



# UCAAA Corporate Amendment Application Insurer User Guide

**March 2006**



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Revised Edition

National Association of Insurance Commissioners

NAIC Website ..... <http://www.naic.org/index.htm>  
UCAA Company Login ..... <http://uca.naic.org/ucaa/login.jsp>  
UCAA Home Page ..... [http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm)

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## **UCAA CORPORATE AMENDMENT - OVERVIEW**

The electronic application for the Uniform Certificate of Authority Corporate Amendments is a Web-based system with three perspectives. The three perspectives are as follows: 1) Insurance Company 2) State of Domicile and 3) Corporate Amendments State(s). Insurance companies access the electronic application via a specific Internet address or Uniform Resource Locator (URL).

The UCAA electronic application is information based, not formed based. Insurers will be presented with a checklist of requirements to be completed. The electronic Corporate Amendments Application is customized to present the required information to each state involved for the selected filing. An **X** will appear in the "Completed" column of the checklist as each item on the list is addressed. The checklist also includes a list of required attachments and a section for viewing and printing the application. When the Corporate Amendments Application is complete and submitted, a notification email will be sent to the submission state(s) and the state of domicile indicating that an application has been completed and requires certification for the following type of changes; Merger of Two or More Foreign Insurers, Adding Lines of Business and for Redomestication of a Foreign Insurer.

The state of domicile completes the Certificate of Compliance (Form 6) and Certificated of Deposit (Form 7). When completed, a notification email is sent back to the insurer and to the state(s) specified in the Corporate Amendments application.

The Submission state(s) will acknowledge receipt of the filing and accept it for completeness. After the review process, the amendment will either be accepted or closed. A notification email of the final status of the filing is automatically sent once a determination is made.

## COMPANY LOGIN

An insurance company may access the UCAA Electronic Corporate Amendments Application by using the following Internet address:

<http://www.naic.org/index.htm>

The link in the lower right hand column of the Web page is labeled UCAA. Clicking this link will take the user to the UCAA home page. Several UCAA related links are available from this web page. The links include:

- ✓ Electronic Application links to login and User Role information.
- ✓ What's New lists the latest updates to the forms and instructions.
- ✓ Application Instructions for the Primary, Expansion and Corporate Amendments Applications.
- ✓ State Retaliatory Information links to the State's retaliatory information.
- ✓ Third Party Vendors that prepare the background reports and provide them to the states.
- ✓ Frequently Asked Questions for all applications and biographical affidavits.

Click on the Electronic Application link to access the Industry login page.

The screenshot shows the NAIC website header with navigation links: HOME, ABOUT THE NAIC, CONTACT US, HELP. Below the header is a search tool and a 'NAIC Member Site' button. The main content area is titled 'Industry' and features a 'Uniform Certificate of Authority Application' section. This section contains text explaining the UCAA process and a list of links: Regulator UCAA Information, Electronic Application (highlighted with a pink arrow), What's New, Primary Application, Expansion Application, Corporate Amendments Application, State Retaliatory Information, Third-Party Vendors for Background Reports, Biographical Verification Report Instructions, FAQs, and UCAA Manual. A 'NAIC UCAA Contacts' button is located at the bottom right of the content area.

The insurer may also go directly to the electronic application by typing in the following Internet address.

<http://uca.naic.org/ucaa/login.jsp>

Note: It is not required to type www, normally used to access a website on the Internet.

Before requesting a Login ID and Password, determine which type of User Role to request. A company may request multiple user IDs and each ID may have multiple roles.

Company Interface Roles		
Role	UCAA Role Name	Privileges
Analyst/Examiner	UCAA_COMPANY_ANALYST_EXAMINER	Start New UCAA Application View Existing UCAA Application
Manager	UCAA_COMPANY_MANAGER	Complete Existing UCAA application Amend Existing UCAA Application

Industry (Company) side	
Function	Definition
Checklist Functionality	Access all E forms ( Either Edit or View) Perform 6 attachments from checklist. ( Minimum Paid In Capital & Surplus requirements, Name Approval, Narrative, Holding Company Form B Registration Statement, Statutory Membership, Business Character Reports) Download/Print Electronic forms Send Email View Email Finish Application Check Status
Start New UCAA Application	Ability to create (edit) a filing before submission (pressing finish button). Includes all checklist functionality except finish application.
Complete Existing UCAA Application	Ability to edit and view an existing filing, and submit the filing. Includes all checklist functionality
View Existing UCAA Application	Ability to view the current version of a submitted filing, no edit capabilities. Checklist functionality will include access to all E forms in view mode as well as the ability to download/print all E forms. Status of the filing will also be accessible.
Amend Existing UCAA Application	Ability to create a new version of a submitted filing (Amend) This implies edit capabilities as well as the ability to submit (finish button) a filing which has already been previously submitted. Includes all checklist functionality.

To request a Login ID and Password, click the request form link. The User ID and Password Form will be displayed. Fill in the form, choose a valid UCAA Role and click the Submit button.

### UCAA Id and Password Form

If you are a new user of the UCAA Company Licensing system and would like to obtain an id & password, please fill out the form below and click on submit

Your First Name:

Your Last Name:

Your Position/Title

Your Company's Cocode

Your Company's Name:

Your Company's Address

Street Address:

City:

State:

ZipCode:

Your Phone Number:  ext.

Your Email Address:

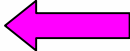
**Valid UCAA Roles:** For an explanation of roles click link [Display Role Information](#)

UCAA\_COMPANY\_ANALYST\_EXAMINER

UCAA\_COMPANY\_MANAGER


User role information and Login request form is also available from the UCAA Login Page. Once an ID and password is issued, enter the information and click the submit button.


**Welcome to the UCAA System.**

UserId :  

Password :


If a new user to the UCAA Company Licensing System needs to request an ID & Password, please click the Request Login button:





Next, a login verification screen appears and the user information is displayed. Links to the UCAA Checklist and Instructions, for both the expansion and corporate amendments applications are provided. User Role information is also available on this page.

**Login Verification**

User Id : UCATST9  Pre-populated User Information

Name : Amy Billings

Position/Title :

Phone Number :


Email Address : abillings@naic.org

**What is required for a UCAA application?** [UCAA Expansion Checklist](#)  
[UCAA Corporate Amendment Checklist](#)

**Need Instructions using UCAA?** [Expansion Application Instructions](#)  
[Corporate Amendment Application Instructions](#)

**Does your ID have the correct UCAA roles?** [Display Role Information](#)

Please select the NAIC company code:



To begin a corporate amendment application, select an NAIC Company Code. Multiple company codes can be associated with one UCAA login.

## APPLICATION SELECTION PROCESS

- Click the drop down box and choose New Corporate Amendment or New Notification/Form 14
- Click the start button to begin a new application

**Application Selection**

[UCAA Login](#) >> [Login Verification](#) >> Application Selection

**Start a New UCAA Application:**

To pre-populate a new Expansion application from an existing one, select the Expansion application from the drop down list and click the Start button. If this is an initial application, select the Application Type from the drop down list and click the Start button.

Application Type	Tracking Number	Status
Expansion Application	4691-000	Submitted
Expansion Application	5842-000	Submitted
Expansion Application	6094-000	Submitted
Expansion Application	6134-000	Submitted
Expansion Application	6324-000	Submitted
Expansion Application	6903-000	Submitted
Expansion Application	7446-000	Submitted
Expansion Application	7623-000	Submitted
Expansion Application	7783-002	Submitted
New Corporate Amendment		
New Expansion Application		
New Notification / Form 14		

**Start**

**Application:**

... and click the Continue button. Non-submitted applications are ... review. Submitted applications are currently being reviewed by ... ver they may be amended on a subsequent menu once the

Non submitted applications may be deleted by selecting from the drop down list below, and clicking the Delete button. Older applications designated by the tilde character may not be deleted.

**Existing Applications for Cocode 15105:**

Application Type	Tracking Number	Last Accessed	Status
Expansion Application	4627-000	03/02/2006	Non-submitted

**Continue** **Delete**

NOTE: A New Notification/Form 14 cannot be made with any other change type. Only one type of application can be made on the Application Selection screen, either New Notification/Form 14 or New Corporate Amendment.

### Tracking Numbers

A tracking number is assigned when a filing is created. A tracking number consists of seven digits. The three zeros following the dash reflect the revision number of the filing. The original filing will end in -000. Once an application has been submitted and changes are made to the original filing, the tracking number will end with -001 for the first revision and -002 for the second and so forth. Submitted, Non-submitted and Amended filings will be displayed in the lower section of the Application Selection page located under Existing Applications for Cocode 15105 (example).

## Existing Applications

### Continue or Update an Existing UCAA Application:

Select the existing application of choice from the drop down list below and click the Continue button. Non-submitted applications are works in progress and have not yet been submitted for regulator review. Submitted applications are currently being reviewed by regulators. Once submitted, applications cannot be deleted; however they may be amended on a subsequent menu once the application is selected.

Non submitted applications may be deleted by selecting from the drop down list below, and clicking the Delete button. Older applications designated by the tilde character may not be deleted.

### Existing Applications for Cocode 15105:

Application Type	Tracking Number	Last Accessed	Status
Expansion Application . . . . .	4627-000 . . . . .	03/02/2006 . . . . .	Non-submitted
Expansion Application . . . . .	8460-000 . . . . .	02/14/2006 . . . . .	Non-submitted
Corporate Amendment . . . . .	8466-000 . . . . .	02/28/2006 . . . . .	Non-submitted
Expansion Application . . . . .	8486-000 . . . . .	02/22/2006 . . . . .	Non-submitted
Expansion Application . . . . .	8487-000 . . . . .	02/22/2006 . . . . .	Non-submitted
Notification / Form 14 . . . . .	8489-000 . . . . .	03/02/2006 . . . . .	Non-submitted
Expansion Application . . . . .	8510-000 . . . . .	02/28/2006 . . . . .	Non-submitted
Corporate Amendment . . . . .	8531-000 . . . . .	02/28/2006 . . . . .	Non-submitted
Corporate Amendment . . . . .	8550-000 . . . . .	03/01/2006 . . . . .	Non-submitted
Corporate Amendment . . . . .	8554-000 . . . . .	03/02/2006 . . . . .	Non-submitted
Corporate Amendment . . . . .	8570-000 . . . . .	03/02/2006 . . . . .	Non-submitted
Expansion Application . . . . .	19263-001 . . . . .	02/21/2006 . . . . .	Amendment

- Click the Non-submitted application to continue a previously started filing. Submitted Corporate Amendment applications cannot be copied to begin a new application, as with the electronic Expansion applications. Amending an existing application will allow the user to update the selections previously made, i.e. change the response to the questionnaire, delete and submit an attachment. The Change Type screen will not be displayed, which means you will NOT be able to change the type of application previously submitted to the state(s).

NOTE: In order to amend an existing application, the user will need to have the correct role assigned to their user ID.

Existing Applications for Cocode 15105:			
Application Type	Tracking Number	Last Accessed	Status
Expansion Application . . . . .	4627-000 . . . . .	03/07/2006 . . . . .	Non-submitted

Continue      Delete ←

## Deleting Applications

- Select a Non-submitted application and click the Delete button to remove an application. A Non-Submitted corporate amendment application can be deleted. A Submitted application will need to be withdrawn or closed by the state(s).

## CORPORATE AMENDMENTS APPLICATION INFORMATION

By selecting either New Notification/Form 14 or New Corporate Amendment, the required forms will appear on the Application Information page. All required forms must be completed before the application can be submitted.

For a New Notification/Form 14 change, fewer forms are required to update or change the contact information and their addresses than creating a new Corporate Amendment.

<b>Corporate Amendments Application Information</b>	
<a href="#">Main Menu</a> >> <a href="#">Application Information</a>	
UCAA Tracking Number : 8591-000 Name of Insurer/Company Name : Safety Natl Cas Corp NAIC Company Code : 15105 FEIN : 43-0727872	Pre-populated
<b>Corporate Change States and LOB Information States</b>	
Please click the following link to indicate the states where you are applying for a corporate change. <a href="#">Corporate Amendment Change States</a>	
<b>Contact Address Change</b>	
Please click on the link to complete changes for your company contacts. <a href="#">Contact Information</a>	
<b>Attachments Section</b>	
Please click the following link to complete required, state specific, and optional file attachments. <a href="#">Attach Files</a>	
<a href="#">Main Menu</a>	

The Application Information page shows all required forms for the application change type. Several different combinations of change types are available. When selecting Merger of two or more Foreign Insurers, verify the pre-populated information at the top of the application, it should match the new company information.

NOTE: Once the state of domicile has approved the initial application of a merger, contact the NAIC Data Services department, ([fdrcreq@naic.org](mailto:fdrcreq@naic.org)) to update your company information. Remember, this application is a change to the original certificate of authority and must be pre-approved by the state of domicile before a corporate amendment is submitted to all state(s) in which the insurer is licensed.

## Change States

The Change States screen allows the user to select all states in which a change is requested. The Select All button enables all states to be selected, if applying to multiple states. The user also has the option to unselect the states that are not to be notified of the corporate change, such as the state of domicile, if a certification is not required, i.e. deleting lines of business, name change, change of control of a foreign insurer, amended by-laws and amended articles of incorporation.

Main Menu >> Application Information >> Corporate Amendment Change States

UCAA Tracking Number : 8590-000  
 Name of Insurer/Company Name : Safety Natl Cas Corp  
 NAIC Company Code : 15105  
 FEIN : 43-0727872

Please check the appropriate states to which you are applying for a corporate change.

<input type="checkbox"/> Alabama	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Alaska	<input type="checkbox"/> Iowa	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Texas
<input type="checkbox"/> Arizona	<input type="checkbox"/> Kansas	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Utah
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Vermont
<input type="checkbox"/> California	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> Colorado	<input type="checkbox"/> Maine	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Washington
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Maryland	<input type="checkbox"/> North Dakota	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Delaware	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> District Of Columbia	<input type="checkbox"/> Michigan	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Oregon	<input type="checkbox"/> American Samoa
<input type="checkbox"/> Georgia	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Guam
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Missouri	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Puerto Rico
<input type="checkbox"/> Idaho	<input type="checkbox"/> Montana	<input type="checkbox"/> South Carolina	<input type="checkbox"/> U.S. Virgin Islands
<input type="checkbox"/> Illinois	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Dakota	

Select All   Un-select All   ←

Application Information (Previous Page)

NOTE: American Samoa, Guam, Puerto Rico and U.S. Virgin Islands do not currently accept the UCAA application electronically or in hardcopy, regardless; the foreign states may want to be aware of any changes to these U.S. territories. To view state specific information on the U.S. Territories, access the following website; [http://www.naic.org/state\\_web\\_map.htm](http://www.naic.org/state_web_map.htm) or go to the NAIC home page and select NAIC States and Jurisdictions in the upper left-hand corner. These links are not available from the UCAA home page.

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 Government Relations Office  
 Securities Valuation Office

The National Portal Search Tool  
 Search NAIC and member state sites

NAIC Member Site

Meetings & Events  
 National meetings materials, conference calls, education programs, and other events.

EDUCATION & TRAINING

NAIC States & Jurisdictions  
 Link to Department of Insurance Web sites.

Consumers  
 Report insurance fraud, research insurance company information, and understand your insurance needs.

Consumer Information Source (CIS)  
 Filed for research assistance

Top News Stories  
 NAIC Waives \$790,000 Industry Assessment for Second Consecutive Year  
 The NAIC announced today that, for the second consecutive year, the second installment of the 2005 fixed fee assessment for the NAIC's Securities Valuation Office ("SVO") will be waived. The assessment, totaling \$1.58 million for the 2005 filing year, is related to a revenue-neutral policy agreement between

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 - Instructions Revisions  
 Marketing Medicare Part D

## Contact Information

<b>Change Of Address / Contact Notification</b>		
<a href="#">Main Menu</a> >> <a href="#">Application Information</a> >>		
UCAA Tracking Number	:	8591-000
Name of Insurer/Company Name	:	Safety Natl Cas Corp
NAIC Company Code	:	15105
FEIN	:	43-0727872
<b>NAME CHANGE</b>		
If there has been a name change as well as an address change, please complete the following:		
Previous Company Name:	<input type="text"/>	
Current Company Name:	<input type="text"/>	
<b>ADDRESS/CONTACT CHANGE</b>		
This form is to be completed as a courtesy filing or to notify regulatory officials of address changes applicable to your Company. Therefore, please indicate for which areas this address change is applicable:		
<input type="checkbox"/>	Catastrophe/Disaster Coordination Contact (CD)	A contact person for state departments to contact for information if there is a catastrophe or disaster
<input type="checkbox"/>	Claim Information (CI)	A contact person for the public to contact for claim information
<input type="checkbox"/>	Consumer Complaints Contact (CC)	A contact person for state consumer complaint staff to contact for resolution of complaints filed with the state department
<input type="checkbox"/>	Form and/or Rate Filings Contact (RF)	A person for state departments to contact regarding issues on policy forms filings or rate filings

The Address/Contact Change page contains information for the contact information and addresses. The first screen provides check boxes for each contact change.

<input type="checkbox"/>	Company Licenses/Fees/Deposits Contact (CL)	A person for state departments to contact regarding issues of payment of license fees
<input type="checkbox"/>	U. S. Legal Counsel (for aliens) (LC)	A person for state departments to contact
<input type="checkbox"/>	Mailing Address (ML)	A change to the mailing address of the company.
<input type="checkbox"/>	Statutory Home Office (SH)	A change to the street address of the statutory home office only. *Changes to the city or state of domicile should be reported on the applicable corporate amendments forms.
<input type="checkbox"/>	Appointments (AP)	A change to contact regarding appointments
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <input type="checkbox"/> Signature of Preparer  </div> <div style="width: 40%; text-align: right;"> <input type="text"/>  Date of Preparation         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"><input type="text"/></div> <div style="width: 40%;"><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%; text-align: center;">Typed or Printed Name</div> <div style="width: 40%; text-align: center;">Title</div> </div> <p style="text-align: center; margin-top: 10px;">Please click the <a href="#">Contact Addresses</a> link to enter address information for the selected contact types</p> <div style="display: flex; justify-content: center; margin-top: 10px;"> </div> <div style="display: flex; justify-content: center; margin-top: 5px;"> <a href="#">Contact Addresses</a>    <a href="#">Change of Address/Contact Notification Form (Previous Page)</a> </div>		

NOTE: The Change of Address/Contact Notification screen has a check box in place of the Signature of Preparer. Selecting this box is the equivalent to an actual signature. To access the Contact Address screen, use the button located at the bottom of the page. The Date of Preparation must be entered in order to proceed to the second page.

## Contact Addresses

The information provided on the Change of Address /Contact Notification screen is similar to the corresponding pages of the hardcopy Form 14. The items checked on the previous page determine the type of address information to complete on this page.

Contact Address	Mailing Address
<a href="#">Mailing Address</a>	First Name: <input type="text"/>
	Middle Name: <input type="text"/>
	Last Name: <input type="text"/>
	Previous First Name: <input type="text"/>
	Previous Middle Name: <input type="text"/>
	Previous Last Name: <input type="text"/>
	Name of MGA: <input type="text"/>
	Address Line 1: <input type="text"/>
	Address Line 2: <input type="text"/>
	Suite/Mail Stop: <input type="text"/>
	City: <input type="text"/>
	State: <input type="text"/>
	Zip: <input type="text"/>
	Email Address: <input type="text"/>
	Phone Number: <input type="text"/>
	Fax: <input type="text"/>


Change of Address/Contact Notification Form

## NEW CORPORATE AMENDMENT

Select New Corporate Amendment to begin a new application. The first screen to appear will be the Corporate Amendments Change Types.

The user selects each change type applicable to the corporate amendment filing. The change types selected will provide the required forms for completion. Remember to select each change type for the state(s) in which a corporate amendment is submitted.

- Adding Lines of Business requires forms 1C, 2C, 3, 6, 7, 8C and 13 plus attachments
- Deleting Lines of Business requires forms 1C, 2C, 3, 8C plus attachments
- Name Change requires forms 1C, 2C, 6, 7 and 12 plus attachments
- Redomestication of Foreign Insurer requires forms 1C, 2C, 6, 7 and 12 plus attachments
- Change of City Within State of Domicile requires forms 1C, 2C and 12 plus attachments
- Merger of Two or More Foreign Insurers requires forms 1C, 2C, 6, 7, 11, 12, and 13 plus attachments
- Change of Control of a Foreign Insurer requires forms 1C, 2C and 11 plus attachments
- Amended By-Laws requires forms 1C and 2C plus attachments
- Amended Articles of Incorporation requires forms 1C and 2C plus attachments

<b>Corporate Amendments Change Types</b>	
<a href="#">Application Information</a> >> Corporate Amendments Change Types	
UCAA Tracking Number	: 8590-000
Name of Insurer/Company Name	: Safety Natl Cas Corp
NAIC Company Code	: 15105
FEIN	: 43-0727872
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.	
<input type="checkbox"/>	Add Lines of Business
<input type="checkbox"/>	Delete Lines of Business
<input type="checkbox"/>	Name Change
<input type="checkbox"/>	Redomestication of a Foreign Insurer, Please Enter New State of Domicile <input type="text"/>
<input type="checkbox"/>	Change of City of Domicile within Domestic State
<input checked="" type="checkbox"/>	Merger of Two or More Foreign Insurers <input type="text" value="KS"/>
<input type="checkbox"/>	Change of Control of a Foreign Insurer
<input type="checkbox"/>	Amended Bylaws
<input type="checkbox"/>	Amended Articles of Incorporation
 <a href="#">Continue</a> <a href="#">Back (Application Selection)</a>	

NOTE: Change of Address/Contact Notification is not listed as a change type. This type of change cannot be combined with any other the change type listed above and is considered a separate notification.

## Application Information

The following forms may be completed in any order. All forms must be completed to validate the application before submitting to the states selected on the Change States form. The Change States form is part of the hardcopy Form 2C. The electronic forms are listed in accordance to the information presented on the form, not by the form number.

Click the Continue link to proceed to the Application Information screen. The change types selected on the Change Types screen generate this selection.

### Corporate Amendments Application Information

[Main Menu](#) >> [Application Information](#)

UCAA Tracking Number : 8590-000  
Name of Insurer/Company Name : Safety Natl Cas Corp  
NAIC Company Code : 15105  
FEIN : 43-0727872

#### Corporate Change States and LOB Information States

Please click the following link to indicate the states where you are applying for a corporate change.

[Corporate Amendment Change States](#)

#### Corporate Amendment Application Information

Please click the following link to populate application information page(Form 2C).

[Corporate Amendment Application Information](#)

#### Authorized Representative Information

Please click the following link to supply the required information about the individual authorized to represent the applicant before the Department.

[Authorized Representative](#)

#### Uniform Consent to Service of Process Information

Please click the following link to complete the Uniform Consent to Service of Process.

[Uniform Consent to Service of Process](#)

## Consent to Service of Process, Form 12

The Uniform Consent to Service of Process (Form 12) is an example of the electronic pre-population feature. The company street address is completed. The President and Secretary name is also pre-populated, if the Applicant Officer's Certification and Attestation form is completed first.

<b>Consent to Service of Process</b>	
<a href="#">Main Menu</a> >> <a href="#">Application Information</a> >> <a href="#">Consent to Service of Process</a>	
UCAA Tracking Number	: 8590-000
Name of Insurer/Company Name	: <b>Safety Natl Cas Corp</b>
NAIC Company Code	: 15105
FEIN	: 43-0727872
<b>Uniform Consent to Service of Process Information</b>	
What is the designation of this consent? *	<input checked="" type="radio"/> Original <input type="radio"/> Amended
What was the previous name of the company (if applicable)?	<input type="text"/>
What is the home office address?	
Street address *	<input type="text" value="111 W 105th Ave."/>
City *	<input type="text" value="Jefferson City"/>
State *	<input type="text" value="Alabama"/>
Zip Code *	<input type="text" value="65997"/>
Under which state's laws was the insurer organized? *	<input type="text" value="Missouri"/>

The **Exhibit A** link is located in the center of Form 12.

Please provide information about the states to which a designated agent is being appointed for receipt of service of process.	
<a href="#">Exhibit A</a> * <a href="#">Click here to enter state address information.</a> <a href="#">State Requirements</a>	
What date is the consent authorization effective? *	<input type="text"/>
What is the name of the president of the company? *	<input type="text"/>
What is the name of the secretary of the company? *	<input type="text" value="Jeffrey William Otto"/>
What is the effective date of the resolution? *	<input type="text"/>
If there was a meeting of the Board of Directors or governing board, on what date did it occur?	<input type="text"/>
If there is a written consent, how is it dated?	<input type="text"/>
On what date is the consent signed? *	<input type="text"/>
* Identifies required fields.	
<a href="#">Application Information</a>	

All states selected on the Change States screen are listed on Exhibit A, and is required information.

### Exhibit A

[Main Menu](#) >> [Application Information](#) >> [Consent to Service of Process](#) >> [Exhibit A](#)

---

UCAA Tracking Number : 8590-000  
 Name of Insurer/Company Name : Safety Natl Cas Corp  
 NAIC Company Code : 15105  
 FEIN : 43-0727872

---

Select a state name from the menu on the left, or use the Next Address link at the bottom of the page to navigate through the state addresses individually. Select the "Consent to Process (Previous Page)" link at the bottom of the page to return to Consent to Process page.


**Kansas**

**Selected States**

[Kansas](#)

See state specific requirements below.

[http://www.naic.org/industry\\_ucaa\\_state\\_specific.htm#ks](http://www.naic.org/industry_ucaa_state_specific.htm#ks)



[Next Address](#)

[Consent to Process \(Previous Page\)](#)

A link to the State Requirements for form 12 is provided for reference.

### State Requirements for UCAA Consent to Service of Process

The following jurisdictions require that the primary insurance regulator receive Service of Process (those states marked with ^ accept initial pleadings only) and that the applicant provide forwarding information on Exhibit A. **Kansas requires two signatures and that the corporate seal be affixed next to the required officers' signatures. Florida accepts only an individual as the entity. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit A. If an Exhibit A is not filed, the Department shall forward process to the insurer's general mailing address on file with the Department.**

AK	FL^	IA	NH	NY	PR	WA
AZ^	GU	KS	NJ	NC	SC	WY
AS	ID^	MD^	NV^	ND^	SD^	
CT	IL	MT	NM	OK		

The following jurisdictions require that the primary insurance regulator **AND** a resident agent receive Service of Process and that the applicant provide forwarding information and resident agent information on Exhibit A:

AL	HI
----	----

The following jurisdictions require that the primary insurance regulator **OR** a resident agent receive Service of Process (those states marked with ^ accept initial pleadings only) and that the applicant provide either forwarding information or resident agent information on Exhibit A.

CO^
-----

**NOTE:** Use the browser Back button to return to Exhibit A.

## MAIN MENU

### ➤ Edit Application Information

The Edit Application Information link allows the user to edit all forms.

<b>Corporate Amendments Application Main Menu</b>	
<a href="#">Application Selection</a> >> Main Menu	
UCAA Tracking Number	: 8590-000
Name of Insurer/Company Name	: Safety Natl Gas Corp
NAIC Company Code	: 15105
FEIN	: 43-0727872
Click the link to the left of the corresponding description.	
<a href="#">Edit Application Information</a>	To allow data changes on the informational forms.
<a href="#">View/Print UCAA Forms</a>	To view or print the forms as submitted to regulators.
<a href="#">Email</a>	To send, view, or reply to an email regarding your application.
<a href="#">Application Progress</a>	To view the progress of the application.
<a href="#">Attach/View General Attachments</a>	To attach or view general attachments that apply to the application as a whole.
<a href="#">Finish Application</a>	To complete the application.
<a href="#">Help</a>	To link to help files.
<a href="#">Logout</a>	To log out of the UCAA system.
<a href="#">Application Selection</a>	

### ➤ View/Print UCAA Forms

This screen gives the option of printing all forms, by selecting the Print All Forms button or to select individual forms. The forms are printed in their required format. Printed forms may also be used to mail as hardcopies, if desired or requested. To view a form, click on the form name link. You have the option of saving the form electronically or closing the window. The forms are read-only files.

<b>View/Print Application Information</b>	
<a href="#">Main Menu</a> >> View/Print Application Information	
UCAA Tracking Number	: 8590-000
Name of Insurer/Company Name	: Safety Natl Gas Corp
NAIC Company Code	: 15105
FEIN	: 43-0727872
Click the link below to view the actual UCAA document to be printed. To print the document, select print from the file menu of the new window that opened upon clicking the link.	
To update any information in the printed document click on the Item name to be taken back to the appropriate data entry form.	
For instructions on printing the forms as a group rather than individually, click the following link. Please select the specific state for Form 12 prior to clicking the "Print All Forms" link. <a href="#">Print All Forms</a>	
<ul style="list-style-type: none"><li>• <a href="#">UCAA Form 1C - Hardcopy Checklist</a></li><li>• <a href="#">UCAA Form 2C - Corporate Amendments Application</a></li><li>• <a href="#">UCAA Form 12 - Consent to Service of Process</a> <input type="text" value="KS"/> Select an individual state</li></ul>	
<a href="#">Main Menu</a>	

NOTE: When multiple states are selected, use the drop-down button to view or print the selected state for the Consent to Service of Process form.

➤ Email

It is recommended to send and receive emails through the UCAA electronic application. To read or send emails, click the Email link on the Main Menu. To begin a new email, select the Send An Email button.

Date	To:	From:	Subject:
<a href="#">Send An Email</a>			
<a href="#">Main Menu</a>			

Select the To:(Email Address) button to view all email addresses associated for the submission and domiciliary state(s). Select the desired email address or type in a specific email address not listed in the Other Recipient window and the Add List button to populate the To: addresses.

UCAA Tracking Number	8591-000	
Name of Insurer/Company Name:	Safety Natl Cas Corp	
NAIC # Co. Code:	15105	
FEIN:	43-0727872	
<b>Please note correspondence sent through the UCAA email system will be tracked in the UCAA database.</b>		
Today's Date:	03/07/2006	
To: (Email Address)	<input type="text"/>	
From: (Email Address):	rschrum@naic.org (CC)	
Subject:	<input type="text"/>	
<input type="text"/>		
<a href="#">Send</a>	<a href="#">Clear</a>	<a href="#">Main Menu</a>


Complete the Subject line and body of the email and click the Send button. Clicking the Clear button will cause all fields to clear i.e., To: Subject and Email text.

### UCAA Email Address Form

Select Email Addresses from List or Type Addresses Below:

<p><b>Defined UCAA Users</b></p> <div style="border: 1px solid gray; padding: 2px;">       RSchrum@naic.org (CC)        abilling@naic.org (CC)        aclay@naic.org (CC)        poconnel@naic.org (CC)        rschrum@naic.org (CC)     </div> <p><b>Other Recipients</b></p> <input type="text"/> <p><b>Recipient Location</b></p> <input type="text"/>	<p><b>Recipient List</b></p> <div style="border: 1px solid gray; height: 100px; width: 150px;"></div>
<input type="button" value="Add List"/>  <input type="button" value="Delete"/>	

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NOTE: Be sure to choose a Recipient Location before clicking the Add list button, or the addresses will not populate the To: line. Click the Return button to return to the email.

### UCAA Email Index


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UCAA Tracking Number	<b>8366-001</b>
Name of Insurer/Company Name:	<b>Safety Natl Cas Corp</b>
NAIC #: Co. Code:	<b>15105</b>
FEIN:	<b>43-0727872</b>

---


*Please click on the subject area of the email you would like to view in detail.*

<b>Date</b>	<b>To:</b>	<b>From:</b>	<b>Subject:</b>
10-FEB-06	poconnel@naic.org (CC)	rschrum@naic.org (CC)	<a href="#">test</a>




To open and read an existing email, Click on the subject line to open and read an email.

To reply to an email, select the Reply button located at the bottom of the email.

UCAA Reply Email Form		
UCAA Tracking Number	8366-001	
Name of Insurer/Company Name:	Safety Natl Cas Corp	
NAIC #: Co. Code:	15105	
FEIN:	43-0727872	
<hr/>		
To: (Email Address)	poconnel@naic.org (CC)	
From: (Email Address):	rschrum@naic.org (CC)	
Subject:	test	
Date Sent:	02/10/2006	
testing testing 1 2 3		
		
<b>Reply</b>	<b>Main Menu</b>	<b>Email Index</b>

The Subject line will pre-populate with the original subject and the original email message will also display below the subject line.

Please note correspondence sent through the UCAA email system will be tracked in the UCAA database.		
Today's Date:	2/23/2006	
<b>To: (Email Address)</b>	rschrum@naic.org (CC)	
From: (Email Address):	abilling@naic.org (MO)	
Subject:	test	
Previous message text:		
From: rschrum@naic.org (CC)		
Sent: 02/10/2006		
To: poconnel@naic.org (CC)		
Subject: test		
<b>Send</b>	<b>Clear</b>	<b>Main Menu</b>

Type your response and click the Send button.

➤ Application Progress

To view the validation of forms that are required for the application, click the Application Progress link on the Main Menu. Completed forms will be marked with an **X**, all required forms must have an **X** before the application can be validated and submitted to the state(s).

<b>UCAA Corporate Amendment Application Progress</b>	
<a href="#">Main Menu</a> >> <a href="#">Application Information</a> >> <a href="#">Application Progress</a>	
UCAA Tracking Number	: 8590-000
Name of Insurer/Company Name	: Safety Natl Cas Corp
NAIC Company Code	: 15105
FEIN	: 43-0727872
<b>X's indicate completed portions of the application. All sections shown must be completed for the application to be submitted.</b>	
Submission States	Completed Validation <u>X</u>
Pro forma Statement(Form 13C)	Completed Validation ___
Application Officers Certification of Attestation	Completed Validation ___
Uniform Consent To Service of Process(Form 12C)	Completed Validation ___
Authorized Representative	Completed Validation ___
Uniform Consent To Service of Process, Exhibit A	Completed Validation ___
Corporate Amendment Application Information	Completed Validation <u>X</u>
<a href="#">Main Menu</a>	

➤ Attach/View General Attachments

A list of required attachments are listed along with a link to the instructions on the UCAA home page. Click the Attachment button to add an attachment.

<b>State of Domicile Approval</b> <a href="#">Display State of Domicile Approval Requirements</a> (Section II Filing Requirements, Item 10)	<b>Attachment</b>
<b>Plan of Operation Narrative</b> <a href="#">Display Narrative Requirements</a> (Section II Filing Requirements, Item 6)	<b>Attachment</b>
<b>Statutory Membership Documentation</b> <a href="#">Display State Specific Statutory Membership Documentation</a> (Section II Filing Requirements, Item 10) For Mergers: (Section VII Filing Requirements, Item 10)	<b>Attachment</b>
<b>Name Approval</b> <a href="#">Display State Specific Name Approval Requirements</a> (Section II Filing Requirements, Item 5)	<b>Attachment</b>
<b>State Specific Attachments</b> <a href="#">Display Miscellaneous State Specific Attachments</a>	<b>Attachment</b>
<a href="#">Main Menu</a>	

The Attachment window will open with a Browse button next to it. Either type in the file location or use the Browse button to locate the directory and select the file to attach.

### Attachment

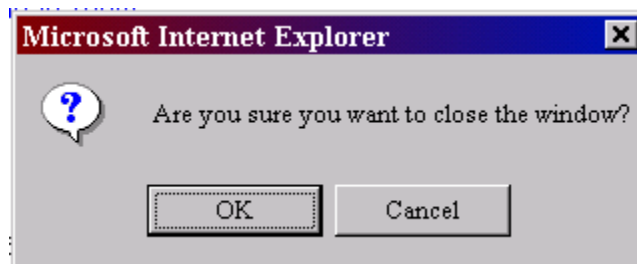
Please attach the file:

This form is unable to upload files with names that contain apostrophes. Please remove apostrophes from file names before attempting to upload them.

Attachments are displayed as read only documents, no edit changes will be saved

Click the Submit button to attach the file. Close the window to return to the Electronic Attachments screen. Once an attachment is completed a Delete button will appear next to the attachment. To delete an unwanted attachment, click the Delete button next to the attachment. Only 5 attachments can be submitted per category.

A warning message will appear when closing this window, click ok to continue.



NOTE: When submitting hardcopies such as filing fees and state specific information (if required) remember to reference your UCAA electronic Corporate Amendment tracking number.

➤ [Help](#)

The Help button is linked to the UCAA home page for reference to the Corporate Amendments Instructions, State Charts and State Specific requirements.

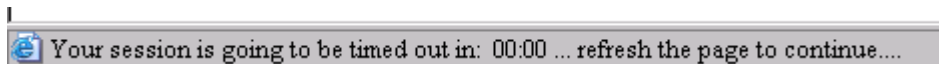
UCAA Forms			UCAA State Charts	
Form #	Form Name	Format		
1P	Primary Checklist	Word PDF		Communication Between Applicant and Agency
1E	Expansion Checklist	Word PDF		Filing Fees -- Primary or Expansion Application
1C	Corporate Amendments Checklist	Word PDF		Filing Fees -- Corporate Amendments
2P	Primary Application	Word PDF		Minimum Capital and Surplus
2E	Expansion Application	Word PDF		Statutory Deposit
2C	Corporate Amendments Applications	Word PDF		Statutory Membership
3	Lines of Insurance	Word PDF		Deleting Lines of Business
6	Certificate of Compliance	Word PDF		Name Approval
7	Certificate of Deposit	Word PDF		Public Records Package
8	Questionnaire (Primary and Expansion)	Word PDF		Reports of Examination
8C	Questionnaire (Corporate Amendments)	Word PDF		Addresses for Submission of Application
11	NAIC Biographical Affidavit	Word PDF		Fingerprints and Biographical Affidavit Requirements
12	Uniform Consent to Service of Process (Expansion and Corporate Amendments Only)	Word PDF		Signature Requirements - Biographical Affidavits and Uniform Consent to Service of Process
13	ProForma Financial Statements (Property/Casualty Companies)	Excel		Seasoning Requirements
13	ProForma Financial Statements (Life/Health Companies)	Excel		Use of Fictitious Names
13	ProForma Financial Statements (Title Companies)	Excel		Amended Articles-Bylaws
14	Change of Address/ Contact Notification Form	Word PDF		<a href="#">Change in Control of Foreign (Non-Domestic) Insurers</a>

➤ [Logout](#)

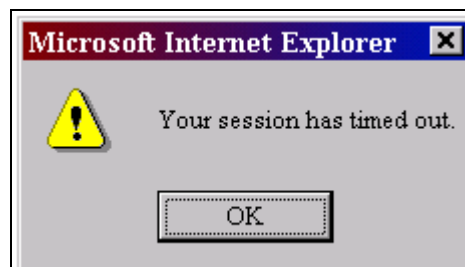
Click the Logout link to exit the application. A warning window will not appear before exiting the application.

**Online Time-Out Limit**

There is a 30-minute time-out limit built-in to the UCAA application. If the application sits idle for 30 minutes, it will log-out automatically. During the last ten minutes of inactivity, a count down timer will appear in the status bar of the browser. The status bar is the bottom “frame” of the browser window. It will count down the last 5 minutes and displays the following when the time is up:



A time-out message will appear. When this occurs, login with the user ID and password.



## Pro-Forma Financial Statement

The Proforma Statement must be completed for the business type. Complete the Property/Casualty statement for property/casualty business. For Health or Life and Accident companies complete the Life, Accident and Health statement. Title companies complete the title form. This form is generally downloaded and completed by an actuary or financial administrator. When attaching the completed form, remember to keep the name of the form and its location under 30 characters.

## ELECTRONIC ATTACHMENTS

The Attachments Section is located at the bottom of the Application Information page. To attach documents, click the Attach Files link and proceed to the Electronic Attachment screen to view the list of necessary attachments.

**Applicant Officers' Certification and Attestation**

Please click the following link to add ProForma Financial Statements

[Pro forma Statement\(Form 13C\)](#)

**Applicant Officers' Certification and Attestation**

Please click the following link to complete the attestation for the application.


[Applicant Officers ' Certification and Attestation](#)

---


**Attachments Section**

Please click the following link to complete required, state specific, and optional file attachments.

[Attach Files](#)



[Main Menu](#)



## Corporate Amendments Electronic Attachments

[Main Menu](#) > > [Application Information](#) > > [Corporate Amendments Electronic Attachments](#)

<b>Electronic Attachments</b>	
<b>Original Certification of Authorization - Affidavit of Lost Certification of Authorization</b> <a href="#">Display State Specific Name Approval Requirements</a> ← Sections II-V, and VII-VIII Item 1 or Section II, Item 11	<b>Attachment</b>
<b>Articles of Incorporation</b> <a href="#">Display Articles of Incorporation Requirements</a> ← (Section II-V Filing Requirements, Item 4)	<b>Attachment</b>
<b>ByLaws</b> <a href="#">Display Bylaw Reuirements</a> ← (Section II-V Filing Requirements, Item 4)	<b>Attachment</b>
<b>Minimum Capital &amp; Surplus Requirements</b> <a href="#">Display State Specific Statutory Minimum Capital &amp; Surplus Requirement</a> ← (Section II Filing Requirements, Item 3)	<b>Attachment</b>
<b>Statutory Deposit Requirements</b> <a href="#">Display Statutory Deposit Requirements</a> ← (Section II Filing Requirements, Item 6)	<b>Attachment</b>

A link to the State Charts, located on the UCAA home page, is provided under each attachment type to provide guidance to the requirements for each state. After reviewing the state specific instructions, use the browser Back button located on the toolbar to return to the electronic application.

### UCAA State-Specific Information

Some jurisdictions may require additional authorizations other than a Certificate of Authority. The information provided in this section is intended to assist applicants in obtaining all necessary approvals. Click the links below to access specific information for that state. [Click here to link to the state department of insurance main web sites.](#)

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

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The section and item numbers listed under each attachment name coincide with the section and item numbers listed in the Corporate Amendments instructions for each change type. The Sections reference, the change type instructions and the item numbers reference the order of requirements for each change type.

## **UCAA Corporate Amendments Application**

The Uniform Certificate of Authority Corporate Amendments Application is designed for use by an existing insurer for requesting amendments to its Certificate of Authority. A Uniform State is one that is committed to using the Uniform Certificate of Authority (UCAA) review process for company licensing and admissions.

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.

In the following pages, you will find a detailed explanation of the various requirements, along with instructions designed to assist you with preparing and submitting the necessary documentation to obtain regulatory approval. Each state's review process may follow slightly different time lines to complete a comprehensive and detailed operational and financial review of the applicant's business. It is the goal of all Uniform States to complete their review of the Corporate Amendments Applications within 60 calendar days of receipt. The 60-day review process includes two weeks to determine if the application is complete and acceptable for filing. During the remaining time-span the application will receive a financial and operational review. The 60-day processing goal may not be achieved in instances where substantial follow-up is required, or in states with limited resources, or in instances when applications are filed during peak business periods such as year-end and annual statement filing periods.

Based on the circumstances of a particular application, it may be necessary for the reviewing state to request additional information. Typically any additional information that is needed will be requested within 30 days after the application is accepted.

This UCAA Corporate Amendments Application has eight sections designed to guide you through the licensing process.

- I. **Application Review Process**
- II. **Adding and Deleting Lines of Business Filing Requirements**
- III. **Name Change Filing Requirements**
- IV. **Redomestication of a Foreign Insurer Filing Requirements**
- V. **Change of City within the State of Domicile Filing Requirements**
- VI. **Change of Address/Contact Notification Requirement**
- VII. **Merger of Two or More Foreign Insurers**
- VIII. **Proposed/Completed Change of Control of Foreign Insurers**
- IX. **Amended Articles of Incorporation**
- X. **Amended Bylaws**
- XI. **How to File**

## Company Information

The Company Information page is used for numerous applications, such as Name Change, Address Change, Mergers and Adding Lines of Business. Depending on the Change Type selected, it may not be necessary to answer or complete all lines on this screen, only applicable information.

[Application Information](#) >> Corporate Amendments Application - Form 2C

UCAA Tracking Number : 8590-000  
Name of Insurer/Company Name : Safety Natl Cas Corp  
NAIC Company Code : 15105  
FEIN : 43-0727872

Old Name of Insurer  NAIC#  Group Code  } Name Change  
New Name of Insurer  NAIC#  Group Code  }  
Effective Date of Name Change:

Old Insurer Phone  Old Insurer Fax   
New Insurer Phone  New Insurer Fax

[Previous Company Address Information](#) } Address Change ← Links to Company address information  
[New Company Address Information](#) }

If this application represents a name change, did the Company experience a merger or an owner change prior to the name change ?  
Yes  No  } Name Change or Merger

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

Date of Last Market Conduct Examination  Note: Non-Entry of a date in this field implies that a market conduct exam is not applicable for this company.

**If a merger of two or more foreign insurers:** Merger's

Effective Date:

Current Name Of Surviving Insurer:  NAIC#  Group Code   
Proposed 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 Addresses](#) ← Links to Company address information

Surviving Insurer's Telephone:  Fax

Are these addresses the same as those shown on your annual Statement?  
Yes  No  Address Change

If not, indicate why in the text area below, or in an attached letter.

**Attachment**

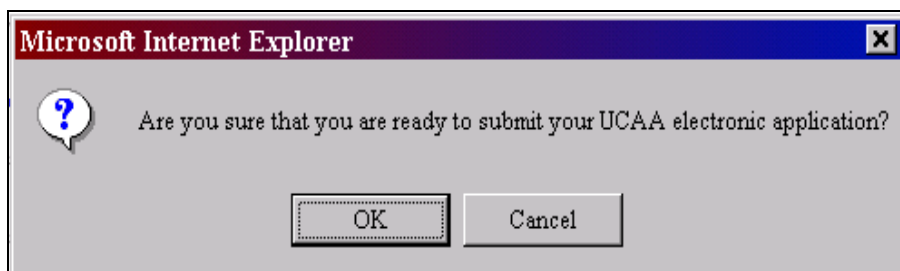
To pre-populate address information for address change or merger applications, click the Previous Company Address Information, New Company Address Information or Surviving Insurer's Addresses links and answer Yes when asked to populate all other previous addresses with the previous information.

<b>Company Address Information</b>	
<a href="#">Main Menu</a> >> <a href="#">Application Information</a> >> <a href="#">Corporate Amendments Application - Form 2C</a> >> Previous Company Address Information	
UCAA Tracking Number	: 8630-000
Name of Insurer/Company Name	: Safety Natl Cas Corp
NAIC Company Code	: 15105
FEIN	: 43-0727872
Select an address from the menu on the left, or use the NEXT ADDRESS link below to navigate through the state addresses individually.	
Populate all other previous addresses with Previous Home Address Information <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Company Address</b>  <a href="#">Previous Home Office Address</a> <a href="#">Previous Administrative Office Address</a> <a href="#">Previous Mailing Address</a>	<b>Previous Home Office Address</b> Street Number1: <input type="text"/> Street Number2: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/> Phone: <input type="text"/> Ext. <input type="text"/> Fax: <input type="text"/> Ext. <input type="text"/> Email: <input type="text"/>
<a href="#">Next Address</a> <a href="#">Corporate Amendments Application - Form 2C (Previous Page)</a>	



## FINALIZATION OF THE ELECTRONIC CORPORATE AMENDMENT APPLICATION

Once all required forms have been completed and all necessary attachments have been selected and attached, click the Finish Application link located on the Main Menu. A warning message will ask if the applicant is ready to submit the application.



If all required forms have not been completed thoroughly, the Checklist Validation screen will appear and display the list of required forms. Forms that meet the validation requirements will be shown as Completed Validation in the column labeled Not Completed. Forms that are incomplete will be


highlighted and underscored, indicating a link is provided to the specific form page for completion. Completed forms will not link to the form page.

<b>UCAA Checklist Validation</b>	
UCAA Tracking Number	: 8590-000
Name of Insurer/Company Name	: <b>Safety Natl Cas Corp</b>
NAIC Company Code	: 15105
FEIN	: 43-0727872
<b>The following Forms must be completed:</b>	
<b>Electronic Forms</b>	<b>Not Completed</b>
Submission States	Completed Validation
<a href="#">Pro forma Statement(Form 13C)</a>	Incomplete
<a href="#">Application Officers Certification of Attestation</a>	Incomplete
<a href="#">Uniform Consent To Service of Process(Form 12C)</a>	Incomplete
<a href="#">Authorized Representative</a>	Incomplete
<a href="#">Uniform Consent To Service of Process, Exhibit A</a>	Incomplete
Corporate Amendment Application Information	Completed Validation
<a href="#">Attach Files</a>	Optional
<a href="#">Main Menu</a>	

A Corporate Amendments application cannot be submitted to the state(s) until all the required forms are validated. The validation will check for dates in the correct date format and text and numerical information wherever text and numerical information is required.

NOTE: The UCAA Checklist Validation page will only appear if one of the required forms is Incomplete. If all required forms pass the validation process, this page will not appear after the warning message.

When all forms have been completed successfully, a Congratulations message will appear indicating that the submission was successful. A reminder is included on the Congratulations screen for filings fees and hardcopy requirements (if applicable).




Congratulations!

You have completed the electronic submission of your Uniform Certificate of Authority Application!

Please remember the submission states must receive your Filing Fees (if applicable) and Biographical Affidavits (if applicable) before your application will be considered complete.

[Main Menu](#)   [Logout](#)



A notification email will automatically generate informing all states that an electronic Corporate Amendment application has been submitted. The review process will begin when the states receive the electronic application. The states will contact the company via email for additional questions if necessary. All emails are stored within the Corporate Amendment Application.

To...	
Cc...	
Subject:	An electronic contact address change notification has been amended by the following; ABC insurance co.
<p>The Specifics of the filing are as follows: The cocode is: 12345 The tracking number is: 1234 The amendment number is: -000 The state of domicile is: Missouri The states affected by this application are: Kansas</p>	

## APPLICATION STATUS


The company can view the status of the state’s review process by selecting a submitted application from the Application Selection screen. Submitted applications will be located under the Existing Applications heading.

Use the drop-down button to locate the desired tracking number and select Continue.

**Application Selection**  
[UCAA Login](#) >> [Login Verification](#) >> [Application Selection](#)

**Start a New UCAA Application:**



To pre-populate a new Expansion application from an existing one, select the Expansion application from the drop down list and click the Start button. If this is an initial application, select the Application Type from the drop down list and click the Start button.

Application Type	Tracking Number	Status	
Expansion Application	4691-000	Submitted	
Expansion Application	5842-000	Submitted	
Expansion Application	6094-000	Submitted	
Expansion Application	6134-000	Submitted	
Expansion Application	6324-000	Submitted	
Expansion Application	6903-000	Submitted	
Expansion Application	7446-000	Submitted	
Expansion Application	7623-000	Submitted	
Expansion Application	7783-002	Submitted	
New Corporate Amendment			
New Expansion Application			
New Notification / Form 14			

Non submitted applications may be deleted by selecting from the drop down list below, and clicking the Delete button. Older applications designated by the tilde character may not be deleted.

**Existing Applications for Cocode 15105:**

Application Type	Tracking Number	Last Accessed	Status
Expansion Application	4627-000	03/02/2006	Non-submitted


 

From the Main Menu, select Application Status to view the status of all states selected on the Change State form.

**Corporate Amendments Application Main Menu**  
[Application Selection](#) >> [Main Menu](#)

UCAA Tracking Number : 8591-000  
 Name of Insurer/Company Name : Safety Natl Cas Corp  
 NAIC Company Code : 15105  
 FEIN : 43-0727872

Click the link to the left of the corresponding description.

<a href="#">View Application Information</a>	To allow the informational forms to be viewed.
<a href="#">View/Print UCAA Forms</a>	To view or print the forms as submitted to regulators.
<a href="#">Email</a>	To send, view, or reply to an email regarding your application.
<a href="#">Application Status</a>	To check the status of your application with the filing states.
<a href="#">Attach/View General Attachments</a>	To attach or view general attachments that apply to the application as a whole.
<a href="#">Amend Application</a> 	To amend the application.
<a href="#">Help</a>	To link to help files.
<a href="#">Logout</a>	To log out of the UCAA system.

[Application Selection](#)

## Application status for New Notification / Form 14

<b>View Application Status of Other States</b>	
<a href="#">Application Selection</a> >> <a href="#">Main Menu</a> >> <a href="#">View Application Status of Other States</a>	
UCAA Tracking Number	: <b>8591-000</b>
Name of Insurer/Company Name	: <b>Safety Natl Cas Corp</b>
NAIC Company Code	: <b>15105</b>
FEIN	: <b>43-0727872</b>
<b>Application Status</b>	
Application Status of Filing	Date
Electronic Forms Submitted	03/07/2006
<b>Application Status for the state of Kansas</b>	
Notification Acknowledged	Date
<a href="#">Main Menu</a>	

The review process for a new notification does not require an approval process. The date is entered when the notification is received by the submission state(s).

### Application status for New Corporate Amendments

UCAA Tracking Number	: <b>8243-000</b>
Name of Insurer/Company Name	: <b>Safety Natl Cas Corp</b>
NAIC Company Code	: <b>15105</b>
FEIN	: <b>43-0727872</b>
<b>Application Status</b>	
Application Status of Filing	Date
Electronic Forms Submitted	02/06/2006
Certificate of Compliance Completed	
Certificate of Deposit Completed	
<b>Application Status for the state of Massachusetts</b>	
Received Hardcopy	Date
Application Accepted as Complete	
Application Processed	
Application Closed	
<a href="#">Main Menu</a>	

The application status for a New Corporate Amendment will include a status for the Certificate of Compliance and Certificate of Deposit. When the domiciliary state completes the certificates electronically, the dates automatically update on the application status page and generate an email to the submission states and the insurer of this update.

The Submission states will complete the following dates during their review process;

✓ Received hardcopy

The submission states will acknowledge receipt of filing fees and any hardcopies received (if applicable) with a date when received.

✓ Accepted as Complete

The submission states will use this date once an initial review of the application has been made to determine if all necessary documentation has been received along with any hardcopy requirements. Once the state enters a date the actual review process begins. The state then has 60-days to review the application and either approve the amendment or close the amendment.

✓ Application Processed

The submission states will enter a date when the application has been approved.

✓ Application Closed

The submission states will enter a date if the insurer has been asked to withdraw their application. Generally, this date will not be used since the corporate amendment application is basically a notification of a change.

## AMENDING APPLICATIONS

When a submission state asks the insurer to amend their application, the insurer selects the Amend Application link on the Main Menu.

**Corporate Amendments Application Main Menu**

[Application Selection](#) >> [Main Menu](#)

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UCAA Tracking Number : 8591-000  
 Name of Insurer/Company Name : Safety Natl Cas Corp  
 NAIC Company Code : 15105  
 FEIN : 43-0727872

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Click the link to the left of the corresponding description.

<a href="#">View Application Information</a>	To allow the informational forms to be viewed.
<a href="#">View/Print UCAA Forms</a>	To view or print the forms as submitted to regulators.
<a href="#">Email</a>	To send, view, or reply to an email regarding your application.
<a href="#">Application Status</a>	To check the status of your application with the filing states.
<a href="#">Attach/View General Attachments</a>	To attach or view general attachments that apply to the application as a whole.
<a href="#">Amend Application</a>	To amend the application.
<a href="#">Help</a>	To link to help files.
<a href="#">Logout</a>	To log out of the UCAA system.

[Application Selection](#)

Complete the Amendment Form to include the reason of the change and what forms are included in the change/update.

**Amendment Form**

**1. E-Form Amendment**  
If you are amending an E-Form, please enter the E-Form you would like to amend in the text box provided below.

**2. Question Number/Name on E-Form**  
If you are amending the Questionnaire, please enter the question number or name that you would like to amend in the text box provided below.

**3. Attachment Overwrite**  
If you are overwriting an attachment, please enter the name of the attachment that you would like to overwrite in the text box provided below.

Please provide a brief explanation of the change you are about to make to this filing in the box below.

Characters typed:  (Allowed explanation length: 700) ←

**1. E-Form Amendment**

Changes made to any of the electronic forms must be noted in the text field.

**2. Question Number/ Name on E-Form**

When amending the Questionnaire for Adding or Deleting Lines of Business, indicate which question number will be amended. If amending a form, list the name used in the electronic application, i.e. Attestation and Certification form.

**3. Attachment Overwrite**

When updating attachments, such as a pro-forma, indicate the file name in the text box. An explanation must be completed for the amendment. The explanation test box is limited to 700 characters. An indicator box is provided to track the text characters.

NOTE: If one state requires a change, indicate the state in your explanation.

Select the Submit button to continue and complete any changes. After the changes have been completed, return to the Main Menu and select Finish. At this time the tracking number will change to indicate that an amendment has been made.

An email is generated to the state(s) with a notification of the amendment and the updated tracking number.

Check the application status to follow the application progress of the amended application.

## National Association of Insurance Commissioners

NAIC Headquarters, Kansas City, MO

(816) 842-3600

**NAIC Home Page**

<http://www.naic.org/index.htm>

**UCAA Home Page**

[http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm)

**UCAA Company Login**

<http://ucaa.naic.org/ucaa/login.jsp>

**NAIC Help Desk**

(816) 783-8500

NAIC Help Desk email

[help@naic.org](mailto:help@naic.org)

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