

Preparer instructions for form INS7240 Electronic Filing Authenticity Affidavit

STEP 1: Go to <https://insurance.ohio.gov/wps/portal/gov/odi/about-us/forms/> and search for INS7240

The screenshot shows the Ohio Department of Insurance website. On the left is a navigation menu with links to EXECUTIVE BIOS, FORMS, BULLETINS, REPORTS, APPLICATIONS, and COMPLAINT CENTER. The main content area has a search bar with the text "Search: 7240" and a magnifying glass icon. Below the search bar, there is a list of search results. The first result is "INS7240 Electronic Filing Authenticity Affidavit" with a link to "eSignature".

STEP 2: Select e-signature form

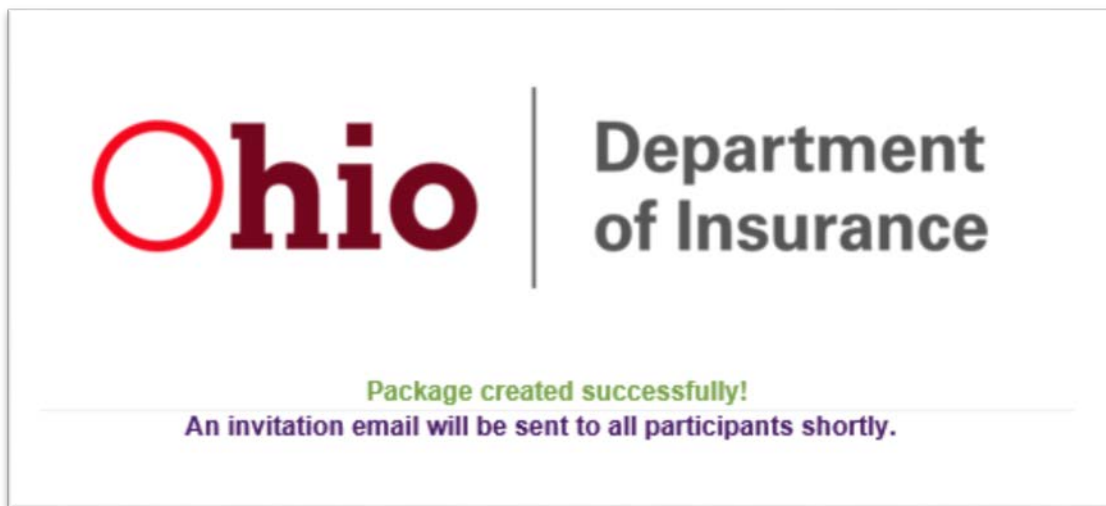
The screenshot shows the search results for form INS7240. The "eSignature" link is highlighted in blue, indicating it has been selected. The other search results are "Health Insuring Corporation Forms; Insurer; Life and Health Company Forms;" and "Property & Casualty and Title Company Forms".

STEP 3: Complete information

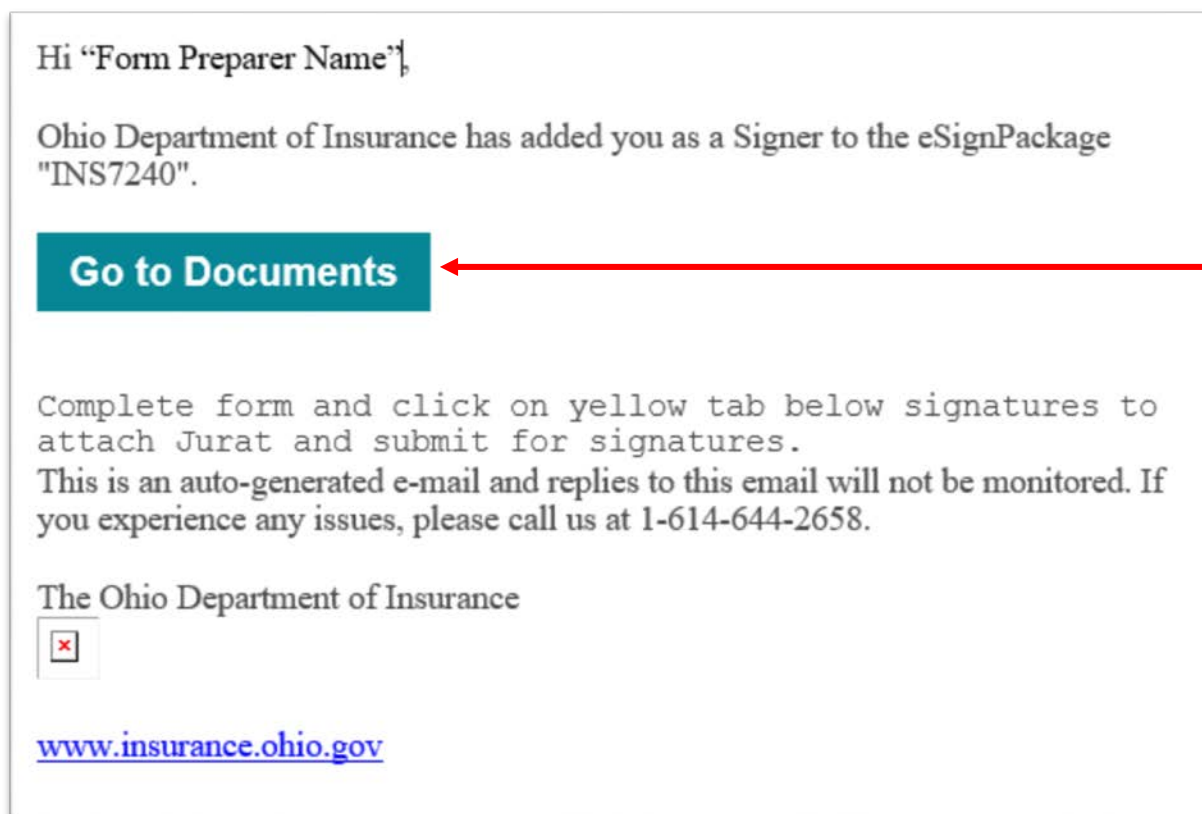
- Section 1 (Role Form Preparer) – Preparer information. Enter your name and email here.
- Section 2-4 (Role Signer1, Signer2, Signer3)
(Officer names and emails of the three persons that need to sign the form in the order you would like for them to sign)
- Click Submit

The screenshot shows the form INS7240. The form is titled "Package: INS7240" and "Role Form Preparer". It contains three sections for signers: "Role Signer1", "Role Signer2", and "Role Signer3". Each section has three required fields: "First Name", "Last Name", and "Email". The "Form Preparer" section also has three required fields: "First Name", "Last Name", and "Email". A "Submit" button is located at the bottom right of the form.

- After you click Submit, the below confirmation screen will appear:



STEP 4: You will receive an email from documents@esign.ohio.gov. Click on the link to “Go To Documents.”



This will open the document in a web browser.



STEP 5: Scroll to the bottom of the second page and accept the consent document.

Ohio Department of Insurance

This is a consent document. You must read it and click the **ACCEPT** button at the end of the document.

ESIGN DISCLOSURES AND CONSENT

It is required by law to provide you with certain disclosures and information about the products, services or accounts you may receive or access in connection with your relationship with us ("Required Information"). With your consent, we can deliver Required Information to you by a) displaying or delivering the Required Information electronically, and b) requesting that you print or download the Required Information and retain it for your records.

This notice contains important information that you are entitled to receive before you consent to electronic delivery of Required Information. Your consent also permits the general use of electronic records and electronic signatures in connection with the Required Information.

After you have read this information, if you agree to receive Required Information from us electronically, and if you agree to the general use of electronic records and electronic signatures in connection with our relationship, please click the "ACCEPT" button below.

Statement of electronic disclosures:

You may request to receive Required Information on paper, but if you do not consent to electronic delivery of Required Information, we cannot proceed with the acceptance and processing to create a relationship with you in connection to the products, services or account.

If you consent to electronic delivery of Required Information, you may withdraw that consent at any time. However, if you withdraw your consent we will not be able to continue processing to create a relationship with you in connection to the products, services or account.

If you consent to electronic disclosures, that consent applies to all Required Information we give you or receive from you in connection with our relationship and the associated notices, disclosures, and other documents.

You agree to print out or download Required Information when we advise you to do so and keep it for your records. If you are unable to print or download any Required Information, you may call us and request paper copies. If you need to update your e-mail address or other contact information with us, you may do so by calling us and requesting the necessary updates.

If you wish to withdraw your consent to electronic disclosures, you may do so by calling us and requesting withdrawal of consent. After consenting to receive and deliver Required Information electronically, you may request a paper copy of the Required Information by calling us.

If you do not have the required software and/or hardware, or if you do not wish to use electronic records and signatures for any other reason, you can request paper copies of the Required Information to be sent to you by calling us.

Your consent does not mean that we must provide the Required Information electronically. We may, at our option, deliver Required Information on paper. We may also require that certain communications from you be delivered to us on paper at a specified address.

I have read the information about the use of electronic records, disclosures, notices, and e-mail, and consent to the use of electronic records for the delivery of Required Information in connection with our relationship. I have been able to view this information using my computer and software. I have an account with an Internet service provider, and I am able to send e-mail and receive e-mail with hyperlinks to websites and attached files. I also consent to the use of electronic records and electronic signatures in place of written documents and handwritten signatures.

Opt Out **Accept**

STEP 6: Fill out document

- Complete all fields required for filing and any other pertinent information.

Ohio Department of Insurance

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 West Town Street, 3rd Floor, Columbus, OH 43215
(614) 464-2688 | 800-648-6288 Fax: (614) 464-2688

Ohio Domestic Insurers Only

Company Name: _____ NAIC No: _____

We, the undersigned executive officers of _____ (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were first electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including "PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in the Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An excluded, instance NAIC Annual Statement or Quarterly Statement just page or an original, notated signature page if this filing relates to a supplemental filing without a just page attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: ☐ Fraternal ☐ Title ☐ Property & Casualty ☐ Life & Health ☐ Health ☐ Other _____

Applicable documents:

☐ The documents referred to in the General Instructions to the NAIC Checklist as "Annual Statement Electronic Filing," which include the annual statement data and all supplements due March 1, per the Annual Statement instructions. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail.
Date of filing with the NAIC: _____ ☐ An original, notated signature page is attached.
☐ Original filing ☐ Amended filing

☐ The documents referred to in the General Instructions to the NAIC Checklist as "Risk-Based Capital Electronic Filing," which includes all risk-based capital data due March 1.
Date of filing with the NAIC: _____ ☐ An original, notated signature page is attached.
☐ Original filing ☐ Amended filing

☐ The documents referred to in the General Instructions to the NAIC Checklist as "Supplemental Electronic Filing," which includes all supplements due April 1, per the Annual Statement instructions.
Date of filing with the NAIC: _____
List of supplemental documents included in this Affidavit: _____
☐ All original notated signature pages are attached, as applicable.
☐ Original filing ☐ Amended filing

☐ The documents referred to in the General Instructions to the NAIC Checklist as "Quarterly Statement Electronic Filing," which includes the complete quarterly statement data due May 15, August 15, and November 15.
Date of filing with the NAIC: _____
☐ Original filing ☐ Amended filing

☐ The documents referred to in the General Instructions to the NAIC Checklist as "Combined Annual Statement Electronic Filing," which includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit due May 1.
Date of filing with the NAIC: _____
☐ Original filing ☐ Amended filing

☐ The documents referred to in the General Instructions to the NAIC Checklist as "June PDF Filing," which includes the Audited Financial Statements due June 1.
Date of filing with the NAIC: _____
☐ Original filing ☐ Amended filing

Signature: _____ Date: _____ Signature: _____ Date: _____ Signature: _____ Date: _____
(Name) (Name) (Name)
(Title) (Title) (Title)

***Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)**
Form Preparer: Click to enter here to start signature page. [Click to Initial](#)

- Click on the yellow box to insert your initials. Note: This is required to start the signature process for your company.

Signature _____ Date _____ Signature _____ Date _____ Signature _____ Date _____

(Name) _____ (Name) _____ (Name) _____

(Title)* _____ (Title)* _____ (Title)* _____

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)

Form Preparer: Click to Initial here to start signature process **Click to Initial**

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- Click "OK" to confirm.

Confirm [X]

Please click OK to confirm your signatures to this document or click Cancel to review it again before submission

Cancel **OK**

- After you click OK, the below confirmation screen will appear:

Ohio | Department of Insurance

Attachments Download Download All Files Language

You completed signing this Document.

Ohio | Department of Insurance

Mike DeWine, Governor Jillian Freese, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215

STEP 7: Next it will prompt you to upload the required Jurat page. There is also an option if you need to upload additional documentation for this filing. Each Signer will also have this option. To upload the Jurat page or any other attachment, follow the instructions on the next page.

- Click Upload

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Upload Attachments

The owner of the package requests the following documents be uploaded as supporting evidence.

Jurat (Required) Upload

Description:

Documents for filing if applicable Upload

Description:

Done

- Browse PC to select and upload your document
- Click Done

Ohio | Department of Insurance

Upload Attachments

The owner of the package requests the following documents be uploaded as supporting evidence.

Jurat (Required) Upload

Description:

Documents for filing if applicable Upload

Description:

Done

STEP 8: The automated signing process has begun. Signers will receive an email as soon as the document is ready for him/her to sign.

- Signer 1 will receive an email. He/she needs to click on Go To Document. Review information, type in his/her title, and click to sign the document. He/she will be given the option to upload additional documents if applicable. If not, click done.
- Signer 2 will receive an email. He/she needs to click on Go To Document. Review information, type in his/her title, and click to sign the document. He/she will be given the option to upload additional documents if applicable. If not, click done.
- Signer 3 will receive an email. He/she needs to click on Go To Document. Review information, type in his/her title, and click to sign the document. He/she will be given the option to upload additional documents if applicable. If not, click done.
- You, as the preparer will receive an email (example below) when all three signers have completed their signing. The electronic fully signed document will be sent to the Department for processing.

Hi "Form Preparer Name",

Signing is completed for eSignPackage "INS7240".

You can securely download your signed documents here:

Go to Documents

Please make sure you download and safe keep the documents right now for your records. These documents will no longer be accessible when Ohio Department of Insurance archives the eSignPackage "INS7240".

This is an auto-generated e-mail and replies to this email will not be monitored. If you experience any issues, please call us at 1-614-644-2658.

The Ohio Department of Insurance



www.insurance.ohio.gov