

**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
SERVICE CONTRACT PROVIDERS SEEKING REGISTRATION
TO TRANSACT BUSINESS IN THE STATE OF NEW MEXICO**

NAME OF SERVICE CONTRACT PROVIDER

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

- _____ 1. **APPLICATION FEE 59A-58-5(A)(4)** A non-refundable application fee in the sum of \$500.00 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 REGISTRATION 59A-58-5(A)(1)**

IF A NATURAL PERSON OR PARTNERSHIP:
Apply by letter stating that the individual or partnership is seeking registration to transact service contract business in the State of New Mexico and acknowledges that the Service Contract Company will abide by NMSA 59A-58-6 (2) (a) (b).

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 a service contract provider company. The Resolution must be notarized.
- _____ 3. **ARTICLES OF INCORPORATION 59A-58-5(A)(1)** If a corporation 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 59A-58-5(A)(1)** 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 FORMATION 59A-58-5(A)(1)** If the SCP is an LLC, please provide us with a Certificate of Formation certified by the state official holding custody of the original.
- _____ 6. **OPERATING AGREEMENT 59A-58-5(A)(1)** If the SCP is an LLC, please provide us with the LLC's Operating Agreement, certified by the state of domicile.
- _____ 7. **CERTIFICATE OF COMPLIANCE/GOOD STANDING 59A-58-5(A)(1)** Provide a Certificate of Compliance *or* Certificate of Good Standing certified by the state of domicile.

8. **CERTIFICATE OF GOOD STANDING 59A-58-5(A)(1)** Provide a Certificate of Good Standing certified by the NM Office of the Secretary of State, Corporation Division.
9. **CONTACT PROCESSING FORM 59A-58-5(A)(1)** Please complete the attached form in its entirety.
10. **STATEMENT 59A-58-6** Please provide us with an original notarized statement indicating what the service contact will cover.
11. **ADMINISTRATOR 59A-58-5(A)(3)** Provide us with the name, address, and telephone number of each administrator with whom the provider intends to contract. If the administrator is the applicant, then indicate that as well.
12. **DEPOSIT- SURETY BOND OR REIMBURSEMENT POLICY 59A-58-6** A deposit is required to be made with the Insurance Division upon approval for licensure.
1. A surety bond issued by a surety company authorized to do business in New Mexico. Securities of the type eligible for deposit by an insurance company for \$50,000.00 or \$100,000.00 is required to be made with the Office of Superintendent in accordance with NMSA Section 59A-58-6.
 - A. 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/>
 - B. 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/>
 2. Obtain a reimbursement insurance policy pursuant to NMSA Section 59A-58-6(A) (2). Please provide us with the reimbursement insurance policy for review and approval. Please make certain the reimbursement policy has the required language per Bulletin 2017-016.
13. **RENEWAL NOTICE 59A-58-5(B)** Please provide us with a written statement acknowledging that the Service Contract Provider must renew its registration on or before the yearly registration date and that the OSI will not issue a new Certificate of Registration upon renewal since they are perpetual.

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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SERVICE CONTRACT PROVIDER CONTACT PROCESSING FORM

COMPANY COMPLETE NAME – Do not abbreviate name.

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COMPANY HOME ADDRESS – **MUST BE LOCATED IN STATE OF DOMICILE**

<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 SURETY BONDS OR REIMBURSEMENT INSURANCE POLICY

<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>

COMPANY CONTACT FOR REGULATORY MATTERS

<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>

COMPANY CONTACT FOR AGENT, FOR SERVICE OF PROCESS

<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>