

**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
A MEXICAN CASUALTY INSURER SEEKING ADMISSION TO TRANSACT
INSURANCE BUSINESS IN THE STATE OF NEW MEXICO**

NAME OF MEXICAN CASUALTY INSURER COMPANY

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

**The company shall submit English translation of these documents as set forth by
NMSA §59A-40-2-A.**

1. **APPLICATION FEE 59A-40-1(A)(1)** A non-refundable application fee in the sum of \$1,000.00 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 CERTIFICATE OF AUTHORITY 59A-40-2(A)** Apply by letter, requesting admission on behalf of the company.

3. **CHARTER OR ARTICLES OF ASSOCIATION 59A40-2(A)** Submit the company's initial Charter or Articles of Association, and all amendments thereto. The insurance regulatory official under whose supervision it operates in the Republic of Mexico must certify the documents.

4. **BY-LAWS 59A-40-2(A)** A copy of the By-laws certified by two (2) principal officers and certified by the insurance regulatory official under whose supervision the company operates in the Republic of Mexico.

5. **POLICY FORMS 59A-40-2(A)** Policy forms, application forms, claim forms, and other forms, which the company expects to use in underwriting coverage. The utilization of the forms are subject to the approval of the Insurance Division.

6. **COPY OF CURRENT LICENSE 59A-40-2(B)** Provide a copy of the company's current license to operate in the Republic of Mexico.

7. **LATEST ANNUAL STATEMENT 59A-40-2(B)** A certified copy of the latest Annual Statement of the company.

- _____ 8. **REPORT OF EXAMINATION 59A-40-2(B)** A copy of the latest examination report of its affairs and financial condition by the insurance regulatory authority under which the company operates in Mexico, with money amounts shown, or accompanied by a statement of amounts thereof in United State's dollars, together with a statement of the basis on and date as of which pesos were so converted to dollars.
- _____ 9. **UNIFORM CONSENT TO SERVICE OF PROCESS 59A-40-4** A properly executed document authorizing the Superintendent of Insurance to accept Service of Process on behalf of the company. The NAIC UCAA Form 12 is available at the NAIC website www.naic.org.
- _____ 10. **LETTER OF AGREEMENT TO SUSPEND 59A-40-8** The Company must provide a letter agreeing that the Superintendent may at any time in his lawful discretion suspend, revoke, or refuse to grant or continue the license of the insurer to do business in this state as authorized.
- _____ 11. **MANAGEMENT**
- (A)_____ A list of the directors, officers, and key personnel of the company indicating the terms of their office and their business affiliation with the company 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.
- (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 company are bonded for. It must specify that the specific company seeking admission be covered.
- _____ 12. **REINSURANCE CONTRACTS** 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 company has.
- _____ 13. **NEW MEXICO MOTOR VEHICLE INSURANCE PLAN** If motor vehicle liability is applied for, even though assignments will not be made unless the applicant transacts automobile liability insurance, the applicant must correspond directly with the New Mexico Motor Vehicle Insurance Plan, 150 California Street, Suite 200, San Francisco, California 94111. We need to receive a written acknowledgment that the company will comply with this requirement.

- _____ 14. **CONTACT PROCESSING FORM** Must be completed in its entirety.
- _____ 15. **DEPOSIT 59A-40-3(A)** A deposit will be required to be made with the Insurance Division upon approval for licensure for \$25,000.00.
- _____ 16. **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 Certificate of Authority on or before March 1 yearly and that the OSI will not issue a new Certificate of Authority upon renewal since they are perpetual.

Please mail the application fee along with items 1 through 16 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>