

National Treatment and Coordination (EX) Working Group

UCAA Proposal Form

FOR NAIC USE ONLY
<u>Agenda Item</u>

Year _____

INSTRUCTIONS

1. Complete this form for EACH proposal to modify UCAA documents. Under "Identification of Application(s) or Form(s) to be Changed", include the application(s) to be changed, as well as the Form or Page number(s), and the Paragraph or Item number(s), or other identification and specific reference to items to be changed.
2. All attachments should be presented in a format wherein new language is underscored and deletions struck through.
3. Original UCAA forms, etc., are available from the NAIC UCAA website and from NAIC staff support for the National Treatment and Coordination (EX) Working Group.
4. ALL SUBMISSION FORMS AND ATTACHMENTS MUST BE TYPED ORIGINALS.

NOTES

DISPOSITION

- [] ADOPTED
- [] REJECTED
- [] DEFERRED TO
- [] REFERRED TO OTHER NAIC GROUP
- [] OTHER (SPECIFY)

DATE _____

CONTACT PERSON: _____

ON BEHALF OF: _____

NAME: _____

TITLE: _____

AFFILIATION: _____

ADDRESS: _____

TELEPHONE: _____

IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

Check One or More of the Following SOURCES, as Applicable:

- [] UCAA Online Forms [] UCAA Online Instructions [] UCAA Manual

Check One or More of the Following, as Applicable:

- Checklist: [] Form 1P (Primary App.) [] Form 1E (Expansion App.) [] Form 1C (Corporate Amendments App.)
- Application: [] Form 2P (Primary App) [] Form 2E (Expansion App.) [] Form 2C (Corporate Amendments App.)
- [] Form 3 (Lines of Insurance)
- [] Form 6 (Certificate of Compliance)
- [] Form 7 (Certificate of Deposit)
- Questionnaire: [] Form 8 [] Form 8C (Corporate Amendments App. – Adding/Deleting Line of Bus.)
- [] Form 11 (Biographical Affidavit)
- [] Form 12 (Uniform Consent to Service of Process)
- Pro Forma Financial Statements: [] Form 13 (Property/Casualty) [] Form 13 (Life) [] Form 13 (Title)
- [] Form 14 (Change of Address/Contact Notification)

DESCRIPTION OF CHANGE(S)

(STATE, IN SPECIFIC TERMS, THE CHANGES TO BE MADE FOR THIS PROPOSAL)

REASON OR JUSTIFICATION FOR CHANGE **

(STATE, IN SPECIFIC TERMS, THE BENEFIT TO BE DERIVED FROM THIS PROPOSAL)

**** This section must be completed on all forms.**

Revised 02/06/06