

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

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

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

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

State of \_\_\_\_\_  
(Domiciliary State of Applicant)

Office of \_\_\_\_\_  
(Commissioner, Superintendent, Officer)

I, \_\_\_\_\_, hereby certify that I am the\*  
(Name)

\_\_\_\_\_, of the State of \_\_\_\_\_  
(Position)

and have supervision of insurance business in said State and as such I hereby certify that

\_\_\_\_\_  
(Name of Insurer)

of \_\_\_\_\_ is duly organized under the laws of said State and  
(city/state)

is authorized to transact the business of \_\_\_\_\_  
(Lines of Insurance)\*\*

\_\_\_\_\_ insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at \_\_\_\_\_  
(Location)

on this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_  
(Month)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

\*\* Lines of Insurance as shown on Form 3 of UCAA