

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

STATE REQUIREMENTS FOR WITHDRAWAL

FOREIGN INSURANCE COMPANY WITHDRAWAL/COMPLETE SURRENDER OF CERTIFICATE OF AUTHORITY APPLICATION

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"> • Surrender current Alabama Certificate of Authority 	Alabama Insurance Department P. O. Box 303351 Montgomery, AL 36130
AK	•	<ul style="list-style-type: none"> • Company must be currently compliant. • Must fulfill all current, and arrange for future, necessitates (taxes due, etc.) • Original Alaska Certificate of Authority • AS 21.09.245 and 3 AAC 31.050 	Division of Insurance State of Alaska P O Box 110805 Juneau, AK 99811-0805
AZ		<ul style="list-style-type: none"> • Provide a statement of the insurer’s financial condition as of a date within 60 days of the filing date of the request for termination that includes a written statement, signed by two officers of the insurer as authorized on the jurat page of the insurer’s most recent annual statement, verifying that the statement of financial condition reflects the insurer’s financial position as of the date signed. • Provide a plan of extinguishment of the insurer’s outstanding liabilities that satisfies the requirements of AACR20-6-303(C) OR a sworn affidavit stating that the insurer has no outstanding liabilities to policyholders or claimants under AAC R20-6-303 (C). • Arizona Administrative Code R20-6-303 	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 ccook@azinsurance.gov

State	Fee	Requirement	Contact
AR		<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>Return the original certificate of authority or an affidavit of loss notarized and signed by an officer of the company.</p> <p>Provide a notarized affidavit by an officer of the Company stating there are no outstanding policies, claims or known liabilities, and the Company has no premium tax (or other taxes) due in this state.</p> <p>Contact our Accounting Division for the filing of the proper “final” tax filings. Accounting Division (501-371-2605).</p>	<p>Kimberly S. Johnson Market Analyst/Admissions Coordinator (501) 371-2680 kimberly.johnson@arkansas.gov</p>
CA		California Insurance Code Sections 1070-1076	
CO	None	Summary of the company’s plan to transfer or run-off any existing business in the lines to be deleted. 10-3-101, C.R.S.	<p>Ray Akers Financial/Credit Examiner (303) 894-7836 raymond.akers@dora.state.co.us or Annie McClinton, Corporate Affairs Section (303) 894-2151 annie.mcclinton@dora.state.co.us</p>
CT		<ul style="list-style-type: none"> • All outstanding losses and liabilities have been paid in the State of Connecticut. • Board of Directors Resolution and Shareholder Resolution. • Completed NAIC UCAA Statement of Withdrawal (Form 17) 	<p>Company Licensing Section (860) 297-3814 ctinsdept.financial@po.state.ct.us</p>

DE		<ul style="list-style-type: none"> • Provide a statement notarized by an officer of the company that there are no outstanding policies, claims and liabilities. • Return original Certificate of Authority. 	Dorothy J. Speight Insurance Compliance Specialist Delaware Department of Insurance 841 Silver Lake Blvd Dover, DE 19904 (302) 674-7344 dorothy.speight@state.de.us
DC			Denise Parker Company Licensing Specialist DC Department of Insurance & Securities Regulation 810 First St., NW, Suite 701 Washington, DC 20002 (202) 442-7815 denise.parker@dc.gov
FL		<ul style="list-style-type: none"> • 90 days written notice of reason for surrendering. 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. • Return original Certificate of Authority. 	Applications Coordinator 200 East Gaines Street Tallahassee, FL 32399 (850) 413-2570 appcoord@flor.com
GA			Applications Coordinator (404) 651-6824 coordinator@oci.ga.gov
HI	None	Return of the company's original Hawaii Certificate of Authority or an affidavit of loss (Form 15) notarized and signed by an officer of the company. Comply with the following Hawaii Revised Statute (HRS) sections: HRS §431:3-215: Withdrawal from State; obligations HRS §431P-17: Additional notice requirement	Albert Yamane Insurance Examiner State of Hawaii, Insurance Division P.O. Box 3614 Honolulu, HI 96811-3614 Tel. (808) 586-8150 Fax: (808) 586-3873 ayamane@dcca.hawaii.gov

ID	None	<ul style="list-style-type: none"> Form 17 or letter requesting to withdraw. Return Original Certificate of Authority. 	<p>Jean Chang Examinations Section Idaho Dept. of Insurance 700 W. State Street, 3rd Floor PO Box 83720 Boise, ID 83720-0043 Tel: (208) 334-4311 Fax: (208) 334-4298 jean.chang@doi.idaho.gov</p>
IL		<ul style="list-style-type: none"> Surrender Articles for Dissolution Surrender the Original Certificate of Authority Sec. 118 Code (215 IICS 5/118) 	
IN		<p>IC 27-1-10-1 Surrender of Certificate of incorporation</p>	<p>Mary Ann Williams Company Records Coordinator Indiana Department of Insurance 311 West Washington Street, Suite 300 Indianapolis, IN 46204-2787 (317) 232-5692 mawilliams2#@idoi.in.gov</p>
IA	None	<p>Letter requesting withdrawal and completion of Form 17, Statement of Withdrawal.</p> <p>Return of the current Iowa Certificate of Authority for cancellation.</p>	<p>Nancy Ferguson, Examiner Iowa Insurance Division 330 Maple Street Des Moines, IA 50319 (515) 281-4423 nancy.ferguson@iid.iowa.gov</p>
KS		<p>Written statement from the Company stating that there is no existing or run-off business in KS and they do not intend to transact business in KS in the future.</p> <p>Return Original Certificate of Authority.</p>	<p>Nicole Brandenburg, Admin. Assistant Kansas Insurance Dept. Financial Surveillance Division 420 SW 9th Street Topeka, KS 66612-1678 (785)296-7820 NBranden@ksinsurance.org</p>

KY		<p>A letter stating the Co. has no business in KY. Return of Original Certificate of Authority. Company must also file Articles of Dissolution with the KY Secretary of State.</p> <p>KRS 304.3-180;</p>	<p>Kentucky Department of Insurance P. O. Box 517 Frankfort, KY 40602-0517 Gina Metts (502) 782-5298 gina.metts@ky.gov</p>
LA	None	LRS 22:0991	<p>Mike Boutwell P.O. Box 94214 Baton Rouge, LA 70804-9214 (225) 342-0800 mboutwell@ldi.state.la.us</p> <p>Cindy Sarvis (225) 219-4318 csarvis@ldi.state.la.us</p>
ME		<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 withdrawal. See section 415-A and Me. Dep't of Prof. & Fin. Reg., 02-031 CMR 400 for plan requirements.</p> <p>The original Certificate of Authority must be returned.</p>	<p>Barbra Garboski Maine Bureau of Insurance 34 State House Station Augusta, ME 04333-0034 (207) 624-8489 barbra.l.garboski@maine.gov</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 Company's intention to withdraw, signed by an appropriate Corporate officer.</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) cragone@mdinsurance.state.md.us</p>

MA		<p>M.G.L.c.175,§44 is for MA Domestic Insurers.</p> <p>Foreign Insurers need to demonstrate that there is a plan in place that has been approved that protects MA policyholders with current or future claims.</p>	<p>MA Division of Insurance Robert C. Macullar Manager of Insurance Company Licensing 1000 Washington Street, Suite 810 Boston, MA 02118-6200 (617) 521-7398 robert.macullar@state.ma.us</p>
MI		<p>An affidavit by an actuary indicating the Company does not have any MI business to secure.</p> <p>Return of original Certificate of Authority.</p>	<p>Linda L. Martin 517-373-7232 martinl@michigan.gov</p>
MN		<p>If the Company hasn't written in MN: the Company is automatically allowed to withdrawal.</p> <p>60A.052, subd. 4a</p> <p>The Department requires a letter, signed by the President of the Company, to be sent to us stating the number and amount of outstanding claims and number of policies in-force in the State of Minnesota. The letter must also state that the Company will pay any and all outstanding desk audit fees charged to the Company at the time of the withdrawal. The Department will review the information and may issue an Order permitting such withdrawal from Minnesota. Note under Minn. Stat. 60A.052, Subd. 4a, all direct liability to Minnesota policyholders and obligees have to be assumed by another insurer before a company is allowed to withdraw.</p>	<p>Susan Porter (651) 296-6907 sue.porter@state.mn.us</p> <p>Contact – Kathleen Orth Audit Director – Financial Analysis MN Dept. of Commerce 85 7th Place East, Suite 500 St. Paul, MN 55101-2198</p>

MS		<p>Surrender current Certificate of Authority</p> <p>Form 12 would not be required to be filed by an unlicensed insurer.</p> <p>All taxes, fees & filings due to MS Department of Revenue, MS State Rating Bureau, MS Workers' Comp. Commission & MS Insurance Department have been made.</p> <p>If business has been transferred to another company prior to the filing of the Form 17, prior notice of the reinsurance transaction and approval of the policyholder notification would be required.</p> <p>Original signatures are needed on Form 17.</p>	<p>Nancy Cross, Director Statutory Compliance P.O. Box 79 Jackson, MS 39205 601.359.3571 nancy.cross@mid.state.ms.us</p>
MO		<p>375.871.1 RSMO</p> <p>Copy of Board of Director's Resolution regarding withdrawal from the State.</p>	<p>Cindy Monroe, Admissions Specialist (573) 751-4362</p>
MT		<p>Ensure that there are no remaining liabilities to MT policyholders or claimants, and obtain the return of the original MT Certificate of Authority.</p>	<p>Cheryl Donovan Montana Insurance Department 840 Helena Ave. Helena, MT 59601</p>
NE		<ul style="list-style-type: none"> The company must have a procedure in place to handle outstanding claims and policyholders for any in-force business. Surrender current Certificate of Authority. 	<p>(Ms.) Lynn Nannen, Staff Assistant Examination Division (402) 471-4045 lynn.nannen@nebraska.gov</p>
NV	\$10 or retaliatory fees, if greater to amend the Nevada Certificate of Authority.	<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>Lin Riippi, Administrative Assistant 788 Fairview Drive, Suite 300 Carson City, NV 89701-5491 (775) 687-4270 ext. 251</p>
NH	\$25 and subject to retaliatory fees.	<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 diane.cygan@ins.nh.gov</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	No Fee	<p>Surrender Certificate of Authority.</p> <p>Statement of Withdrawal by officer or director of the company or a Resolution of the Board requesting withdrawal.</p>	<p>Loretta A. Trujillo, FLMI, ACS Company Licensing Bureau Chief NMPRC, Insurance Division PO Box 1269 Santa Fe, NM 87505</p>
√NY		<p>At least forty-five days prior to such proposed action insurer must submit a plan to protect the interests of people of NY for prior approval by the Superintendent pursuant to §1105 of the New York Insurance Law and Department Regulation 109 (11 NYCRR 88).</p>	<p>We require that one original document be sent to:</p> <p>Office of General Counsel State of New York Department of Financial Services One Commerce Plaza Albany, NY 12257 (518) 474-6623</p> <p>And another original to the applicable bureau:</p> <p>Property Bureau James Davis, Assistant Chief Examiner State of New York Department of Financial Services</p> <p>25 Beaver Street New York, NY 1004 (212)480-5124 james.davis@dfs.ny.gov</p>

NY con't.			<p>Life Bureau Eugene Murphy, Supervising Examiner State of New York Department of Financial Services 25 Beaver Street New York, NY 10004 (212)480-5041 eugene.murphy@dfs.ny.gov</p> <p>Health Bureau Charles Lovejoy, Supervising Examiner State of New York Department of Financial Services 25 Beaver Street New York, NY 10004 (212)480-5045 charles.lovejoy@dfs.ny.gov</p>
NC	None	Cease writing business in NC. Provide actuarial Certification regarding outstanding policyholders obligations.	Brenda Young, Corp.Records Admin. 1203 Mail Service Center Raleigh, NC 27699-120327611 (919) 424-6276 byoung@ncdoi.com
ND		For Property & Casualty products pursuant to ND. N.D.C.C. Section 26.1-25-04(4) http://www.nd.gov/ndins/company/details.asp?ID=256 for guidelines for Voluntary Withdrawals.	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 vtkeniston@nd.gov
OH	None	In order to surrender its COA, a company must provide notice to policyholders through publication and then make application to the Department to surrender. Companies intending to surrender should contact the Department for guidance on how to proceed.	Gary Burchfield Office of Risk Assessment Ohio Dept. of Insurance 50 W. Town Street, Suite 300 Columbus, OH 43215 (614) 728-1074 gary.burchfield@insurance.ohio.gov

OK		Return Oklahoma Certificate of Authority.	Jeanette.Pearce Administrative Assistant Oklahoma Insurance Department (405) 521-6651 Fax (405) 522-2640 Jeanette.pearce@oid.ok.gov
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. ORS 731-512	Linda Rothenberger Para-analyst Insurance Division-4 Company Regulation Section 350 Winter St., NE Room 440 Salem OR 97301-3883 (503) 947-7227 linda.j.rothenberger@state.or.us
√PA		Requirements for Withdrawals: http://www.ins.state.pa.us/ins/cwp/view.asp?a-1280q-527173 For License Surrender: http://www.ins.state.pa.us/ins/LIB/ins/assets/download/fsrndrce rt.pdf	Chief, Company Licensing Division PA Insurance Department 1345 Strawberry Square Harrisburg, PA 17120 (717) 787-2735 rbrackbill@pa.gov or ra-in-company@pa.gov

√RI		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	<p>P&C Companies Matt DiMaio Principal Licensing Insurance Examiner Rhode Island Insurance Division 1511 Pontiac Avenue, Bldg. 69-2 Cranston, RI 02920 (401) 462-9612 mdimaio@dbri.gov</p> <p>L&H Companies Matt DiMaio Principal Licensing Insurance Examiner (401) 462-9612 Fax (401) 462-9559 mdimaio@dbri.gov</p>
SC		A letter from the President or CEO stating there are no outstanding policies in-force and no outstanding liabilities or claims. Any policy in-force or unsatisfied claims outstanding in SC is provided via Reinsurance or Merger by a SC authorized entity.	<p>Tim Campbell Chief Financial Analyst P.O. Box 100105 Columbia, SC 29202-3105 (803) 737-6109 tcampbell@doi.sc.gov</p>
SD			<p>Luann Johnson, Administrative Assistant SD Division of Insurance 445 E. Capitol Avenue, 1st Floor Pierre, SD 57501 (605) 773-4362 luann.johnson@state.sd.us</p>
TN		Surrender of C of A or Affidavit of Lost C of A. A statement advising of the resolution of the company's current business in TN.	<p>Phil Adams, Analyst (615) 741-1670 phil.adams@state.tn.us</p>

TX	\$25	Texas Insurance Code (TIC) 21.49-2c and 28 Texas Administrative Code (TAC) §§7.1801-7.1808 provides for a company to withdraw with PRIOR approval of the Commissioner of Insurance.	<p>Jeff Hunt, Admissions Officer Company Licensing and Registration (512) 305-7293 or (512) 322-4370 Fax: (512) 322-3550 jeff.hunt@tdi.state.tx.us</p> <p>Susan French, Team Coordinator/ Company Licensing and Registration (512) 305-7203 or (512) 322-3507 Fax: (512) 322-3550 susan.french@tdi.state.tx.us</p>
UT	Withdrawal Fee, if required by UCA § 31A-4-115(2) -	UCA § 31A-4-115 Statutes, Administrative Rules, and forms are available at http://www.insurance.state.ut.us	<p>Beth Crim, Company Licensing (801) 538-3812 bcrim@utah.gov</p> <p>Tanji Northrup, Rate & Form Analyst (Health Benefit Plans <u>only</u>) (801) 538-1801 tnorthrup@utah.gov</p>
VT	None		<p>Company Licensing Division (802) 828-2470 Bishca.complic@state.vt.us</p> <p>Insurance Analysis Division (802) 828-2471</p> <p>HCA contact information: Sean Londergan Director of HCA Rates and Forms (802) 828-2900</p>

VA	None	A foreign insurance company/corporation is referred to the Office of the Clerk of the State Corporation Commission to surrender its general certificate of authority. An officer of the company must submit an affidavit requesting to surrender its license and the company is reviewed for direct business in VA.	Gayle Henderson, Office Supervisor VA SCC/Bureau of Insurance P.O. Box 1157 Richmond, VA 23218 (804) 371-9869 gayle.henderson@scc.virginia.gov
WA		Return of the original Certificate of Authority. Documentation that supports the transfer or assumption of any in-force business. RCW 48.05.290	Susan Miller Washington State Office of the Insurance Commissioner PO Box 40259 Olympia WA 98504-0259 (360) 725-7212 susanm@oic.wa.gov
WV		http://www.wvinsurance.gov/Default.aspx?alias=www.wvinsurance.gov/company 45 days prior, the company is required to submit a formal plan of withdrawal.	
WI		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. If applying for a release from regulation, the company must comply with s. 618.36, Wis. Stat.	Tim Vande Hey Insurance Financial Examiner – Advanced Bureau of Financial Analysis and Exam. Office of the Commissioner of Ins. (608) 267-5297 tim.vandehey@wisconsin.gov
WY		If leaving the health market, the company must comply with W.S. 26-15-121 and W.S. 26-19-305. If leaving the property & casualty market, the company must comply with Chapter 35 of the Wyoming Insurance Code. The company must return the original Certificate of Authority. W.S.26-3-113(c)	Tammy Higgins Wyoming Ins. Dept. 106 East 6 th Avenue Cheyenne, WY 82002 (307) 777-7318 tammy.higgins@wyo.gov Linda Johnson, Chief Examiner (307) 777-5619 linda.johnson@wyo.gov