

STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE
APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR A FRATERNAL BENEFIT SOCIETY
CDI-079 (Rev. 12/2015)

Admission

Amendment

(If the application is for an Amendment, surrender the current Certificate of Authority for endorsement that it has been superseded by an Amended Certificate of Authority.)

To the Insurance Commissioner of the State of California:

The _____ of _____,
a fraternal benefit society duly incorporated, organized and existing under and by virtue of the laws of the State of _____ under a charter providing that it is organized without capital stock and that its business shall be carried on solely for the mutual benefit of its members and their beneficiaries and not for profit, and having a lodge system and representative form of government, and desiring to transact such business in the State of California in accordance with the provisions of Chapter 10, Part 2, Division 2 of the Insurance Code of the State of California, hereby applies for a Certificate of Authority permitting the transaction of its appropriate business in the State of California, and certifies that it has complied and will comply with all of the present and future laws of such State regarding the governmental control of its business by said State, and that it fully complies with all the requirements and has done all the things necessary to entitle it to receive the Certificate of Authority applied for.

Dated: _____

Give full and exact name of Society

[SEAL]

By _____

Title of Officer

STATE OF _____)
COUNTY OF _____)

_____ being duly sworn, deposes and says: That he is the
_____ of the Society making the foregoing application for Certificate of
Authority and that all statements contained in said application are true.

(Signature of Society's Officer who signed foregoing application)

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public