Conference Call

NATIONAL TREATMENT AND COORDINATION (E) WORKING GROUP
Kansas City, MO
Wednesday, April 29, 2015
1:00 p.m. ET / 12:00 p.m. CT / 11:00 a.m. MT / 10:00 a.m. PT
9:00 a.m. Alaska / 8:00 a.m. Hawaii

ROLL CALL

Jill Jacobi, Co-Chair  California  Matt Fischer  North Dakota
Cindy Donovan, Co-Chair  Indiana  Joel Sander  Oklahoma
Cindy Hathaway  Colorado  Russell Latham  Oregon
Kathy Belfi  Connecticut  Cressinda Bybee  Pennsylvania
Dave Lonchar  Delaware  Eric Showgren  Utah
Mary Mostoller  Florida  Donald Beatty  Virginia
Stewart Guerin  Louisiana  Gayle Pasero  Washington
Debbie Doggett  Missouri  Kristin Forsberg  Wisconsin
Loretta Trujillo  New Mexico  Linda Johnson  Wyoming
James “Tony” Riddick  North Carolina

AGENDA

1. Receive a Report from the E-reg Roundtable discussion.—Jill Jacobi (CA)

2. Consider the Company Licensing Transaction (E) Subgroup April 8 Minutes—Cindy Donovan (IN) Attachment One

3. Consider Proposal 2015-02, to Add Question 15d to the Biographical Affidavit—Gayle Pasero (WA) Attachment Two
   a. America’s Health Insurance Plans (AHIP) Comment Letter Attachment Three
   b. American Insurance Association (AIA) Comment Letter Attachment Four

4. Discuss Proposal 2015-01 Best Practices- Change of Control—Cindy Donovan (IN) Attachment Five

5. Discuss How to Incorporate Optional Consolidated Hearing Process into the UCAA—Jill Jacobi (CA)

6. Discuss and Expose Change of Address/Contact Notification, Form 14—Jill Jacobi (CA) Attachment Six

7. Any Other Matters Brought Before the Working Group—Jill Jacobi (CA)

8. Adjournment

w:/qa/ucaahandbook/conference calls/ntcwg/2015/Apr/agenda_4/29/15.doc
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Company Licensing Transactions (E) Subgroup
Conference Call
April 8, 2015

The Company Licensing Transactions (E) Subgroup of the National Treatment and Coordination (E) Working Group of the Financial Condition (E) Committee met via conference call April 8, 2015. The following Subgroup members participated: Cindy Donovan, Chair, and Annette Gunter (IN); Doug Hartman (AK); Jill Jacobi (CA); Maura Welch (CT); Mary Mostoller (FL); Joel Sander (OK); Cressinda Bybee (PA); Tara Mitchell (TX); and Gayle Pasero (WA). Also participating were: Debbie Doggett (MO); Loretta Trujillo (NM); and Kathy Lamb (NV).

1. Referred the Corporate Amendment Change of Control Best Practices – Section 8. State of Domicile Approval (2015-01) to the National Treatment and Coordination (E) Working Group

Ms. Donovan summarized the proposal to correct the language to the Corporate Amendment Change of Control Best Practices, Section 8. State of Domicile Approval and to incorporate the review of Holding Company Act filings through the Form A database. Ms. Jacobi suggested amending the proposal to read as: “Verify that the domiciliary state has approved the change of control.” Jane Barr (NAIC) suggested adding a second bullet to address that the change of control approval was entered into the Form A database. Ms. Mitchell suggested that it could be an either/or scenario if the change of control was entered into the Form A database or if it was submitted as part of the application. Ms. Jacobi suggested that the second bullet read as: “Verification may be by review of the Form A database.”

Ms. Pasero made a motion, seconded by Mr. Sander, to refer the proposal with modifications to bullet one and to add bullet two to the National Treatment and Coordination (E) Working Group for exposure. The motion passed.

2. Discussed the Change of Address Requirements and Referred Form 14 to the National Treatment and Coordination (E) Working Group

Crystal Brown (NAIC) summarized the objectives for the change of address requirements for a Form 2C and Form 14. Ms. Jacobi said that the proposed change to Form 14 (Proposal 2014-08) would be to make it either a stand-alone form or filed in conjunction with Form 2C. The reference “is to be completed as a courtesy filing in conjunction with other changes or to” was deleted. Ms. Barr said that currently Form 14 can be attached to a corporate amendment application under the state-specific requirements attachments.

Ms. Mitchell said that Texas no longer tracks city on its license. However, Texas still requires the corporate amendment application along with the articles of incorporation and bylaws if they have changed. She said that Texas has considered capturing this information from the jurat page and updating the database automatically. Ms. Donovan said that the Subgroup could possibly look into how many states are only placing the city on the certificate of authority. Ms. Lamb said that Nevada has it stated in its statutes that the city and state have to be on the insurer’s certificate of authority; in order to remove the city from the certificate of authority; it would have to go through its legislature, which meets every two years. Ms. Donovan said that Indiana statute states that a foreign company is granted no greater authority than a domestic company, and if a domestic company is required to list the city and state, then a foreign company would be as well.

Ms. Barr said that the corporate amendment change type “Change of Address/Contact Notification” is listed on the hard copy of Form 2C. However, when Form 14 was developed into a stand-alone form, it was removed from the electronic application. She also explained that there is confusion by the companies on the corporate amendment type “Change of city of domicile within domestic state/mailing address,” because if a company did not change cities, they are not sure which application to complete. Ms. Donovan suggested drafting different scenarios for the requirements of the various address change types. Ms. Doggett suggested changing the corporate amendment type to “Change of Address Affecting the Certificate of Authority or Articles of Incorporation.” Ms. Jacobi said that the Subgroup should probably start from a policy discussion on when a Form 2C is required, because originally the view was that it was needed for amendment of the certificate of authority, and now it is broader and is used for the amendment of the articles of incorporation. She suggested focusing on Form 2C and not looking at it in comparison to Form 14. The Subgroup agreed to table the discussion and to also discuss the proposal at the E-Reg Conference.

Ms. Pasero made a motion, seconded by Ms. Welch, to refer the proposal 2014-08 for Form 14 to the National Treatment and Coordination (E) Working Group for exposure. The motion passed.

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Having no further business, the Company Licensing Transactions (E) Subgroup adjourned.
National Treatment and Coordination (E) Working Group
Company Licensing Proposal Form

DATE: 2/18/2015

FOR NAIC USE ONLY
Agenda Item # 2015-2

CONTACT PERSON: Jane Barr
TELEPHONE:
EMAIL ADDRESS:

ON BEHALF OF: Biographical Third-Party Review Subgroup
NAME: Gayle Pasero
TITLE: Company Licensing Manager
ADDRESS:

IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

Forms:
[ ] Form 1 – Checklist [ ] Form 2 - Application [ ] Form 3 – Lines of Business
[ ] Form 6- Certificate of Compliance [ ] Form 7 – Certificate of Deposit [ ] Form 8 - Questionnaire
[ ] Form 8C- Corporate Amendment Questionnaire [X] Form 11-Biographical Affidavit [ ] Form 12-Uniform Consent to
Service of Process [ ] Form 13- ProForma [ ] Form 14- Change of Address/Contact Notification
[ ] Form 15 – Affidavit of Lost C of A [ ] Form 16 – Voluntary Dissolution [ ] Form 17 – Statement of Withdrawal

DESCRIPTION OF CHANGE(S)

Add part (d) to Question 15 of the Biographical Affidavit to ask, “Has the company entered into any agreement and made
payment to a regulatory body in lieu of any civil, criminal, administrative, regulatory, or disciplinary action? Yes or No.
Also, to incorporate “d” when asked “If the answer to any of the above is yes, please give details. When responding to
questions (b), (c) and (d) the affiant should also include any events within twelve (12) months…?

REASON OR JUSTIFICATION FOR CHANGE **
To provide clarity in capturing all payments made to a regulatory body, whether it is consider a fine, penalty or agreement.

Additional Staff Comments:
3-11-15 Question 15d was reworded to remove “in lieu of any litigation” and replaced with “in lieu of any civil, criminal,
administrative, regulatory, or disciplinary action” before the proposal was exposed for a 30-day comment period.

** This section must be completed on all forms. Revised 01-2015

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BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

-------------------------------------------------------------

14. Have you ever been adjudged a bankrupt?
   Yes [ ] No [ ]
   If yes, provide details: ________________________
   ____________________________________________________________________________________

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

   a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
      Yes [ ] No [ ]

   b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
      Yes [ ] No [ ]

   c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
      Yes [ ] No [ ]

   d. Has the company entered into any agreement and made payment to a regulatory body in lieu of any civil, criminal, administrative, regulatory, or disciplinary action?
      Yes [ ] No [ ]

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), and (d), affiant should also include any events within twelve (12) months after his or her departure from the entity.

___________________________________________________________________________________________

___________________________________________________________________________________________

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this ______ day of _________________ 20 _____ at _______________________. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

______________________________________________
(Signature of Affiant)

State of: ______________________ County of: ______________________

The foregoing instrument was acknowledged before me this ____ day of ____________, 20____ by _______________________. and:

☐ who is personally known to me, or

☐ who produced the following identification: _________________________________.

[SEAL] _____________________________ Notary Public

______________________________ Printed Notary Name

______________________________ My Commission Expires
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April 16, 2015

Jill Jacobi, Co-chair  
Cindy Donovan, Co-chair  
National Treatment and Coordination (E) Working Group  
National Association of Insurance Commissioners  
1100 Walnut Street, Suite 1500  
Kansas City, MO  64106  

Attn:    Jane Barr, Company Licensing Manager  
via e-mail:   jbarr@naic.org  

Re:    Proposed Revisions to Biographical Affidavit

Dear Ms. Jacobi and Ms. Donovan;

On behalf of America’s Health Insurance Plans and its members, we thank you for this opportunity to comment on the recent proposed revisions to the Biographical Affidavit form. Although we think we understand the concerns giving rise to this proposal, we have some points, questions, and suggested corrections to the proposal.

- The addition of subsection (d) to Question 15 is overly broad and unlimited. There is no time frame specified in the question, meaning conceivably an affiant who had been in such a qualifying position for many years, could be called upon to do extensive research to answer the question accurately. We suggest it be limited to a relevant period of time (e.g., within the last three years).

- Proposed subsection (d) would impose a new requirement with no materiality limitation. Larger companies engaging in business in multiple states may have relatively insignificant fines over a period of time for fairly inconsequential or nominal violations. For example, a regulator and company may have entered into an agreement for something as simple as a late filing, requiring the company to pay an otherwise nominal administrative fee and states may have included typical settlement language indicating that payment settles all matters including any pending or potential litigation. They may have paid many small fines in the ordinary course of business, and such incidents have little or no bearing on an affiant’s individual fitness to serve in a responsible position. We suggest this requirement should be limited to payments in excess of a material amount, perhaps a set sum of money (e.g., $50,000), or a percentage of the company’s premium revenue or total capital. The question in its current form is unworkable. We must question whether subsection (d) is necessary, as it is our understanding that all regulators are to report all fines and penalties to the NAIC database, to allow access to the information by regulators of other states.

- The proposal also may seek information which goes beyond the affiant’s character or fitness, and will require companies to spend additional administrative time tracking de minimis payments.
From a public policy perspective, settlements between regulators and companies represent arms-length, negotiated outcomes between these parties and should be encouraged as a way of efficiently resolving potential disputes and saving valuable administrative time and resources. Instead, subsection (d) implies there was wrongdoing on behalf of a company or affiant; for entry into a settlement to be deemed to have a prima facie bearing upon the character and fitness of an affiant runs strongly counter to the policy of encouraging appropriately negotiated outcomes between regulators and companies.

The proposed language is ambiguous in that it does not specify whether both formal, written agreements and verbal, non-written agreements are anticipated. This ambiguity will raise questions for both regulators and affiants and result in inconsistent interpretations by both.

Lastly, although the introduction to Question 15 is qualified by the words, “To your knowledge…,” the supplemental question asks the affiant to include any such incidents occurring within twelve (12) months after the affiant’s departure from the company. As a matter of course, companies do not advise former officers or employees of the resolution of administrative matters of this sort, and such persons would not have any independent knowledge of this information. We’d suggest the introductory language at the beginning of Question 15 should be repeated in some form to make it clear the information being requested is only that which is known to the affiant.

Again, we thank you for the opportunity to offer comments on this proposal, and we look forward to discussing it with you and working with you on it further.

Respectfully,

America’s Health Insurance Plans
Bob Ridgeway
April 16, 2015

Via email
Ms. Jane Barr
Company Licensing and RBC Manager
National Association of Insurance Commissioners
1100 Walnut Street, Suite 1500
Kansas City, MO 64106-2197

Re: Proposed Revisions to the Biographical Affidavit

Dear Ms. Barr:

The American Insurance Association (AIA) writes in response to the request for comments on proposed revisions to the Biographical Affidavit. AIA represents approximately 325 major U.S. insurance companies that provide all lines of property-casualty insurance to U.S. consumers and businesses, writing over $127 billion annually in premiums. AIA appreciates the opportunity to comment on the proposed revisions as our member companies have an interest in the affidavit’s requirements.

AIA’s comments focus on the proposed addition of a new Question 15 (d), which reads:

Has the company entered into any agreement and made payment to a regulatory body in lieu of any civil, criminal, administrative, regulatory, or disciplinary action?

and the follow-up language, which reads (as revised):

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), and (d), affiant should also include any events within twelve (12) months after his or her departure from the entity.

We have several objections to the proposed revisions for reasons set out below:

First, Question 15(d) is overly broad. The words of 15(d), particularly the reference to “any agreement,” lack sufficient specificity and materiality. An affiant is put in a position of having to attest to agreements that do not necessarily rise to the significant circumstances implicated in the other parts of Question 15 that involve license
revocations, insolvency, being placed on probation, etc. Some of the civil or administrative settlements that companies may enter into seem to be lumped into a context that hardly seems suitable or comparable. In addition, there is no minimum threshold for the payment associated with an agreement. Thus, even an agreement with a minor payment amount requires consideration by the affiant. In addition, when you consider that the affiants generally are individuals with what could be decades of experience, the number of agreements involved could be significant, and well beyond relevancy because of their age. Even questions 8 and 11h have limits on the number of years the affiant must look back when considering his or her personal information. We respectfully submit that the proposed question is unnecessarily broad.

Second, we have several practical concerns with proposed Question 15(d). The affiant for many reasons may not have access to the information sought by Question 15(d), which, as indicated earlier, implicates a broader scope of information than the big events of 15 (a), (b) and (c). Further, the reference to “any agreement...” presents questions. For example, would the affiant be compelled to respond if the agreement had a confidentiality provision? Who defines agreement and who determines whether any payment was actually in lieu of a civil, criminal, regulatory, or administrative action? Upfront clarity is needed since affiants are being asked to sign under the penalty of perjury. We respectfully submit that the question is far too problematic to be included.

Third, the requirement that an affiant disclose information made within 12 months of his or her departure from a company is equally problematic. (This concern extends even to the requirement’s existing application to questions 15(b) and 15(c).) Most certainly, it will be difficult, if not impossible, for a former officer, director, or other key position holder to have access to a company’s proprietary information regarding agreements and payments once he or she has left a company.

For all of these reasons, we urge the National Treatment and Coordination (E) Working Group not to add a new Question 15 (d) and not to make the related revisions. We will gladly address any questions that the Working Group may have regarding our comments and look forward to continued work with the Working Group.

Respectfully submitted,

Pamela M. Young
Vice President and Associate General Counsel
National Treatment and Coordination (E) Working Group

Company Licensing Proposal Form

<table>
<thead>
<tr>
<th>DATE: 02-09-2015</th>
<th>FOR NAIC USE ONLY</th>
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<tbody>
<tr>
<td>CONTACT PERSON:</td>
<td>Crystal Brown</td>
</tr>
<tr>
<td>TELEPHONE:</td>
<td>816-783-8146</td>
</tr>
<tr>
<td>EMAIL ADDRESS:</td>
<td><a href="mailto:cbrown@naic.org">cbrown@naic.org</a></td>
</tr>
<tr>
<td>ON BEHALF OF:</td>
<td>IN DOI</td>
</tr>
<tr>
<td>NAME:</td>
<td>Cindy Donovan</td>
</tr>
<tr>
<td>TITLE:</td>
<td>Chief Financial Examiner</td>
</tr>
<tr>
<td>AFFILIATION:</td>
<td>Indiana Department of Insurance</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>311 W. Washington St, Suite 103 Indianapolis, IN 46204</td>
</tr>
</tbody>
</table>

IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

[ ] UCAA Forms  [ X ] UCAA Instructions  [ X ] Company Licensing Best Practices HB  [ ] Other

Forms:

- [ ] Form 1 – Checklist
- [ ] Form 2 - Application
- [ ] Form 3 – Lines of Business
- [ ] Form 6- Certificate of Compliance
- [ ] Form 7 – Certificate of Deposit
- [ ] Form 8 - Questionnaire
- [ ] Form 8C- Corporate Amendment Questionnaire
- [ ] Form 12-Uniform Consent to Service of Process
- [ ] Form 13- ProForma
- [ ] Form 14- Change of Address/Contact Notification
- [ ] Form 15 – Affidavit of Lost C of A
- [ ] Form 16 – Voluntary Dissolution
- [ ] Form 17 – Statement of Withdrawal

DESCRIPTION OF CHANGE(S)

Revise the language in the Company Licensing Best Practices Handbook, Application Review, Corporate Amendment Application – Proposed/Completed Change of Control of Foreign Insurers, Section 8. State of Domicile Approval to incorporate a reference to the Holding Company Act Filings. Also modify the instructions to include the same language as the Best Practices for consistency.

REASON OR JUSTIFICATION FOR CHANGE **

The proposed change would add clarifying language to Section 8 in a change of control to reference that the domiciliary state should have already approved the Holding Company Act Filings.

Additional Staff Comments:

2-10-15 cgb If changes are made to the Best Practices, consider making changes to the instructions for consistency purposes.
2-23-15 cgb The Subgroup tabled this proposal until the next call
4-8-15 cgb The Subgroup referred this proposal to National Treatment and Coordination (E) Working Group for consideration with modifications.

** This section must be completed on all forms. Revised 01-2015
Corporate Amendment Application – Proposed/Completed Change of Control of Foreign Insurers

The classification of the application instruction sections is illustrated in the following chart.

<table>
<thead>
<tr>
<th>Application Instruction Sections</th>
<th>Administrative Filing</th>
<th>Analysis of Current Condition</th>
<th>Analysis of Business Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Application Form and Attachments</td>
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<tr>
<td>2. Filing Fee</td>
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<tr>
<td>3. Articles of Incorporation</td>
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<td>4. Bylaws</td>
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<td>5. Plan of Operation</td>
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<td>6. State-Specific Information</td>
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<tr>
<td>7. Uniform Consent to Service of Process</td>
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<tr>
<td>8. State of Domicile Approval</td>
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<tr>
<td>9. NAIC Biographical Affidavits</td>
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</tr>
</tbody>
</table>

Administrative Items

Proposed change of control transaction information (proposed transaction) and a second filing of actual information after the change of control are complete (completed transaction). This application is not applicable for filing in a state if the insurer is a domestic insurer in that state.

Section 1. Application Form and Attachments

- Form 1C “Corporate Amendments Application Checklist” – The coordinator should review the checklist for completeness and that all described documents are included in the application. As stated on the checklist form, this document is simply a guide. It is a reminder of what should initially be included in the application package in order for it to be considered complete. This form is all-inclusive, but should be completed with due consideration to the specific amendment(s) requested. Items required are dependent upon the request of the applicant.
- Form 2C “Corporate Amendments Application” – The coordinator should review the form for completeness. This form contains minimum required information.

Section 8. State of Domicile Approval

- Verify that the domiciliary state approved the change of control.
- Verification may be by review of the Form A database.
  - (Alternate discussion language: Verification may also be by review of the Form A database.)
Corporate Amendments Application Section VIII
Filing Requirements (Proposed/Completed Change of Control of Foreign Insurers)

All forms required for the Corporate Amendments Application are located under the Corporate Amendment Application tab in the UCAA Forms Section in the Forms section on the UCAA website.

Please read the following Instructions before in completing Corporate Amendments Application Section VIII.

Instructions

The Corporate Amendments Application Section VIII provides for submission of proposed change of control transaction information (proposed transaction) and a second filing of actual information after the change of control is complete (completed transaction). Section VIII is not applicable for filing in a state if the insurer is a domestic insurer in that state.

Table of Contents

1. Application Form and Attachments
2. Filing Fee
3. Articles of Incorporation
4. Bylaws
5. Plan of Operation
6. NAIC Biographical Affidavits
7. Uniform Consent to Service of Process
8. State of Domicile Approval
9. State-Specific Information

8. State of Domicile Approval

Provide a copy of the approval from the Applicant Company’s state of domicile when the change of control is completed. Include as Item 8 of the completed transaction application.
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National Treatment and Coordination (E) Working Group
Company Licensing Proposal Form

DATE: 12/1/14

CONTACT PERSON: Jill Jacobi
TELEPHONE: 415-538-4426
EMAIL ADDRESS: Jill.Jacobi@insurance.ca.gov
ON BEHALF OF:
NAME: CDI
TITLE: Senior Attorney
AFFILIATION:
ADDRESS: 45 Fremont Street 24th Floor
San Francisco, CA 94105

FOR NAIC USE ONLY
Agenda Item # 2014-08
Year 2015
DISPOSITION
[ x ] REFERRED TO OTHER NAIC GROUP

IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED


Forms:
[ ] Form 1 – Checklist [ ] Form 2 – Application [ ] Form 3 – Lines of Business
[ ] Form 6 - Certificate of Compliance [ ] Form 7 – Certificate of Deposit [ ] Form 8 - Questionnaire
[ ] Form 8C - Corporate Amendment Questionnaire [ ] Form 11-Uniform Consent to Service of Process
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[ ] Form 15 – Affidavit of Lost C of A [ ] Form 16 – Voluntary Dissolution
[ ] Form 17 – Statement of Withdrawal

DESCRIPTION OF CHANGE(S)
Proposed clarifications to form instructions. Changes will differentiate between a name change and an address change, clarify that the form may be submitted as stand-alone or supplemental, and encourage filers to check state specific instructions.

REASON OR JUSTIFICATION FOR CHANGE **
Drafted after discussions with subgroup and comments received at E-Reg regarding confusion as to when the form may be used.

Additional Staff Comments:
12-2-14 cgb – the electronic application does not currently support this functionality, enhancements would need to be made to the electronic application to allow for a separate attachment of Form 14 to the corporate amendment application.
4-8-15 cgb – The Subgroup referred the proposal to National Treatment & Coordination (E) Working Group for exposure and consideration.

** This section must be completed on all forms.
### NAME CHANGE

If there has been a name change, please complete the following:

| Previous Company Name: _____________________________________________________________________________ |
| Current Company Name: _____________________________________________________________________________ |

### MAILING ADDRESS/CONTACT CHANGE

If there has been a mailing address or contact person change, please complete the following:

This form is to be completed as a courtesy filing in conjunction with other changes or to notify regulatory officials of mailing address changes or contact person changes applicable to your Company or it may be completed as a supplemental filing in conjunction with other corporate amendment filings. Check state specific requirements. For each address-change, please indicate the one or more areas for which the change given below is applicable:

<table>
<thead>
<tr>
<th>Contact Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophe/Disaster Coordination Contact</td>
<td>A contact person for state departments to contact for information if there is a catastrophe or disaster.</td>
</tr>
<tr>
<td>Claim Information Contact</td>
<td>A contact person for the public to contact for claim information.</td>
</tr>
<tr>
<td>Consumer Complaints Contact</td>
<td>A contact person for state consumer complaint staff to contact for resolution of complaints filed with the state department.</td>
</tr>
<tr>
<td>Form and/or Rate Filings Contact</td>
<td>A person for state departments to contact regarding issues on policy forms filings or rate filings.</td>
</tr>
<tr>
<td>Local Office in Domestic/Foreign State Contact</td>
<td>A person for the public or state departments to contact.</td>
</tr>
<tr>
<td>Managing General Agent</td>
<td>A person for the public or state departments to contact.</td>
</tr>
<tr>
<td>Market Conduct Contact</td>
<td>A person for state departments to contact regarding market conduct issues.</td>
</tr>
<tr>
<td>Policyholder Information Contact</td>
<td>A person for the public to contact.</td>
</tr>
<tr>
<td>Producer Licensing Contact (Appointment)</td>
<td>A person for state departments to contact regarding issues of producer licensing or appointments of agents.</td>
</tr>
<tr>
<td>Regulatory Compliance/Government Relations Contact</td>
<td>A person for state departments to contact on matters related to regulation but unrelated to public complaints filed with the state department.</td>
</tr>
<tr>
<td>Premium Tax Contact</td>
<td>A person for state departments to contact regarding issues of payment of premium tax.</td>
</tr>
<tr>
<td>Company Licenses/Fees Contact</td>
<td>A person for state departments to contact regarding issues of payment of license fees.</td>
</tr>
<tr>
<td>Deposits Contact</td>
<td>A person for state departments to contact regarding statutory deposits.</td>
</tr>
<tr>
<td>U.S. Legal Counsel (for aliens)</td>
<td>A person for state departments to contact.</td>
</tr>
<tr>
<td>Annual Statement Contact</td>
<td>A contact person responsible for answering questions in the completion of the annual statement.</td>
</tr>
<tr>
<td>Company Mailing Address</td>
<td>A change to the mailing address of the company.</td>
</tr>
</tbody>
</table>

**Note:** This form serves a dual purpose. It may be submitted stand alone or as a supplement to to notify states for a change of address requiring another corporate amendment application. Additional corporate amendment filings are required for Statutory Home Office, changes to articles or by-laws or for changes in the addressees related to the person authorized to receive Service of Process. These changes require should be submitted by completing a Corporate Amendment Application or a Uniform Consent to Service of Process. Check state specific requirements.
Applicant Name: _____________________________  NAIC No. __________________________
FEIN: ____________________________

<table>
<thead>
<tr>
<th>AL</th>
<th>AK</th>
<th>AS</th>
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* State-Specific Form required

**NEW CONTACT**

Contact Name: _______________________________________________________________________________________
Title: ______________________________________________________________________________________________
Address: ___________________________________________________________________________________________
Phone #: _________________ Fax #: _________________ E-Mail Address: ____________________________________

Previous Contact Name (if changed): _____________________________________________________________________
Name of MGA (if contact or address changed): _____________________________________________________________

Note: If there are multiple contacts in different locations, please attach a separate sheet with all pertinent information for each.

**NEW MAILING ADDRESS**

Address: ________________________________________________________________
Address 2: ________________________________________________ Suite/Mail Stop: ____________________________
City: __________________________ State: _________________ Zip Code: __________________________
Email: ____________________________________

Phone Number: __________________________________________ Fax: ______________________________________

________________________________________________________
Signature of Preparer  Date of Preparation

________________________________________________________
Typed or Printed Name  Title of Preparer

________________________________________________________
Phone Number of Preparer  Email Address of Preparer

Revised 9/23/08
FORM 14

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