

**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**

**SURPLUS LINE INSURER REQUIREMENTS**

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**NAME OF SURPLUS LINE INSURER**

In accordance with NRRA, should a company wish to become an eligible Surplus Line Insurer in this state, the following is required:

- \_\_\_\_\_ 1.     **FEE 59A-6-1(I)** A Non-refundable fee in the sum of \$1,000.00 must accompany the requested documents. Make check payable to the ***Office of Superintendent of Insurance or OSI.***
  
- \_\_\_\_\_ 2.     **LETTER** Please provide a letter listing Surplus Line Insurer complete name, FEIN #, NAIC # and contact information for which questions should be addressed.
  
- \_\_\_\_\_ 3.     **CERTIFICATE OF COMPLIANCE 59A-14-4(C)(1)** Please provide us with a current Certificate of Compliance from the state of domicile.
  
- \_\_\_\_\_ 4.     **CONTACT PROCESSING FORM** Must be completed in its entirety.
  
- \_\_\_\_\_ 5.     **CAPITAL AND SURPLUS 59A-14-4(C)(1a)** Please provide us with documentation showing the minimum capital and surplus requirements for eligibility is \$15,000,000.00.
  
- \_\_\_\_\_ 6.     **CERTIFICATE OF DEPOSIT** Please provide us with a current Certificate of Deposit from the state of domicile.
  
- \_\_\_\_\_ 7.     **UNIFORM TO CONSENT TO SERVICE OF PROCESS 59A-14-16** A properly executed document authorizing the Superintendent of Insurance to accept Service of Process on behalf of the organization. The NAIC UCAA Form 12 is available on the NAIC website at [www.naic.org](http://www.naic.org).

**Please mail the application fee along with items 1 through 7 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>