

# UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

## STATE REQUIREMENTS FOR DELETING LINES OF BUSINESS

Updates to the state-specific information will be noted with a “√” next to the state name.

State	Fee	Requirement	Contact
AL	<ul style="list-style-type: none"> <li>• No filing fee</li> <li>• \$25 if Articles of Incorporation amended</li> <li>• Additional \$25 if Bylaws amended</li> </ul> <p>Make a check payable to State of Alabama</p>	<ul style="list-style-type: none"> <li>• Surrender current Alabama Certificate of Authority</li> <li>• Certified copy of Articles of Incorporation (only if amended)</li> <li>• Certified copy of Bylaws (only if amended)</li> <li>• Original Certificate of Compliance from state of domicile</li> <li>• Signed and notarized statement from the Company stating that there is no existing or run-off claims for the line(s) to be deleted</li> </ul> <p>Ala. Code Section 27-3-17, 27-4-2</p>	<p>Ann Strickland Alabama Insurance Department P. O. Box 303351 Montgomery, AL 36130 (334) 241-4154 <a href="mailto:ann.strickland@insurance.state.al.us">ann.strickland@insurance.state.al.us</a></p>
AK	<ul style="list-style-type: none"> <li>• \$100 basic filing fee</li> <li>• Additional \$100 if Articles of Incorporation amended</li> <li>• Additional \$100 if Bylaws amended</li> <li>• Make a check payable to State of Alaska</li> </ul>	<ul style="list-style-type: none"> <li>• Certified copy of Articles of Incorporation (only if amended)</li> <li>• Certified copy of Bylaws (only if amended)</li> <li>• Original Certificate of Compliance from state of domicile</li> <li>• Original Alaska Certificate of Authority</li> <li>• AS 21.09.245 and 3 AAC 31.050</li> </ul>	<p>Division of Insurance State of Alaska P O Box 110805 Juneau, AK 99811-0805</p>
AZ	<p>The greater of \$195 (\$225 if filing amended Bylaws) or retaliatory. Send and make the check payable to the "Arizona Department of Insurance"</p>	<p>Provide information disclosing that the company has terminated all of its business in the lines where authority deletion is requested, along with any documentation that supports the transfer or assumption of existing business.</p>	<p>Cary W. Cook Insurer Licensing Manager Arizona Dept. of Insurance Financial Affairs Division 2910 N. 44th St., Suite 210 Phoenix, AZ 85018 (602) 364-3986 <a href="mailto:ccook@azinsurance.gov">ccook@azinsurance.gov</a></p>

State	Fee	Requirement	Contact
AR	<p>Amending an existing Certificate of Authority, \$100.00 A.C.A.§23-61-401, plus \$400.00, Rule and Regulation 57</p> <p>No fee for withdrawal or discontinuation of a particular class of insurance</p>	<p>Any insurer desiring to surrender its Certificate of Authority, withdraw from this state, or discontinue the writing of certain classes of insurance in this state shall give ninety (90) days notice in writing to the State Insurance Department and shall state in writing its reasons for such action. The commissioner may waive any part of the notice requirement. A.C.A §23-63-211(e)</p> <p>Provide a statement notarized by an officer of the company that there are no outstanding policies, claims and liabilities for the line(s) requested to be deleted. If business exists under the line(s) requested to be deleted, submit documentation regarding transfer or assumption of existing business, or summary of the company's plan to run-off any existing business in the line(s) to be deleted.</p> <p>If a line of business that is authorized in Arkansas is deleted in the state of domicile, it must be also deleted from the Arkansas Certificate of Authority.</p>	<p>Kimberly S. Johnson Market Analyst/Admissions Coordinator (501) 371-2680 <a href="mailto:kimberly.johnson@arkansas.gov">kimberly.johnson@arkansas.gov</a></p>
CA			
CO	None	Summary of the company's plan to transfer or run-off any existing business in the lines to be deleted. 10-3-708, C.R.S.	<p>Ray Akers Financial/Credit Examiner (303) 894-7836 <a href="mailto:raymond.akers@dora.state.co.us">raymond.akers@dora.state.co.us</a> or Annie McClinton, Corporate Affairs Section (303) 894-2151 <a href="mailto:annie.mcclinton@dora.state.co.us">annie.mcclinton@dora.state.co.us</a></p>
CT	\$200 License Amendment Fee – Do not prepay. Department will invoice the Company for the fee.	Lines of business will only be deleted when no premiums are reported and all outstanding losses in that line have been paid in the State of Connecticut. Also attention is directed to §38a-44 and §38a-456 when withdrawing from a line of business in Connecticut.	<p>Company Licensing Section (860) 297-3814 <a href="mailto:ctinsdept.financial@po.state.ct.us">ctinsdept.financial@po.state.ct.us</a></p>

DE	<p>\$100 fee, subject to retaliatory tax.</p> <p>\$100 fee if original Certificate of Authority is not returned to the Department for amendment.</p>	<p>Provide a statement notarized by an officer of the company that there are no outstanding policies, claims and liabilities for the line(s) requested to be deleted. If business exists under the line(s) requested to be deleted, submit documentation regarding transfer or assumption of existing business, or summary of the company's plan to run-off any existing business in the line(s) to be deleted.</p>	<p>Dorothy J. Speight Insurance Compliance Specialist Delaware Department of Insurance 841 Silver Lake Blvd Dover, DE 19904 (302) 674-7344 <a href="mailto:dorothy.speight@state.de.us">dorothy.speight@state.de.us</a></p>
DC	<p>No Fee</p>	<p><b>Company name change due to re-domestication:</b></p> <ol style="list-style-type: none"> <li>1. Transmittal Letter signed by Company Officer</li> <li>2. Certified copy of Amended Articles of Incorporation</li> <li>3. Certified copy of Approved Order issued by domiciliary state, and</li> <li>4. Copy of Amended Bylaws.</li> </ol> <p><b>Change resulting from a merger, in addition to the above:</b></p> <ol style="list-style-type: none"> <li>1. Certified copy of the merger agreement</li> <li>2. Copy of the current District of Columbia Certificates of Authority for both the existing and the existing companies.</li> </ol> <p><b>Expands company's authority by adding lines:</b></p> <ol style="list-style-type: none"> <li>1. Transmittal Letter signed by an Officer of the company</li> <li>2. Copy of Certificate of Authority from domiciliary state, and</li> <li>3. Copy of Certificate of Compliance from domiciliary state.</li> </ol>	<p>Denise Parker Company Licensing Specialist DC Department of Insurance &amp; Securities Regulation 810 First St., NW, Suite 701 Washington, DC 20002 (202) 442-7815 <a href="mailto:denise.parker@dc.gov">denise.parker@dc.gov</a></p>
FL	<p>\$5.00 Filing Fee</p> <p>Make Checks payable to: Department of Financial Services P. O. Box 6100 Tallahassee, FL 32314-6100</p> <p>Applicants are required to include the following codes on each check: \$5 Filing Fee Codes: TY/CL-11/41 F/T-W</p>	<p>90 days written notice of reason for discontinuing the writing of the line. Refer to Section 624.430, Florida Statutes, and Rule 690-141.020, Florida Administrative Code for the required format for the Notice and its contents. Do NOT return Certificate of Authority.</p>	<p>Applications Coordinator 200 East Gaines Street Tallahassee, FL 32399 (850) 413-2570 <a href="mailto:appcoord@flor.com">appcoord@flor.com</a></p>

GA			Applications Coordinator (404) 651-6824 <a href="mailto:coordinator@oci.ga.gov">coordinator@oci.ga.gov</a>
HI	None	<p>Return of the company's original Hawaii Certificate of Authority or an affidavit of loss notarized and signed by an officer of the company.</p> <p>In addition, the following requirements apply when deleting a class of insurance:</p> <p>Thirteen months formal notice required before deleting Property insurance (HRS, §431P-17); deleting Vehicle insurance is subject to HRS, 431:10C-111 &amp; 431:10C-111.5; provide the approximate number of Hawaii policyholders affected; provide a list &amp; description of policies &amp; form numbers held by Hawaii policyholders; an explanation of the affects to Hawaii policyholders. If policies will be assumed submit certificate of assumption &amp; readability.</p>	<p>Sally D. Bautista, Insurance Examiner State of HI, Insurance Division Dept. of Commerce &amp; Consumer Affairs Attn: Certification and Agency Examination Section P.O. Box 3614 Honolulu, HI 96811-3614 Tel. (808) 586-7414 Fax: (808) 586-3873 <a href="mailto:sally.d.bautista@dcca.hawaii.gov">sally.d.bautista@dcca.hawaii.gov</a></p>
ID	None	Statement from a Company officer there are no claims/outstanding liabilities in Idaho for the line(s) of business to be deleted. Submission of current Idaho Certificate of Authority for amendment.	<p>Carol Anderson Technical Records Specialist Idaho Dept. of Insurance PO Box 83720 Boise, ID 83720-0043 Tel: (208) 334-4309 Fax: (208) 334-4298 <a href="mailto:carol.anderson@doi.idaho.gov">carol.anderson@doi.idaho.gov</a></p>
IL			
IN	Retaliatory fee or \$10 check made payable to the Indiana Department of Insurance for a new Certificate of Authority is to be included with filing.	IC 27-1-3-15 Fees and charges	<p>Mary Ann Williams Company Records Coordinator Indiana Department of Insurance 311 West Washington Street, Suite 300 Indianapolis, IN 46204-2787 (317) 232-5692 <a href="mailto:mawilliams2@idoi.in.gov">mawilliams2@idoi.in.gov</a></p>

IA	Iowa fee is \$25; however, fee is retaliatory.	<p>Letter requesting deletion of particular line(s).</p> <p>Return of the current Iowa Certificate of Authority for amendment.</p> <p>Statute sections for fees are 511.24, 515.128 and 505.14</p>	<p>Nancy Ferguson, Examiner Iowa Insurance Division 330 Maple Street Des Moines, IA 50319 (515) 281-4423 <a href="mailto:nancy.ferguson@iid.iowa.gov">nancy.ferguson@iid.iowa.gov</a></p>
KS	None	<p>Written statement from the Company stating that there is no existing or run-off business for the line(s) to be deleted.</p>	<p><b>Property &amp; Casualty:</b> Beth Gray Senior Administrative Assistant (785)296-7844 <a href="mailto:bgray@ksinsurance.org">bgray@ksinsurance.org</a></p> <p><b>Life:</b> Anita Smith Senior Administrative Assistant (785)296-2710 <a href="mailto:AMSmith7@ksinsurance.org">AMSmith7@ksinsurance.org</a></p> <p>Kansas Insurance Dept. 420 SW 9th Street Topeka, KS 66612-1678</p>
KY	\$50.00 for Amended Certificate of Authority, check payable to Kentucky State Treasurer.	<p>KRS 304.3-170;</p> <p>806 KAR 4:010 Section 1 (3)(b) for fees</p> <p>Must complete Corporate Amendment Application.</p>	<p>Kentucky Department of Insurance P. O. Box 517 Frankfort, KY 40602-0517 Gina Metts, Admission Coordinator (502) 782-5298 <a href="mailto:gina.metts@ky.gov">gina.metts@ky.gov</a></p>

LA	None	An affidavit of no liabilities confirming that the company currently has no liabilities for the lines they are seeking to delete (form provided).	<p>Mike Boutwell P.O. Box 94214 Baton Rouge, LA 70804-9214 (225) 342-0800 <a href="mailto:mboutwell@ldi.state.la.us">mboutwell@ldi.state.la.us</a></p> <p>Cindy Sarvis (225) 219-4318 <a href="mailto:csarvis@ldi.state.la.us">csarvis@ldi.state.la.us</a></p>
ME	24-A V.R.S.A §601(2):\$10 (for issuing an amended Certificate of Authority) payable to Treasurer, State of Maine.	<p>24-A M.R.S.A.§ 415-A: Withdrawal plan must be submitted for approval at least 60 days prior to the proposed date of termination. See section 415-A and Me. Dep’t of Prof. &amp; Fin. Reg., 02-031 CMR 400 for plan requirements which must be addressed when answering the Form *C Questionnaire.</p> <p>A company discontinuing a line of business subject to either Cancellation Control Act, whether or not it terminates its authority for that line, must comply with 24-A M.R.S.A. § 2916-C or § 3055-A, as applicable.</p>	<p>Barbra Garboski Maine Bureau of Insurance 34 State House Station Augusta, ME 04333-0034 (207) 624-8489 <a href="mailto:barbra.l.garboski@maine.gov">barbra.l.garboski@maine.gov</a></p>
MD	None	<p>Company will need to furnish the current Maryland original Certificate of Authority.</p> <p>In addition, a cover letter requesting the lines of insurance that will be deleted.</p>	<p>Conrad A. Ragone Company Licensing Analyst Maryland Insurance Administration 200 St. Paul Place, Suite 2700 Baltimore, MD 21202-2272 (410) 468-2156 (410) 468-2112 (Fax) <a href="mailto:cragone@mdinsurance.state.md.us">cragone@mdinsurance.state.md.us</a></p>
MA	\$250.00 for amended company license. Make check payable to the “Commonwealth of Massachusetts – Division of Insurance.”	The company needs to provide certification that they have not conducted any business for the line (s) to be deleted for at least the past three years. Additionally, they must submit a letter indicating that they will honor any claims that are reported after the line (s) have been deleted. There may be additional reserving requirements as well, depending on the line (s) deleted.	<p>MA Division of Insurance Robert C. Macullar Supervising Examiner 1000 Washington Street, Suite 810 Boston, MA 02118-6200 (617) 521-7398 <a href="mailto:robert.macullar@state.ma.us">robert.macullar@state.ma.us</a></p>

MI	No Fee	Letter signed by Company officer stating lines of authority requesting to be deleted from Certificate of Authority.  At this time an amended Certificate of Authority will be issued reflecting this deletion.	Linda Hansen Enterprise Monitoring & Insurance Examinations Division P.O. Box 30220 Lansing, MI 48909-7720 (517) 373-7214 <a href="mailto:hansen1@michigan.gov">hansen1@michigan.gov</a>
MN	No application fee. Article of Incorporation amendment - \$100 Bylaw amendment – \$75  The Company is billed a desk audit charge for deleting a line of business.	Provide evidence that the company has written no direct premiums in Minnesota during the prior 12 months, and currently has no unpaid claims for Minnesota policyholders. If the company is writing business in Minnesota or has unpaid Minnesota claims, provide a detailed explanation of the company’s withdrawal plan including a description of what notice and treatment will be given by the insurer to its affected Minnesota policyholders, and a description of the projected impact upon the insurers’ Minnesota agents and agency force, if any.	Susan Porter (651) 296-6907 <a href="mailto:sue.porter@state.mn.us">sue.porter@state.mn.us</a>
MS	Amend License \$25.00  \$50 each: • Domestic Certificate of Authority/Compliance • If Articles of Incorporation Amended • If Bylaws Amended	Line of business may be deleted when no MS premiums/losses are reported for that line.  Return current Certificate of Authority for amendment.	Glenda Phillips Statutory Compliance Division P.O. Box 79 Jackson, MS 39205 601.359.2713 <a href="mailto:glenda.phillips@mid.state.ms.us">glenda.phillips@mid.state.ms.us</a>
MO	\$60 Filing Fee. See 375.841 RSMO	Provide an explanation of the Company’s plan to transfer business in the lines being deleted.	Cindy Monroe, Admissions Specialist (573) 751-4362
MT		A description of requested change and return the original MT Certificate of Authority for re-issue.	Cheryl Donovan Montana Insurance Department 840 Helena, MT 59601
NE	\$100, or retaliatory fee made payable to the Nebraska Department of Insurance.	Summary of the Company’s plan to transfer or run-off any existing business in the lines to be deleted.  Surrender current Certificate of Authority	(Ms.) Lynn Nannen, Staff Assistant Examination Division (402) 471-4045 <a href="mailto:lynn.nannen@nebraska.gov">lynn.nannen@nebraska.gov</a>

NV	<p>\$295 fee for adding a line of business if company holds only one line of business in Nevada.</p> <p>\$10 or retaliatory fees, if greater to amend the Nevada Certificate of Authority.</p>	<p>A short statement of the lines of business the company would like to add or delete.</p> <p>Addition on new line requires company to meet the minimum capital/surplus required in Nevada.</p> <p>Return of the company's current original Nevada Certificate of Authority or an affidavit of loss signed by the President of the company.</p> <p>A copy of the license and/or a Certificate of Compliance from the domiciliary state showing the lines of business held.</p>	<p>Lin Riippi, Administrative Assistant 1818 E College Pkwy, Suite 103 Carson City, NV 89706 (775) 687-0756</p>
NH	<p>\$25 and subject to retaliatory fees.</p>	<p>NH Application for Amendment Form</p> <p>Original Certificate of Compliance from state of domicile</p> <p>Return of NH current original Certificate of Authority</p>	<p>Diane Cygan, Examination Division NH Insurance Dept. 21 S Fruit St., Ste 14 Concord, NH 03301 Tele (603) 271-2241 Fax (603) 271-7029 <a href="mailto:diane.cygan@ins.nh.gov">diane.cygan@ins.nh.gov</a></p>
NJ		<p>If a company has no open liabilities in New Jersey for the lines it wishes to delete, it may submit a certification to that effect from its Board of Directors to:</p> <p>New Jersey Department of Banking and Insurance Kwame Asare P.O. Box 325 Trenton, NJ 08625</p> <p>If a company has open liabilities it must submit a withdrawal plan pursuant to N.J.A.C. 11:5-2-29.1 et seq. to:</p> <p>New Jersey Department of Banking and Insurance Financial Solvency P.O. Box 325 Trenton, NJ 08625</p>	
NM			

√NY	None	<p>Property Lines Info: Certified copy of the Board of Directors resolution authorizing management to amend its license to delete the specific lines of business.</p> <p>If deleting a line the insurers must provide satisfactory evidence/documentation that all liability incident to that line has been eliminated and its license authority to do such kind of business in all other jurisdictions have been terminated</p>	<p><b>We require that one original document be sent to:</b>  Office of General Counsel  State of New York Department of Financial Services  One Commerce Plaza  Albany, NY 12257  (518) 474-6623</p> <p><b>And another original (For other than life or health) to:</b>  <b>James Davis, Assistant Chief Examiner</b>  <b>State of New York Department of Financial Services</b>  <b>25 Beaver Street</b>  <b>New York, NY 10004</b>  <b>(212)480-5124</b>  <a href="mailto:james.davis@dfs.ny.gov">james.davis@dfs.ny.gov</a></p>
NC	None	<p>If a line of business that is authorized in NC is deleted in the home state, it must be deleted from the NC Certificate of Authority. See NCGS 58-16-5(2).</p> <p>Compliance with the notification requirements of NCGS 58-41-45 and other requirements of NCGS Chapter 58, Article 41.</p>	<p>Brenda Young, Corp.Records Admin.  1203 Mail Service Center  Raleigh, NC 27699-120327611  (919) 424-6276  <a href="mailto:byoung@ncdoi.com">byoung@ncdoi.com</a></p>
ND	<p>\$50.00, <b>subject to retaliatory fee</b>, for issuance of a new Certificate of Authority showing the revised line(s) of business. Remit payment by check made payable to the “North Dakota Department of Insurance” and include check with the filing submitted to the Department.</p>	<p>Return of the current North Dakota Certificate of Authority for amendment.</p> <p>May carry the lines of insurance indicated in Company’s Articles and approved by its state of domicile.</p> <p>Fee - N.D.C.C. Section 26.1-01-07(2)</p> <p>Lines of insurance – N.D.A.C. Chapter 45-13-01</p> <p>Foreign company requirements – N.D.C.C. Section 26.11 and N.D.A.C. Chapter 45-03-09</p>	<p>Yvonne T. Keniston  Company Licensing Clerk  ND Insurance Department  600 E Boulevard Ave, Dept 401  Bismarck, ND 58505-0320  (701) 328-3328  Fax: 701-328-9610  <a href="mailto:ytkeniston@nd.gov">ytkeniston@nd.gov</a></p>
OH	None	No state-specific requirements	<p>Gary Burchfield  Office of Risk Assessment  Ohio Dept. of Insurance</p>

OH con't			50 W. Town Street, Suite 300 Columbus, OH 43215 (614) 728-1074 <a href="mailto:gary.burchfield@insurance.ohio.gov">gary.burchfield@insurance.ohio.gov</a>
OK	Title 36 O.S. §321 (1) \$50 if Articles of Incorporation amended.  (2) Additional \$50 if Bylaws were amended.  (3) \$50 for amended Certificate of Authority (4) Make a check payable to Oklahoma Insurance Department	Certified copy of Articles of Incorporation (only if amended).  Certified copy of Bylaws (only if amended).  Certificate of Compliance from state of domicile.  Return Oklahoma Certificate of Authority.	Jeanette Pearce Administrative Assistant Oklahoma Insurance Department (405) 521-6651 Fax (405) 522-2640 <a href="mailto:Jeanette.pearce@oid.ok.gov">Jeanette.pearce@oid.ok.gov</a>
OR	None	Submit an affidavit, which indicates the company, has no outstanding claims, liabilities or in-force business in the state of Oregon and if any should arise, the company will take full responsibility. Affidavit must be signed by an officer of the company. Submit current original Certificate of Compliance from state of domicile. Return original Certificate of Authority.	Linda Rothenberger Para-analyst Insurance Division-4 Company Regulation Section 350 Winter St., NE Room 440 Salem OR 97301-3883 (503) 947-7227 <a href="mailto:linda.j.rothenberger@state.or.us">linda.j.rothenberger@state.or.us</a>
√PA	\$300	Requirements for Deleting Lines of Business: <a href="http://www.ins.state.pa.us/ins/cwp/view.asp?a=1280&amp;q=527236">http://www.ins.state.pa.us/ins/cwp/view.asp?a=1280&amp;q=527236</a>	Chief, Company Licensing Division PA Insurance Department 1345 Strawberry Square Harrisburg, PA 17120 (717) 787-2735  <a href="mailto:rbrackbill@pa.gov">rbrackbill@pa.gov</a> or <a href="mailto:ra-in-company@pa.gov">ra-in-company@pa.gov</a>

√RI	<p>Issuing an amended Certificate of Authority – \$4.00</p> <p>Note: Pursuant to R.I. Gen. Laws §27-2-17(a), foreign company fees are retaliatory if the company’s state of domicile would charge a R.I. insurance company a higher fee for a like transaction.</p> <p>Checks should be made payable to R.I. General Treasurer, and should be mailed to the R.I. Insurance Division.</p>	<p>An insurance company may apply for permission to surrender or not renew its license for a line of insurance pursuant to R.I. Ins. Div. Reg. 58, Section 4(f), Abbreviated Filings.</p>	<p><b>P&amp;C Companies</b>  Matt DiMaio  Principal Licensing Insurance Examiner  Rhode Island Insurance Division  1511 Pontiac Avenue, Bldg. 69-2  Cranston, RI 02920  (401) 462-9612  <a href="mailto:mdimaio@dbr.ri.gov">mdimaio@dbr.ri.gov</a></p> <p><b>L&amp;H Companies</b>  Matt DiMaio  Principal Licensing Insurance Examiner  (401) 462-9612  Fax (401) 462-9559  <a href="mailto:mdimaio@dbr.ri.gov">mdimaio@dbr.ri.gov</a></p>
SC	None	<p>Evidence that the company has no outstanding liabilities in this State for the line(s) of business to be deleted or evidence that another company licensed or approved in this State for the line(s) of business to be deleted has assumption reinsured the company’s South Carolina business.</p>	<p>Tim Campbell  Chief Financial Analyst  P.O. Box 100105  Columbia, SC 29202-3105  (803) 737-6109  <a href="mailto:tcampbell@doi.sc.gov">tcampbell@doi.sc.gov</a></p>
SD	<p>58-2-29(e) amending Certificate of Authority fee  \$25.00 – new COA is issued</p>	<p>Deleting authority-submit a statement indicating the company has no in force business, outstanding claims or liabilities in that line in the state of South Dakota. Statement is to be signed by an officer.</p> <p>Return the original COA, a new one will be issued.</p>	<p>Luann Johnson, Administrative Assistant  SD Division of Insurance  445 E. Capitol Avenue, 1<sup>st</sup> Floor  Pierre, SD 57501  (605) 773-4362  <a href="mailto:luann.johnson@state.sd.us">luann.johnson@state.sd.us</a></p>

TN	Amended Certificate of Authority: \$90 Fee	<p>Certified copy of Board of Directors resolution, certified by the corporate secretary.</p> <p>Copy of acceptance of the Board's resolution by the shareholders (if required), this should be certified by the corporate secretary.</p> <p>Justification to delete the line of business.</p> <p>Confirmation that there are no active TN policyholders placed within the underwriting authority to be surrendered.</p>	<p>Phil Adams, Analyst (615) 741-1670 <a href="mailto:phil.adams@state.tn.us">phil.adams@state.tn.us</a></p>
TX	<p>(1) If just amending the Certificate of Authority – \$50</p> <p>(2) If only an amendment to the Articles of Incorporation (hearing or no hearing involved) – \$125.00</p> <p>(3) If only a restatement of the Articles of Incorporation (hearing or no hearing involved) – \$250.00</p> <p>(4) If amending the Certificate of Authority includes an amendment to the Articles of Incorporation (hearing or no hearing involved) – \$125.00 for both the amended Certificate of Authority and amendment to the articles of incorporation.</p> <p>(5) If the amendment to the Certificate of Authority includes restating of the Articles of Incorporation (hearing or no hearing involved) – \$250.00 for both the amend Certificate of Authority and restatement of the Articles of Incorporation</p>	<p>If deleting a line of business go to: <a href="http://www.tdi.state.tx.us/company/colr/clflngregs.html">http://www.tdi.state.tx.us/company/colr/clflngregs.html</a> and review our withdrawal process.</p>	<p>Jeff Hunt, Admissions Officer Company Licensing and Registration (512) 305-7293 or (512) 322-4370 Fax: (512) 322-3550 <a href="mailto:jeff.hunt@tdi.state.tx.us">jeff.hunt@tdi.state.tx.us</a></p> <p>Susan French, Team Coordinator/ Company Licensing and Registration (512) 305-7203 or (512) 322-3507 Fax: (512) 322-3550 <a href="mailto:susan.french@tdi.state.tx.us">susan.french@tdi.state.tx.us</a></p>

√UT	<p>Amended Certificate of Authority - \$250</p> <p>Amended Articles of Incorporation or Bylaws - \$25 each (if that filing is necessary)</p> <p><b>No Fee – Domestic Only</b></p> <p>Withdrawal Fee, if required by UCA § 31A-4-115(2) - \$50,000</p>	<p>Deleting a line of business requires a plan of withdrawal as prescribed by UCA § 31A-4-115</p> <p>After filing a plan of withdrawal for a line of business, an application for Certificate of Authority deleting the line of authority must be submitted.</p> <p>If line is for health benefit, UAC Rule 590-199 must be complied with.</p> <p>Statutes, Administrative Rules, and forms are available at <a href="http://www.insurance.state.ut.us">http://www.insurance.state.ut.us</a></p>	<p>Beth Crim, Company Licensing (801) 538-3812 <a href="mailto:bcrim@utah.gov">bcrim@utah.gov</a></p> <p>Tanji Northrup, Rate &amp; Form Analyst (Health Benefit Plans <u>only</u>) (801) 538-1801 <a href="mailto:tnorthrup@utah.gov">tnorthrup@utah.gov</a></p>
VT	None	<p>Licensed companies are not licensed for specific authorized lines of insurance. They are licensed for the lines indicated in their charter or by its domestic state.</p> <p>Note – Companies withdrawing lines of insurance are subject to all cancellation/renewal/ non-renewal and notification clauses. For more information on cancellation, etc. clauses, contact the Insurance Analysis Division. Also, all Health Insurance cancellations, etc. are subject to HIPPA and Vermont Statutes, please contact the Health Care Administration (HCA), for more detailed information.</p>	<p>Company Licensing Division (802) 828-2470 <a href="mailto:Bishca.complic@state.vt.us">Bishca.complic@state.vt.us</a></p> <p>Insurance Analysis Division (802) 828-2471</p> <p><b>HCA contact information:</b> Sean Londergan Director of HCA Rates and Forms (802) 828-2900</p>
VA	None	<p>Letter signed by Company officer stating lines of authority to be deleted from license. An amended license will be issued reflecting this deletion. It is the responsibility of the applicant to verify with the L&amp;H or P&amp;C Division of the Bureau that deletion of requested lines does not affect its ability to write certain products in the Commonwealth.</p>	<p>Gayle Henderson, Office Supervisor VA SCC/Bureau of Insurance P.O. Box 1157 Richmond, VA 23218 (804) 371-9869 <a href="mailto:gayle.henderson@scc.virginia.gov">gayle.henderson@scc.virginia.gov</a></p>

WA	<p>\$25.00 made payable to the Washington State Insurance Commissioner</p>	<p>Return of the original Certificate of Authority for amendment. Documentation that supports the transfer or assumption of any in-force business.</p>	<p>Susan Miller Washington State Office of the Insurance Commissioner PO Box 40259 Olympia WA 98504-0259 (360) 725-7212 <a href="mailto:susanm@oic.wa.gov">susanm@oic.wa.gov</a></p>
WV		<p><a href="http://www.wvinsurance.gov/Default.aspx?alias=www.wvinsurance.gov/company">http://www.wvinsurance.gov/Default.aspx?alias=www.wvinsurance.gov/company</a></p>	
WI	<p>Larger of \$25.00 fee or retaliatory amount for amending the Certificate of Authority.</p> <p>Please make checks payable to: Wisconsin Office of the Commissioner of Insurance.</p>	<p>An insurer may at any time request alteration of its Certificate of Authority in writing pursuant to s. 618.12(4), Wis. Stat.</p> <p>Any transfer of business or reinsurance other than in the normal and usual course of business must be reported to the Office not less than 30 days in advance of the proposed effective date, and is subject to disapproval under s. 618.32, Wis. Stat.</p> <p>If applying for a release from regulation, the company must comply with s. 618.36, Wis. Stat.</p>	<p>Tim Vande Hey Insurance Financial Examiner – Advanced Bureau of Financial Analysis and Exam. Office of the Commissioner of Ins. (608) 267-5297 <a href="mailto:tim.vandehey@wisconsin.gov">tim.vandehey@wisconsin.gov</a></p>
WY	<p>Larger of \$15.00 fee or retaliatory amount for amending the Certificate of Authority.</p> <p>Please make checks payable to: Wyoming State Treasurer</p>	<p>Wyoming requires a written request from an officer stating which line(s) the company wants to delete. In addition, the original Certificate of Authority (or an affidavit of loss) must be returned for amendment.</p> <p>If leaving the health market, the company must comply with W.S. 26-15-121 and W.S. 26-19-305.</p> <p>If leaving the property &amp; casualty market, the company must comply with Chapter 35 of the Wyoming Insurance Code.</p>	<p>Tammy Higgins Wyoming Ins. Dept. 106 East 6<sup>th</sup> Avenue Cheyenne, WY 82002 (307) 777-7318 <a href="mailto:tammy.higgins@wyo.gov">tammy.higgins@wyo.gov</a></p> <p>Linda Johnson, Chief Examiner (307) 777-5619 <a href="mailto:linda.johnson@wyo.gov">linda.johnson@wyo.gov</a></p>