

**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
NONPROFIT HEALTH CARE PLANS SEEKING ADMISSION TO TRANSACT
INSURANCE BUSINESS IN THE STATE OF NEW MEXICO**

NAME OF NONPROFIT HEALTH CARE PLAN

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

- _____ 1. **PRELIMINARY PERMIT FEE 59A-47-6 & 59A-6-1(P)(1)** A non-refundable application fee in the sum of \$100.00 must accompany the initial application for a Preliminary Permit before it can be reviewed. Make the check payable to the ***Office of Superintendent of Insurance or OSI.***
- _____ 2. **RESOLUTION 59A-47-6(A)(6)** Transmit 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 and state the kind of insurance according to NMSA §59A-47-3C & K. The Resolution must be notarized.
- _____ 3. **ARTICLES OF INCORPORATION 59A-47-6(A)** The Company's initial certified Articles of Incorporation and all amendments thereto. The Articles of Incorporation must have endorsed thereon or annexed thereto the consent of the Superintendent of Insurance prior to filing.
- _____ 4. **BY-LAWS 59A-47-6(A)** 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. **UNIFORM CONSENT TO SERVICE OF PROCESS 59A-47-13** 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 on the NAIC website at www.naic.org
- _____ 6. **FINANCIAL STATEMENT 59A-47-6(A)** The most current certified financial statement of the Nonprofit Health Care Plan.
- _____ 7. **CERTIFICATE OF COMPLIANCE 59A-47-6(A)(6)** A certified document indicating compliance by the Nonprofit Health Care Plan with the laws of its state of domicile, and the kind of insurance the company is authorized to transact.
- _____ 8. **CERTIFICATE OF DEPOSIT 59A-47-6(A)(6)** A certified document indicating the amount and description of the securities deposited with the state of domicile or any other state, stating the deposit is held for the benefit of all its policyholders and creditors.

9. **REPORT OF EXAMINATION FROM STATE OF DOMICILE 59A-47-6(A)(6)** A certified copy of the most recent report of examination of the company. This report must have been conducted within the last five years.
10. **QUARTERLY STATEMENT 59A-47-6(A)(6)** A cumulative report through the end of the last preceding calendar quarter, if the application is made after March 1. Provide quarterly updates while the company's application is pending during the licensing review period.
11. **MANAGEMENT 59A-47-6(A)(3)** A list of the directors, officers, and key personnel of the company indicating the terms of their office, their business affiliation with the company, and any business other than insurance.
12. **BIOGRAPHICAL AFFIDAVITS 59A-47-6(A)(3)** 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
13. **FIDELITY BOND 59A47-20(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 is covered.
14. **INCORPORATORS 59A 47-6(A)(3)** A list of the names and addresses of the incorporators of the Nonprofit Health Care Plan.
15. **CONFLICT OF INTEREST FORMS 59A-47-20** Provide a copy of the Conflict of Interest Policy and a copy of the form signed by each officer and director indicated on the list provided.
16. **POLICY FORMS AND RATES 59A-47-6(A)(4)** The policy forms and rates, which the company will be issuing in New Mexico, must be submitted for review and approval together with this application.
17. **STATEMENT OF AREA(s) 59A-47-6(A)(2)** A statement describing the area(s) of this state, which are proposed to be served.
18. **ESCROW OF ADVANCE PREMIUMS 59A-47-7** File documentation of an escrow arrangement made by the Nonprofit Health Care Plan.
19. **REINSURANCE CONTRACTS 59A-47-6(A)(6)** 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.
20. **NAME OF INSURER 59A-5-14** Your attention is directed to the prohibition affecting the licensing of companies 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.
21. **TRUST DEPOSIT 59A-47-10** A deposit will be required to be made with our Division upon approval of the issuance of a Preliminary Permit.
22. **CONTACT PROCESSING FORM 59A-47-6(A)(6)** Must be completed in its entirety.

23. **NOTIFICATION OF PLANNED EXPANSION 59A-47-6(A)(6)** Notification to state of domicile of planned expansion. (Foreign insurers)
24. **CERTIFICATE OF AUTHORITY 59A-47-8 & 59A-6-1(P)(2)** Prior to expiration of one year from the date of issuance of the preliminary permit, apply by letter, transmitting a non-refundable fee in the sum of \$1,000.00. Make the check payable to the ***Office of Superintendent of Insurance or OSI***.
25. **RENEWAL NOTICE 59A-47-11 & 59A-6-1(P)(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.

Be advised that if the Nonprofit Health Care Plan Organization's application is approved, the Division will issue a Preliminary Permit valid for one year in accordance with NMSA §59A-47-5H and §59A-47-9.

Upon receipt of documentation indicating that 1,000 applicants have been acquired, a perpetual Certificate of Authority will be issued.

Please mail the application fee along with items 1 through 25 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>