

**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
INSURANCE PREMIUM FINANCE COMPANIES SEEKING ADMISSION
TO TRANSACT BUSINESS IN THE STATE OF NEW MEXICO**

NAME OF INSURANCE PREMIUM FINANCE COMPANY

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

- _____ 1. **APPLICATION FEE 59A-45-3(B) & 59A-6-1(S)(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 INSURANCE PREMIUM FINANCE LICENSE**

IF A NATURAL PERSON OR PARTNERSHIP:
Apply by letter stating that the individual or partnership is seeking admission to transact insurance premium finance business in the State of New Mexico.

IF A CORPORATION:
Apply by letter, transmitting a certified copy of the Resolution of the Board of Directors stating under oath, of the president or vice president, or other chief officer on behalf of the company, that the company is seeking admission as an insurance premium finance company. The Resolution must be notarized.

IF ANY OTHER LEGAL ENTITY:
Apply by letter stating the company is seeking admission to transact business as an insurance premium finance company in the State of New Mexico and submit copies of all governing documents.

- _____ 3. **ARTICLES OF INCORPORATION** Provide the company'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.

- _____ 4. **BY-LAWS** Provide a copy of the By-Laws certified by the state official having custody of the original or the company's corporate secretary. Ensure that the corporate seal is affixed to the secretary's certification.

- _____ 5. **CERTIFICATE OF COMPLIANCE** Provide a Certificate of Compliance certified by the state of domicile.

- _____ 6. **CERTIFICATE OF GOOD STANDING** Provide a Certificate of Good Standing certified by the New Mexico Office of Secretary of State, Corporations Division.
- _____ 7. **INSURANCE PREMIUM FINANCE AGREEMENT 59A-45-1 to 59A-45-16**
Provide a copy of the insurance premium finance agreement to be issued by the company, which complies with the provisions of the Insurance Premium Financing Law.
- _____ 8. **CONTACT PROCESSING FORM** Must be completed in its entirety.
- _____ 9. **SURETY BOND 59A-45-4(A)** A surety bond in the sum of \$10,000.00 must be submitted. A surety company authorized to do business in New Mexico on a form acceptable to the superintendent must issue the surety bond.
1. Please provide the original Surety Bond, which can be found at <https://www.osi.state.nm.us/index.php/departments/compliance-division/company-licensing-bureau/>
 2. Please provide us with three original Deposit Form 600 (three original “wet” signatures on each form), which can be found at <https://www.osi.state.nm.us/index.php/departments/compliance-division/company-licensing-bureau/>
- _____ 10. **RENEWAL NOTICE 59A-45-3(B) & 59A-6-1(S)(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 10 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>