

Applicant Name: _____

NAIC No. _____

FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
Corporate Amendments Application
Application to Amend Certificate of Authority**

To the Insurance Commissioner/Director/Superintendent of the State of:

Alabama		Montana	
Alaska		Nebraska	
Arizona		Nevada	
Arkansas		New Hampshire	
California		New Jersey	
Colorado		New Mexico	
District of Columbia		New York	
Connecticut		North Carolina	
Delaware		North Dakota	
Florida		Ohio	
Georgia		Oklahoma	
Hawaii		Oregon	
Idaho		Pennsylvania	
Illinois		Rhode Island	
Indiana		South Carolina	
Iowa		South Dakota	
Kansas		Tennessee	
Kentucky		Texas	
Louisiana		Utah	
Maine		Vermont	
Maryland		Virginia	
Massachusetts		Washington	
Michigan		West Virginia	
Minnesota		Wisconsin	
Mississippi		Wyoming	
Missouri			

(Check the appropriate states in which you are applying.)

The Uniform Certificate of Authority Corporate Amendments Application can be used to file more than one change in the same submission. The applicant should mark all changes being filed on the application form and submit all items required for those changes in one package

- Add Lines of Business: The undersigned Insurer hereby certifies that the lines of insurance as indicated on the Lines of Insurance Form 3 are all lines of business that (a) the insurer is currently authorized to transact, (b) are currently transacted and (c) which the Insurer is applying to transact.
- Name Change
- Delete Lines of Business
- Redomestication of a Foreign Insurer
- Change of city of domicile within domestic state/ mailing address
- Change of Address/Contact Notification
- Merger of Two or More Foreign Insurers
- Pre-notification of Change of Control of Foreign Insurer
- Notification of Change of Control of Foreign Insurer
- Amended Articles of Incorporation
- Amended Bylaws

(Check the type of transaction for which you are applying.)

Applicant Name: _____

NAIC No. _____

FEIN: _____

Previous Name of Insurer: _____ NAIC # _____ -- _____
(Group Code)

New Name of Insurer: _____ NAIC # _____ -- _____
(Group Code)

Effective Date of Redomestication _____

Effective Date of Name Change _____

Effective Date of Change of City within the State of Domicile _____

Previous Home Office Address: _____

New Home Office Address: _____

Previous Administrative Office Address: _____

New Administrative Office Address: _____

Previous Mailing Address: _____

New Mailing Address: _____

Previous Phone: _____ Fax: _____

New Phone: _____ Fax: _____

Has the Insurer's designee to appoint and remove agents changed as a result of this corporate amendment?

Yes No

If yes, please note the new designee (name natural persons only): _____

If a merger of two or more foreign insurers:

Effective Date: _____

Current Name of Surviving Insurer: _____ NAIC # _____ Group Code _____

Proposed New Name of Surviving Insurer: _____ NAIC # _____ Group Code _____

Name of Non-Surviving Insurer: _____ NAIC # _____ Group Code _____

Name of Surviving Insurer _____ NAIC # _____ Group Code _____

Surviving Insurer's Home Office Address _____

Surviving Insurer's Administrative Office Address: _____

Surviving Insurer's Mailing Address: _____

Surviving Insurer's Telephone: _____ Fax: _____

Are these addresses the same as those shown on your Annual Statement?

Yes No

If not, indicate why.

If this application represents a name change, did the Company experience a merger or an owner change prior to the name change?

Yes No

If yes, please be sure an application is also submitted for the merger and/or ownership change transaction.

Date of Last Market Conduct Examination _____

Has your company had an application for these lines of business refused by this or any other state prior to the date of this application?

Yes No

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NAIC No. _____

FEIN: _____

If yes, give full explanation in an attached letter.

The following information is required of the individual (company employee or paid consultant) who is authorized to represent the applicant before the department.

Name _____

Title _____

Mailing Address _____

E-Mail Address: _____ Phone: _____ Fax: _____

Please provide a listing of all other applications filed by the applicant, or any of its affiliates, which are pending before the Department.

A Certificate of Compliance from applicant's state of domicile (for foreign applicants) and the applicant's original Certificate of Authority or an Affidavit of Lost Certificate of Authority must accompany this application. (not applicable for Change of Control, Amended Articles of Incorporation or Amended Bylaws.)

Applicant Officers' Certification and Attestation

One of the three officers (listed below) of the Applicant must read the following very carefully before signing:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me, the Applicant, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions in which the Applicant is licensed or to which the Applicant is applying for licensure.
3. I acknowledge that I am the _____ of the Applicant, am authorized to execute and am executing this document on behalf of the Applicant.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at _____.

Date

Signature of President

Full Legal Name of President

Date

Signature of Secretary

Full Legal Name of Secretary

Date

Signature of Treasurer

Full Legal Name of Treasurer

Applicant

Signature of Witness

Full Legal Name of Witness