

Ohio Department of Insurance

John R. Kasich – Governor
Mary Taylor – Lt. Governor/Director



**Application for Renewal of Certificate of
Authority - Life Companies**

Federal ID _____ NAIC Number _____ Date _____

Place Bar Code Here

The _____
(Company Name)

of _____ in the State of _____
(Statutory City)

hereby applies for a renewal Certificate of Authority in the State of Ohio to transact, in accordance with the laws thereof,
the business of (*)

under Section 3911.01 of the Ohio Revised Code on the _____ plan.
(Stock or Mutual)

President or
Vice President _____

Secretary _____

* It is essential that the classes of insurance be specified individually and limited to those classes that the company is authorized to transact in its home state.