STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE

APPLICATION FOR CERTIFICATE OF AUTHORITY AS A GRANTS AND ANNUITIES SOCIETY

CDI-033 (Rev. 11/2015)

Application is hereby made to the Insurance Commissioner of the State of California for a certificate of authority under Chapter 12, Part 2, Division 2 of the Insurance Code of the State of California authorizing applicant to receive transfers of property, real or personal, conditioned upon applicant's agreement to pay an annuity to the transferor or any other person, or persons, designated by the transferor, and making applicant exempt from provisions of the Insurance Code and other insurance laws of the State of California except as provided in said Chapter 12.

In support of this application, applicant hereby states as follows:

1. Applicant's full and correct name is:

   _____

2. The address of applicant's principal place of business in the United States is:

   _____

3. Applicant is the type of organization described by Insurance Code Section:

   ☐ 11520(a)

   ☐ 11520(a)(1)

   ☐ 11520(a)(2)

   ☐ 11520(b)

4. If applicant is <u>not</u> applying under Sections 11520(a)(1) or 11520(a)(2) or 11520(b).

   - Fill in whichever statutory term is appropriate: "charitable", "religious", "benevolent" or educational."

     Applicant is a/an _____ organization, pecuniary profit not being its object or purpose.

   - Applicant has been in continuous operation since _____.
     (day, month and year)

5. If Applicant is applying under Section 11520(a)(1), a copy of its parent hospital's license as a general hospital is attached hereto; if it is applying under Section 11520(a)(2), documentary proof that it is duly organized and qualified as therein described is attached hereto.

6. If Applicant is applying under Section 11520(b), or is an organization subject to and operating under Chapter 10 (commencing with Section 1770) of Division 2 of the Health and Safety Code, a copy of its license is attached hereto.

7. If granted the certificate of authority herein applied for, applicant covenants as follows:

   - that it will establish and maintain a reserve fund in accordance with the requirements of Insurance Code Sections 11521 through 11521.2;

- that such reserve fund will be held legally and physically separate from applicant's other assets;
- that such reserve fund will be invested according to the requirements of Insurance Code Section 11521.2;
- that while applicant holds such certificate of authority, it will file with the Commissioner an accurate and complete financial statement according to the requirements of Insurance Code Section 11521.3(c);
- that while applicant holds such certificate of authority, it will file with the Commissioner information regarding each annuity agreement in enters into;
- and that applicant will adhere to the requirements of Section 11523 with regard to what the form of annuity agreement must show.

8. Applicant understands that if it is granted a certificate of authority, applicant will be subject to the following provisions of the Insurance Code of the State of California: Sections 730 to 736**,** 790 to 790.10, 1011, 1012 to 1044, 1056.5 to 1061 and 1170 to 1182 as applicable; that the cost and expense of the Commissioner in examining applicant (should such become necessary) pursuant to law shall be paid as prescribed in Section 736 ibid; and that while applicant holds said certificate of authority, it will be required to pay an annual fee due each March first, as prescribed by statute now in effect or as amended hereafter (Section 11520.5).

Dated this _____ day of _____, 20_____ at _____.

_____
(Name of Applicant)

By: _____
(Title of Position)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)
County of _____)

On _____ before me, _____
(Notary Public)
personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)