE & REPORTS 59A-44-26 & 59a-44-36** Please provide us with a written statement acknowledging that the company must renew its Certificate of Authority on or before March 1 yearly and provide the required reports that are due. In addition, please be advised that the OSI will not issue a new Certificate of Authority upon renewal since they are perpetual.

**Domestic Fraternal Benefit Societies**

**Be advised that if the society's application is approved, the Division will issue a Preliminary Certificate of Authority valid for one year in accordance with NMSA §59A-44-10-C. Upon receipt of documentation indicating that 500 applicants have been acquired, a perpetual Certificate of Authority will be issued, 59A-44-10 (A)(C)**

**Please mail the application fee along with items 1 through 13 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>