

Statement of Voluntary Dissolution**Summary of License Status in Non-domicile States**

This form should be completed by those reporting entities that are ending their existence in all states. The form is to be submitted to the domicile state when requesting dissolution or cancellation of the certificate of authority and may also be requested by non-domiciliary states when requesting cancellation of the foreign certificate of authority. The purpose of the form is to provide information about the status of all foreign certificates of authority and any obligations that are still present in those states.

Column 1 – Certificate of Authority has been held from the states listed below:

List each state from which the entity has held a certificate of authority during the last 10 years. Include states where a certificate of authority had been issued and surrendered within the 10 year period.

Column 2 – Date of approval of surrender of Certificate of Authority by this state

Report the date that the state department of insurance approved the surrender or cancellation of the certificate of authority in that state.

Column 3 – Do any policyholder obligations of the dissolving company exist in this state?

Report any kind of obligation that exists on the date of the signature on this form which is related to the policies or contracts issued by the entity. Include claim obligations, loss adjustment expenses, involuntary reinsurance pool obligations and any other unpaid charges that arise from policies or contracts written in that state or that are expected to arise from the policy or contract activities of the entity in that state. Estimate the amount if the actual amount is not known.

Column 4 – Have all premium taxes, fees and other monetary obligations owed to this state been paid?

Report any kind of other obligation that exists on the date of the signature on this form. Include taxes, fees, assessments, creditor obligations and any other unpaid charges that arise from that state or that are expected to arise from the operations of the entity in that state. Estimate the amount if the actual amount is not known.

Column 5 - Does a state regulatory deposit exist in this state?

Report the amount of any statutory or regulatory deposit that exists in the state on the date of the signature on this form. Explain the reason for the deposit, if known.