



**Office of Insurance Regulation
Life & Health Financial Oversight**

FLORIDA

COMPANY CODE:

FEDERAL EMPLOYER

IDENTIFICATION NUMBER

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ANNUAL REPORT

OF THE

NAME OF THE DISCOUNT PLAN ORGANIZATION (DPO)

(CITY)

(STATE)

TO THE

OFFICE OF INSURANCE REGULATION

OF THE

STATE OF FLORIDA

Life & Health Financial Oversight
200 East Gaines Street
Tallahassee, FL 32399 - 0327

FOR THE FISCAL YEAR ENDED

DUE ON OR BEFORE

3 MONTHS AFTER THE END OF EACH FISCAL YEAR END

REPORT MUST BE TYPED OR PRINTED

Name of Discount Plan Organization (DPO):

**Annual Report of DPO to the Florida Office of Insurance Regulation
For Fiscal Year Ending _____**

Federal Employer Identification Number (FEIN)	_ _ _ - - _ _ _ _ _ _ _ _ _ _		
Complete address of DPO's principal office			
Full name & title of DPO's chief executive officer			
Web Site (s. 636.204 (4))			
Type of entity (check one)	<input type="checkbox"/> Corporation - For profit <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation - Not-for-profit <input type="checkbox"/> Limited liability company <input type="checkbox"/> Partnership <input type="checkbox"/> Other:		
<p>This annual report shall be signed below by two corporate officers of the DPO, if the DPO is a corporation; the DPO's partners, if the DPO is a partnership; the DPO's owner, if the DPO is a sole proprietorship; or the DPO's managing or other duly authorized member, if the DPO is a limited liability company.</p>			
Printed name		Printed name	
Title		Title	
Signature		Signature	

Instructions

1. Within 3 months after the end of each fiscal year, complete and file this report for the preceding fiscal year with:

The Office of Insurance Regulation
Life & Health Financial Oversight
200 E. Gaines Street
Tallahassee, Florida 32399-0327

2. Provide all requested information on page 2. Have the report signed on page 2 consistent with the instructions thereon.
3. Answer questions a through r on pages 4 and 5, as they pertain to the fiscal year covered by this report. Attach any additional information and/or documentation required as a result of your responses, clearly identifying each attachment and the question number being answered.
4. Attach a copy of the audited financial statements prepared in accordance with generally accepted accounting principles certified by an independent certified public accountant, including the organization's balance sheet, income statement, and statement of changes in cash flow for the preceding fiscal year.

An organization that is a subsidiary of a parent entity that is publicly traded and that prepares audited financial statements reflecting the consolidated operations of the parent entity and the organization may petition the office to accept, in lieu of the audited financial statement of the organization, the audited financial statement of the parent entity and a written guaranty by the parent entity that the minimum capital requirements of the organization required by this part will be met by the parent entity. The Office may accept this petition if all of the following are met:

- The licensee is 100% owned by the parent directly or indirectly
 - The parent receives an unqualified opinion
 - The parent's audited financial statement reflects at least a \$5 million net worth on a GAAP basis
 - The parent provides a parental guarantee The licensee provides un-audited financial statement on a GAAP basis attested to which reflects a surplus of \$150,000 or more.
 - Licensee requests petition in writing at least 30 days prior to due date of annual report
5. If different from the initial application or the last annual report, complete the schedule on page 7, and include the complete names, address, or Federal taxpayer identifying numbers, titles, and ownership percentages of all officers, directors, managing members, and 10% or greater owners, and for each indicate whether that individual is an officer, director, and/or owner. Please disclose the extent and nature of any contracts or arrangements between such persons and the DPO, including any possible conflicts of interest. Attach additional pages as needed.

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6. For each individual who, during the period covered by this report, was a member of the DPO's Board of Directors, Board of Trustees, Executive Committee, or other governing board or committee, or who was one of its principal officers or managing members, responsible for the conduct of its affairs, or in a position to exercise control or influence over its affairs, **and for whom the DPO has not previously done so**, (1) make arrangements to have an investigation report forwarded directly to the Office, and (2) attach to this report: (a) a statement informing the Office of the date that such investigative report was requested, (b) completed NAIC Biographical Statement and Affidavit, and (c) two completed Florida fingerprint cards. Only Florida fingerprint cards will be accepted. Florida fingerprint cards may be obtained by calling the Office of Insurance Regulation, L&H Financial Oversight, at (850) 413-5052.

7. As stated in s.636.204(3), "The office shall issue a license which shall expire 1 year later, and each year on that date thereafter, and which the office shall renew if the licensee pays the annual license fee of \$50 and if the office is satisfied that the licensee is in compliance with this part." Attach evidence of your \$50 renewal fee being paid to the Department of Financial Services, Revenue Processing Section, P.O. Box 6100, Tallahassee, Florida 32314-6100. Page 8 of this report should be detached and mailed to the address given, along with your check for \$50, **prior to the anniversary date of the DPO obtaining its license.**

8. Answer the questions below as they pertain to the fiscal year covered by this report. Attach any additional information and/or documentation required as a result of your responses.

		Yes	No
a	Have there been any changes to any of the DPO's basic organizational documents, such as its bylaws or articles of incorporation? If so, attach an explanation of all such changes, and copies of the amended documents.		
b	Have there been any changes in the DPO's ownership? If so, attach a statement containing complete details, and an organizational chart depicting all direct and indirect relationships between the DPO and all of its affiliates, including the ultimate parent corporation of all such entities.		
c	Was the DPO a party to any civil or criminal legal action, other than as plaintiff in a civil matter? If so, attach a statement containing complete details.		
d	Is the DPO doing business in any state(s) other than Florida? If so, attach a schedule of all such state(s).		
e	Was the DPO's license, registration, or certificate of authority to act as a DPO suspended or revoked by any governmental agency, or did any governmental agency initiate formal legal proceedings for said purpose? If so, attach a statement containing complete details.		
f	Has any governmental entity imposed fines or costs, other than normal filing fees or renewal fees, for activities arising from DPO operations? If yes, attach a statement containing complete details.		

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g	Has the DPO either maintained a surety bond in its own name, or securities eligible for deposit with Collateral Management, in an amount not less than \$35,000?		
h	Are all advertisements, marketing materials, brochures, and discount cards used by marketers approved in writing for such use by the DPO?		
i	Does the DPO have an executed written agreement with each marketer prior to the marketer's marketing, promoting, selling, or distributing the DPO?		
j	Is the DPO monitoring the content of all its websites for compliance with s.636.210, s.636.212, and s.636.226 Florida Statutes?		
k	Did the DPO fail to pay any judgment rendered, if any, against it in any state within 60 days after the judgment became final? If so, attach a statement containing complete details.		
l	Was the DPO at any time unable to fully pay when due any debts, or to timely meet any other obligations: If so, attach a statement containing complete details.		
m	Was the DPO or any of its owners, officers, or directors, convicted of, or did it (or that person) enter a plea of guilty or nolo contendere to a felony in any state without regard to whether adjudication was withheld? If so, attach a statement containing complete details.		

		Florida
n	For the year covered by this report, what was the total amount of revenue collected for Florida DPO business?	\$
o	How many residents of Florida are members of the DPO?	
p	List the internet websites used by the DPO and its marketers.	

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CHECK LIST

Please indicate by checking the boxes that each action has been taken

- This Report has been completed in its entirety with all schedules.
- Audited CPA financial statements and Opinion Letter are attached.
- Separate responses, cross-referenced to the question, are attached where appropriate.
- All financial statements and schedules are mathematically correct.
- If required, biographical statements, background investigative reports, and fingerprint cards
- Evidence of payment of license renewal fee.
- Requests for clarification may be sent electronically to the e-mail address below.

The person to contact regarding any information contained in this report is:

(name & position / title)

(address)

(city, state, zip)

(____ - ____ - ____) ____ - ____ - ____ EXT: ____ - ____ - ____
(area code - telephone number - extension)

(____ - ____ - ____) ____ - ____ - ____
(area code - fax number)

(e-mail, if applicable)



**Office of Insurance Regulation
Life & Health Financial Oversight**

REMITTANCE FORM

Detach and separately forward this page prior to the due date of the required license renewal with your payment to the address below.

Name of Discount Plan Organization	
Street address	
City, State, Zip	
Federal Employer Identification Number	__ __ - __ __ __ __ __ __
Florida Company Code	__ __ __ __
Renewal Date of License	_____ 20 __ __

ATTACH CHECK FOR \$50.00 HERE.

MAKE CHECK PAYABLE TO
DEPARTMENT OF FINANCIAL SERVICES

MAIL PAYMENT & THIS PAGE TO:

DEPARTMENT OF FINANCIAL SERVICES
REVENUE PROCESSING SECTION
P. O. BOX 6100
TALLAHASSEE, FLORIDA 32314-6100

FOR OFFICE OF INSURANCE REGULATION USE ONLY

AMOUNT	TYPE/CLASS	FEE	FUND ACCOUNT
\$50.00	1300	L	Renewal License Fee