

Applicant Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)  
Primary Application**

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 undersigned Insurer hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are all lines of business (a) currently authorized for transaction, (b) currently transacted and (c) which the Insurer is applying to transact.

Name of Insurer: \_\_\_\_\_ NAIC # \_\_\_\_\_ -- \_\_\_\_\_

Group Code

Home Office Address: \_\_\_\_\_

Administrative Office Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Yes  No

If not, indicate why.

\_\_\_\_\_  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_ Form of Organization: \_\_\_\_\_

Billing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Premium Tax Statement Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Producer Licensing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Rate/Form Filing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Consumer Affairs Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

State or Country of Domicile: \_\_\_\_\_ Date Organized \_\_\_\_\_

Date of Last Amendment of Charter, Bylaws or Subscriber's Agreement \_\_\_\_\_

Date of Last Financial Examination: \_\_\_\_\_

Date of Last Market Conduct Examination \_\_\_\_\_

Par Value of Issued Stock: \$ \_\_\_\_\_ Surplus as regards policyholders: \$ \_\_\_\_\_

Certificate of Deposit (Home State) \$ \_\_\_\_\_

Ultimate Owner/Holding Company: \_\_\_\_\_

Has your company ever been refused admission to this or any other state prior to the date of this application?

Yes  No

If Yes, give full explanation in an attached letter.

The applicant hereby designates (name natural persons only) \_\_\_\_\_, to appoint persons and entities to act as and to be licensed as agents in the State of \_\_\_\_\_, and to terminate the said appointments.

NOTE: This does not apply to those states that do not require appointments

The following information is required of the individual who is authorized to represent the applicant before the department.

Name \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If the representative is not employed by the applicant, please provide a company contact person in order to facilitate requests for detailed financial information.

Name \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Applicant Officers' Certification and Attestation**

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

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 or the Applicant, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, 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 this \_\_\_\_\_ 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