



Arkansas Insurance Department

1 Commerce Way, Suite 505
Little Rock, AR 72202-2087

SERVICE CONTRACT PROVIDER REGISTRATION FORM

Unless exempt, a provider of a service contract in Arkansas issued on or after October 1, 2007 is required to register with the Arkansas Insurance Department. For information on service contracts, see Arkansas Code Annotated §§ 4-114-101, *et seq.* and Arkansas Insurance Department Rule 91.

Return Completed Form with Registration Fee to:
Arkansas Insurance Department, Finance Division
1 Commerce Way, Suite 505, Little Rock, Arkansas 72202-2087
501-371-2665, Fax 501-371-2747

Registration Information

_____ Renewal Registration Form

_____ \$200 Registration Fee Enclosed.

_____ Check made payable to: State Insurance Department Trust Fund.

Provider Identification Information

1. Legal Name of Provider: _____
Trade Name (if different) _____
Principal Business Street Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ E-mail Address: _____
Telephone Number: _____ Facsimile Number: _____

2. Domicile of Provider: _____

3. Name and Contact Information for Provider's Representative to handle inquiries in Service Contracts Sold in Arkansas (if different than the contact person listed in item number one):

Name: _____ E-mail Address: _____
Principal Business Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Facsimile Number: _____

4. List the States in which the Provider is engaged in the business of providing Service Contracts:

5. Are there any administrative or regulatory actions that have been taken or are pending against the Provider by any governmental agency within the last ten (10) years?

_____ Yes _____ No If yes, attach a detailed explanation of any such actions.

6. Provide a copy of the provider's most recent financial statements (balance sheet and income statement) certified by an officer of the company.

Compliance with Financial Requirements

_____ (Provider's Name) has chosen to comply with the obligations imposed by Ark. Code Ann. § 4-114-104(d), under **one** of the **three options** checked below:

1. _____ All service contracts are insured under a reimbursement insurance policy that meets the requirements of Ark. Code Ann. § 4-114-104(d)(1).

a. Name of insurer that issued your reimbursement insurance policy:

b. Submit a copy of the policy with this filing.

2. _____ A funded reserve account is maintained that meets the requirements of Ark. Code Ann. § 4-114-104(d)(2) **and**

a. 40% of Gross consideration received on Arkansas in-force contracts: \$ _____

Less: claims paid _____

Equals minimum reserve requirement \$ _____

Please attach financial statements that show the reserve amount.

_____ A financial security deposit that meets the requirements of Ark. Code Ann. § 4-114-104(d)(3) of not less than 5% of gross considerations received less claims paid, but not less than \$25,000, consisting of a surety bond issued by an authorized surety. (Provide proof that your security deposit meets the minimum requirements by completing the calculation below and complete the attached Service Contract Provider Bond Form)

a. 5 % of Gross consideration received on Arkansas in-force contracts: \$ _____

Less: claims paid _____

Equals minimum security deposit requirement \$ _____

Please attach proof that your security deposit meets the minimum requirements.

3. _____ Maintain a net worth of \$100,000,000 pursuant to the requirements of Ark. Code Ann. § 4-114-104(d)(4). Submit the Provider's or Providers Parent's most recent 10K or Form 20F filed with the SEC or audited financial statement. If the financial responsibility requirement under this

