

**INSURANCE DEPARTMENT**

**STATE OF KANSAS**

APPLICATION FOR CERTIFICATE OF AUTHORITY

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

\_\_\_\_\_  
*(Name of Company or Association)*

\_\_\_\_\_  
*(Registered Corporate Office Address)*

\_\_\_\_\_  
*(City) (State) (Zip)*

\_\_\_\_\_  
20 \_\_\_\_\_

COMMISSIONER OF INSURANCE, Topeka, Kansas:

On behalf of the \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*(City) (State) (Zip)*

a \_\_\_\_\_ organized under the laws of the state or country of \_\_\_\_\_  
*\*(Kind of Company or Association)*

I, hereby apply for a CERTIFICATE OF AUTHORITY as indicated above authorizing and empowering the above-named \_\_\_\_\_ to transact the following kinds of insurance in the \_\_\_\_\_  
*(Company or Association)*

State of Kansas until such certificate is suspended, revoked or terminated by the Commissioner of Insurance of Kansas.

Please indicate the kinds of insurance which your company or association is requesting authority to write in Kansas. Place an "X" for each kind of insurance for which direct writing and reinsurance authority is desired. Place an "R" for each kind of insurance for which "reinsurance only" authority is desired.

**LIFE COMPANY**

- X. Life.....
- A. Accident & Health.....
- V. Viatical.....

**BURIAL COMPANY**

- X. Life.....
- A. Accident & Health.....

**FRATERNAL SOCIETY**

- X. Life.....
- A. Accident & Health.....

**HEALTH & LIFE ASSOC.**

- A. Accident & Health.....
- N. Hospitalization.....

**MEDICAL INDEMNITY CORPORATION**

- Y. Medical Benefits.....

**HOSPITAL SERVICE CORPORATION**

- N. Hospitalization.....

**HEALTH MAINTENANCE ORGANIZATIONS**

- N. Hospitalization.....
- Y. Medical Benefits.....

**DENTAL SERVICE CORPORATION**

- Y. Medical Benefits.....

**OPTOMETRIC SERVICE CORPORATION**

- Y. Medical Benefits.....

\*Life Insurance Company, Burial Company, Fraternal Society, etc., as the case may be.

**If you are applying for a Certificate of Authority to be a Viatical Settlement Provider, to determine if your application will also need to be reviewed by the Kansas Securities Commission division of the Kansas Insurance Department please answer the following question:**

**Do you intend to offer or sell viatical investments in Kansas to accredited, institutional, or other investors?  Yes  No**

**If the answer to the above question is no but at a later date you decide to offer or sell viatical settlements, please be advised that the Kansas Securities Commission would need to review your documents and Plan of Operation.**

It is hereby certified that the company or association executing this application is duly incorporated under the laws of \_\_\_\_\_ and, having complied with all the laws relating to such company or association, is fully authorized (state here limitation and/or expiration date, if any, of company's or association's authority \_\_\_\_\_) to transact in this state each and all of the kinds of insurance or Viatical Settlement contracts, indicated on the foregoing schedule, for which authority is requested to write in the State of Kansas.

The undersigned swear under oath that they have duly executed the above application dated \_\_\_\_\_ for and on behalf of \_\_\_\_\_

that they are respectively the \_\_\_\_\_ and Secretary of such company, and that they are authorized to execute and file such instrument. Deponents further swear under oath that they are familiar with such instrument and the contents thereof and that the facts therein set forth are true to the best of their knowledge, information and belief.

*(Please circle appropriate title)*

\_\_\_\_\_  
President - Vice President *(Other Chief Officer)*

and

\_\_\_\_\_  
Secretary

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

*(SEAL)*

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_

SCHEDULE OF FEES

	KANSAS		*FOREIGN	
	**ADMISSION	CONTINUATION	**ADMISSION	CONTINUATION
Life Company.....	\$635.00***	\$110.00	\$610.00	\$110.00
Mutual Health & Accident Assn	\$610.00	\$110.00	\$610.00	\$110.00
Fraternal Society.....	\$610.00	\$110.00	\$610.00	\$110.00
Viatical Company.....	\$1,000.00	\$500.00	\$1,000.00	\$500.00
Burial Company.....	-----	\$110.00	-----	-----
Mutual Assessment Life Assoc.....	\$610.00	\$110.00	\$610.00	\$110.00
Hospital Service Corp.....	\$610.00	\$110.00	\$610.00	\$110.00
Medical Service Corp.....	\$610.00	\$110.00	\$610.00	\$110.00
Dental Service Corp.....	\$610.00	\$110.00	\$610.00	\$110.00
Optometric Service Corp.....	\$610.00	\$110.00	\$610.00	\$110.00
Health Maintenance Organization.....	\$150.00	\$ 50.00	\$150.00	\$ 50.00

\* Retaliatory provision of K.S.A. 40-253 applies to companies organized under laws of any other state, territory or country.

\*\* Includes a \$500.00 non-refundable fee which is to be submitted with the application for a Certificate of Authority for all companies except health maintenance organizations.

\*\*\* A \$25.00 fee is included for filing an application for sale of stock or certificate of indebtedness.