

Applicant Name: _____

NAIC No. _____

FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
Statement of Withdrawal**

(Foreign Insurance Company Withdrawal/Complete Surrender of Certificate of Authority Application)

To the Insurance Commissioner/Director/Superintendent of the State of: _____

(Check the appropriate state in which this application is being submitted.)

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

The Uniform Certificate of Authority Statement of Withdrawal Application should be used to file a complete Surrender of the Certificate of Authority.

The _____ (Name of Company) is seeking to surrender its authority to transact business in _____ (State) and returns for cancellation its Certificate of Authority* for the following reason: _____

NAIC No.: _____ Group Code: _____

Proposed Effective Date of Withdrawal: _____

Home Office Address: _____

Email Address: _____

Administrative Office Address: _____

Applicant Name: _____

NAIC No. _____

FEIN: _____

Mailing Address: _____

Phone: _____ Fax: _____

Has the Insurer's designee to appoint and remove agents changed as a result of this corporate amendment?

Yes No

If yes, please note the new designee (name natural persons only): _____

Are these addresses the same as those shown on your Annual Statement?

Yes No

If not, indicate why:

The following information is required of the individual (company employee or paid consultant) who is authorized to represent the applicant before the department.

Name: _____

Title: _____

Mailing Address: _____

E-Mail Address: _____ Phone: _____ Fax: _____

Please provide a listing of all other applications filed by the applicant, or any of its affiliates, which are pending before the Department.

State of domicile or port of entry: _____

Date of issuance of the original certificate of authority in the state that you are withdrawing from: _____

Mailing address to which the Commissioner may mail a copy of any service of process against the withdrawing company, see Form 12, Exhibit A, Uniform Consent to Service of Process for state requirement:

1. Have all assessments by guaranty associations or statutorily mandated insurance pools while admitted to the state been paid?

Yes No

If no, please explain in an attachment to this statement.

2. Are there any regulatory actions in process, pending or in effect against the company in any U.S. regulatory jurisdiction?

Yes No

If yes, please explain in an attachment to this statement.

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3. Is there any business in force or any outstanding claim liabilities, contingent liabilities, or law suits currently existing in this state?

Yes No

If yes, please explain in an attachment to this statement.

4. Has the business in the state been transferred to another insurer in order to surrender the certificate of authority?

Yes No

If yes, attach reinsurance agreement (separate approval prior to surrendering a Certificate of Authority is required in [list states]).

* If the applicant is unable to locate its certificate of authority, submit an affidavit of lost certificate of authority (UCAA Form 15). The approval and subsequent withdrawal of Certificates of Authority may involve other state departments/agencies. Final approval resides with the regulator that is the recipient of this form.

NOTE: Please review the UCAA State-Specific Information page for additional information regarding the requirements for a particular state.

Applicant Name: _____

NAIC No. _____

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Applicant Officers' Certification and Attestation

The two officers (listed below) of the Applicant must read the following very carefully:

- 1. We hereby certify, under penalty of perjury, that we have read the application, that we are familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. We are aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject us or the Applicant, or both, to civil or criminal penalties.
- 2. We acknowledge that we are familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant is licensed or to which the Applicant is applying to withdraw or surrender its certificate of authority.
- 3. We acknowledge that we are the President/Vice President and Secretary/Assistant Secretary of the Applicant, are authorized to execute and are executing this document on behalf of the Applicant.
- 4. We hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at _____ .

(Location)

Date

Signature of President (or Vice President)

Full Legal Name of President (or Vice President)

Date

Signature of Secretary (or Assistant Secretary)

Full Legal Name of Secretary (or Assistant Secretary)

Date

Signature of Witness

Full Legal Name of Witness