

**Uniform Certificate of Authority Application (UCAA)
 Primary Application Checklist
For Primary Application Only**

The application checklist is intended to help guide you with assembling your complete Primary Uniform Certificate of Authority Application (UCAA). Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting your application for review. The completed checklist should be attached to the top of the application.

Regulator Use Only

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|---|--------------------------|
| <p>1. Application Form, containing:</p> <p><input type="checkbox"/> Completed Primary Application Checklist (Form 1P)</p> <p><input type="checkbox"/> Original UCAA Primary Application executed and signed (Form 2P)</p> <p><input type="checkbox"/> Include all lines of insurance applicant is licensed to transact, currently transacting and requesting authority to transact in all jurisdictions. (Form 3).</p> | <input type="checkbox"/> |
| <p>2. Filing Fee (pursuant to Section II Filing Requirements Item 2) containing:</p> <p><input type="checkbox"/> Payment of required filing fee</p> <p><input type="checkbox"/> Copy of check</p> | <input type="checkbox"/> |
| <p>3. Minimum Capital and Surplus Requirements (pursuant to Section II Filing Requirements Item 3)</p> <p><input type="checkbox"/> Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared</p> | <input type="checkbox"/> |
| <p>4. Statutory Deposit Requirements (pursuant to Section II Filing Requirements Item 4)</p> <p><input type="checkbox"/> An original Certificate of Deposit prepared by state of domicile (Form 7)</p> | <input type="checkbox"/> |
| <p>5. Name Approval (pursuant to Section II Filing Requirements Item 5)</p> <p><input type="checkbox"/> Evidence of name approval request</p> | <input type="checkbox"/> |
| <p>6. Plan of Operation (pursuant to Section II Filing Requirements Item 6)</p> <p><input type="checkbox"/> Completed Questionnaire (Form 8)</p> <p><input type="checkbox"/> Pro Forma</p> <p><input type="checkbox"/> Narrative</p> | <input type="checkbox"/> |
| <p>7. Holding Company Form "B" Registration Statement (pursuant to Section II Filing Requirements Item 7)</p> <p><input type="checkbox"/> Included statement</p> | <input type="checkbox"/> |
| <p>8. Statutory Membership(s)</p> <p><input type="checkbox"/> Submit documentation as listed in Section II Filing Requirements Item 8</p> | <input type="checkbox"/> |
| <p>9. SEC Filings or Consolidated GAAP Financial Statement</p> <p><input type="checkbox"/> Submit documentation as listed in Section II Filing Requirements Item 9</p> | <input type="checkbox"/> |
| <p>10. Debt-to-Equity Ratio Statement</p> <p><input type="checkbox"/> Submit documentation as listed in Section II Filing Requirements Item 10</p> | <input type="checkbox"/> |

11. **Custody Agreements**
- Submit documentation as listed in Section II Filing Requirements Item 11
12. **Public Records Package**
- Submit ALL items in chart in Section II Item 12 including:
- a. **Articles of Incorporation, including:**
- Original certification by domiciliary state
- b. **Bylaws, including:**
- Original certification by applicant's corporate assistant
- c. **Statement with Attachments, including:**
- Current Year Annual Statement*
Verified and signed,
including actuarial opinion; and
- Current Year Quarterly Statements-one copy for each quarter, verified and signed.
- * 1. Updated Statements should be submitted on a timely basis while application is pending.
2. If Annual Statement for two preceding years have not been filed with NAIC, one copy of each year must be submitted with the application.
- d. **Independent CPA-Audit Report**
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13. **NAIC Biographical Affidavits for the following:**
- Officers (As listed on Jurat Page of most recent financial statement.)
- Directors (As listed on Jurat Page of most recent financial statement.)
- Key managerial personnel (Including any Vice Presidents or other individuals who will control the operations of the applicant.)
- Individuals with a 10% or more beneficial ownership in the applicant who will exercise control over the applicant or, Officers and Directors of an entity with a 10% or more beneficial ownership in the applicant who exercise control over the applicant; and
- Individuals with a 10% or more beneficial ownership in the applicant's ultimate controlling person who will exercise control over the applicant and Officers and Directors of the ultimate controlling person who will control the operations of the applicant.
- Originally signed and notarized within one year of application date.
- Certified by Independent Third Party
14. **State-Specific Information**
- Some jurisdictions may have additional requirements that must be met before a Certificate of Authority can be issued. Before completing a UCAA Primary Application the applicant should review a listing of requirements for the state to which you are applying

Filing Requirements – Redomestications Only

The requirements of this section are only for those insurers seeking to redomesticate from one state to another and are in addition to the requirements of Section II, items 1-14 of the Primary Checklist. A Redomestication is defined as the process where any insurer organized under the laws of any other state may become a domestic insurer that transfers its domicile to another state by merger or consolidation or any other lawful method. The Primary Application when used for a redomestication is filed with the insurer’s new state of domicile.

- 15. **Annual Statement with Attachments**
 Submit documentation as listed in Section III, Filing Requirements Item 1
- 16. **Quarterly Statements**
 Submit documentation as listed in Section III, Filing Requirements Item 2
- 17. **Risk Based Capital Report**
 Submit documentation as listed in Section III, Filing Requirements Item 3
- 18. **Independent CPA Audit Report**
 Submit documentation as listed in Section III, Filing Requirements Item 4
- 19. **Reports of Examination**
 Submit documentation as listed in Section III, Filing Requirements Item 5
- 20. **Certificate of Compliance (pursuant to Section III, Filing Requirements Item 6)**
 Original certification of compliance (Form 6) completed by domiciliary state insurance regulatory agency.

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION (UCAA)
Management Information Form
Complete Listing of Incorporators*, Officers
Directors and Shareholders (10% or more)

Incorporators*

Titles:

Ownership Percentage:

Officers:

Directors:

Shareholders:

* Primary Application Only