



**LOUISIANA DEPARTMENT OF INSURANCE
VEHICLE MECHANICAL BREAKDOWN INSURER LICENSE
ANNUAL RENEWAL**

This renewal form and a fee of \$1,500.00 must be filed no later than March 15th of each year.

SECTION 1 – GENERAL INFORMATION

LICENSEE NAME: _____

FEIN: _____ DOMICILE: _____

SECTION 2– ADDRESSES

DOMICILE ADDRESS: Provide the domiciliary (registered office) address of the licensee.

Address: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS: Provide the mailing address of the licensee.

Address: _____

City: _____ State: _____ Zip: _____

ADMINISTRATIVE OFFICE ADDRESS: Provide the physical address of the main administrative office of the licensee.

Address: _____

City: _____ State: _____ Zip: _____

SECTION 3 - LICENSEE PHONE NUMBERS

Provide the appropriate phone number for the indicated function. If the licensee has designated numbers for specific functions, include that information below.

FUNCTION	PHONE NUMBER
Primary Phone Number	
General Consumer Inquiries	
Other (explain) _____	

SECTION 4- CONTACT INFORMATION

PRIMARY CONTACT: Provide the name, address, phone number and email address for the primary contact person with whom this Department should communicate.

Name:

Address:

City: State: Zip:

COMPLAINT CONTACT: Provide the name, address, phone number and email address for the contact person to whom consumer complaints should be directed.

Name:

Address:

City: State: Zip:

CONTRACT FORM CONTACT: Provide the name, address, phone number and email address for the contact person to whom Department questions regarding the contract or policy forms should be directed.

Name:

Address:

City: State: Zip:

REGULATORY COMPLIANCE CONTACT: Provide the name, address, phone number and email address for the contact person to whom Department questions regarding statutory compliance should be directed.

Name:

Address:

City: State: Zip:

SECTION 5 INTERROGATORIES

Answer all of the questions and provide a full explanation of any yes answer.

- | | | |
|---|------------------------------|-----------------------------|
| 1) In the last year has the licensee made any changes to its Articles of Incorporation, Articles of Association, Partnership Agreement or other such organizational documents which have not been filed with this Department? (If yes, provide a copy of the amended document certified by the proper domiciliary state official.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2) In the last year, has the licensee been subject to any regulatory action including cease and desist orders or similar actions? (If yes, attach an explanation.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3) Are there any persons responsible for the conduct of affairs of the licensee, including all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly, 10 percent or more of the administrator and any other person who exercises control or influence over the affairs of the licensee, for whom biographical affidavits have not been filed with this Department? (If yes, submit completed biographical affidavits for each such person and the effective date of the election/appointment of this person.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4) Has any person who is responsible for the conduct of affairs of the licensee, including but not limited to, officers, directors, partners, trustees, owners of 10 % or more or any other like person ever been convicted or pleaded guilty or nolo contendere to in any jurisdiction charging a felony other than minor traffic violations? (If yes, attach an explanation.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5) Is the licensee using any contract forms in Louisiana which have not been filed with this Department? (If yes, provide the forms and the number of contracts written using this form.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SECTION 6 - LIST OF MANAGEMENT AND OWNERS

Give the full name (no initials), social security number, date of birth, position and percent of ownership of all persons responsible for the conduct of affairs of the licensee. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly ten percent or more of the licensee and any other person who exercises control or influence over the affairs of the licensee. You may reproduce this page as needed.

FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		

ATTESTATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____ who,
after being duly sworn, did depose and say that all information contained in this renewal application and all
attachments thereto is, to the best of his knowledge, true, complete and correct.

Witness' Signature

Signature of Authorized Representative

Witness' Printed Name

Printed Name of Authorized Representative

Witness' Signature

Title of Authorized Representative

Witness' Printed Name

SWORN TO and subscribed before me this _____ day of _____, 20____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____