



Department of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Application for Renewal of Certificate of Authority – Life Companies

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2658 | 614-644-3256 (Fax) | insurance.ohio.gov

Federal ID	NAIC Number	Date	<u>Place Bar Code Here</u>
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The _____
(Company Name)

of _____ in the State of _____
(Statutory City) (State)

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.