



# UCAA Expansion Application **Insurer User Guide**

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National Association of Insurance Commissioners

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## **UCAA EXPANSION APPLICATION - OVERVIEW**

The electronic format for the Uniform Certificate of Authority Expansion Application (UCAA) is a Website system with three participants. The three participants are as follows: 1) Insurance Company 2) State of Domicile and 3) Expansion State(s). Insurance companies access the electronic application via a specific Internet address or Uniform Resource Locator (URL).

Insurance companies are presented with a checklist of requirements to be completed. The UCAA Expansion Application is customized to present the required information for each state involved in the filing. An **X** appears in the "Completed" column of the checklist as each item on the list is satisfied. The checklist also includes a list of required attachments, attachments are listed as completed online or as hardcopy submission. Completed online will show as completed when the document is attached. When submitting hardcopy attachments, print the checklist and submit with hardcopy requirements, such as filing fees. When the Expansion Application is complete and submitted, a notification is sent to the state of domicile indicating that an application has been completed and requires certifications.

The state of domicile completes the Certificate of Deposit (Form 6) and Certificate of Compliance (Form 7). A notification is sent back to the insurance company that originally submitted the application and to the expansion state(s) specified on the application, when completed. The expansion state(s) may begin review of the Expansion Application.

The expansion state will acknowledge receipt of the filing and accept it for completeness. The expansion state will review and analyze the filing. The request for licensure will then be accepted or closed. A notification of the final status of the filing is automatically sent once a determination is made.

## COMPANY LOGIN

An insurance company accesses the electronic Uniform Certificate of Authority (UCAA) Expansion Application by using the following Internet address:

<http://www.naic.org/index.htm>

The UCAA link is located in the column on the right side of the Web page. The UCAA home page includes several links with instructions for the Electronic Application, Primary Application, Expansion Application, Corporate Amendments Application, as well as the State Retaliatory Information, and Frequently Asked Questions. Insurance companies click on the Electronic Application link and then click on the UCAA login screen link to display the UCAA electronic login page.

Additionally, an insurance company can go directly to the electronic application by using the following Internet address.

<http://uca.naic.org/ucaa/login.jsp>  
*(Notice the absence of the www)*

To request a Login ID and Password, click the Request form link.

The screenshot shows the NAIC website interface. At the top left is the NAIC logo with the tagline "making progress . . . together". To the right of the logo is a navigation menu with links: HOME, ABOUT THE NAIC, CONTACT US, HELP. Below this menu are three sub-links: Committees & Activities, Government Relations Office, and Securities Valuation Office. On the top right, there is a search tool labeled "The National Portal Search Tool" with the text "Search NAIC and member state sites". Below the search tool is a "NAIC Member Site" button. A dark blue banner across the page reads "Industry" on the left and "CONSUMERS MEETINGS NAIC STORE" on the right. Below this banner is a brown banner that reads "Uniform Certificate of Authority Application". The main content area is titled "UCAA Electronic Application". The text below the title reads: "You may gain access to the UCAA electronic application login screen from this page. In order to login, you must first assign the appropriate roles and obtain a valid userid and password. For role descriptions, please click the UCAA Functionality by Role link below." Below this text is a sentence: "A [request form](#) to assign roles may be filled out and submitted. If you have further questions you may visit the [NAIC Help Desk](#)." A pink arrow points to the "request form" link. Below this sentence is a bulleted list of links:

- [UCAA Functionality by Role](#)
- [UCAA Login Screen](#)
- [UCAA - Expansion Application Insurance Industry User Guide](#)
- [UCAA - Corporate Amendments Application Insurance Industry User Guide](#)

At the bottom of the page, there is a footer with a list of links: [Home | Staff Intranet | Contacts | Help | Search | Site Map | Copyright & Reprint Info | Privacy Statement]. Below the footer is a copyright notice: © 1990 - 2005 National Association of Insurance Commissioners. All rights reserved.

The User ID and Password Form will be displayed. Fill in the form, choose a valid UCAA Role and click submit.

**UCAA Id and Password Form**

If you are a new user of the UCAA Company Licensing system and would like to obtain an id & password, please fill out the form below and click on submit

Your First Name:

Your Last Name:

Your Position/Title:

Your Company's Cocode:

Your Company's Name:

Your Company's Address:

Street Address:

City:

State:

ZipCode:

Your Phone Number:  ext.

Your Email Address:

**Valid UCAA Roles:** For an explanation of roles click link [Display Role Information](#)

UCAA\_COMPANY\_ANALYST\_EXAMINER

UCAA\_COMPANY\_MANAGER

Before requesting a User ID and Password, determine the User Role for the user. A user can have one or multiple roles. A company can request multiple user IDs.

Role	UCAA Role Name	Privileges
Analyst/Examiner	UCAA_COMPANY_ANALYST_EXAMINER	Start New UCAA Application View Existing UCAA Application
Manager	UCAA_COMPANY_MANAGER	Complete Existing UCAA application Amend Existing UCAA Application

Click the Submit button

At the login page enter the User ID and Password and click the Submit button. User Role information is available from both the Insurance Industry Access page and the UCAA Expansion Request Login page.

**Welcome to the UCAA System.**

User Id :

Password :

If a new user to the UCAA Company Licensing System needs to request an ID & Password, please click the Request Login button:

Next, a login verification screen opens with the user information. Links to the UCAA Checklist and Instructions, for both the expansion and corporate amendments applications are provided. User Role information is also available on this page.



**Login Verification**

User Id : UCATST9  
 Name : Amy Billings  
 Position/Title :  
 Phone Number :  
 Email Address : abillings@naic.org

What is required for a UCAA application? [UCAA Expansion Checklist](#)  
[UCAA Corporate Amendment Checklist](#)

Need Instructions using UCAA? [Expansion Application Instructions](#)  
[Corporate Amendment Application Instructions](#)

Does your ID have the correct UCAA roles? [Display Role Information](#) 

Please select the NAIC company code:

To start an expansion, select an NAIC company code and click the proceed button. Multiple company codes can be associated with one UCAA login.

## New Expansion Application

- Click the drop down arrow and choose New Expansion Application
- Click the Start button

**Application Selection**

[UCAA Login](#) >> [Login Verification](#) >> Application Selection

**Start a New UCAA Application:**

To pre-populate a new Expansion application from an existing one, select the Expansion application from the drop down list and click the Start button. If this is an initial application, select the Application Type from the drop down list and click the Start button.

Application Type	Tracking Number	Status
Expansion Application	4691-000	Submitted
Expansion Application	5842-000	Submitted
Expansion Application	6094-000	Submitted
Expansion Application	6134-000	Submitted
Expansion Application	6324-000	Submitted
Expansion Application	6903-000	Submitted
Expansion Application	7446-000	Submitted
Expansion Application	7623-000	Submitted
Expansion Application	7783-002	Submitted
New Corporate Amendment		
New Expansion Application		
New Notification / Form 14		

**Start**

**Application:**

low and click the Continue button. Non-submitted applications are review. Submitted applications are currently being reviewed by ever they may be amended on a subsequent menu once the

Non submitted applications may be deleted by selecting from the drop down list below, and clicking the Delete button. Older applications designated by the tilde character may not be deleted.

**Existing Applications for Cocode 15105:**

Application Type	Tracking Number	Last Accessed	Status
Expansion Application	4627-000	03/02/2006	Non-submitted

**UCAA Tracking Number** – The screenshot below shows it as 4627-000. The three zeros that follow the dash represent the filing revision number. The first version of the filing ends in -000. If a revision is submitted, the Tracking Number for that filing will end with -001 for the first revision and -002 for the second revision. The numbering sequence continues with each revision.

**Continue or Update an Existing UCAA Application:**

Select the existing application of choice from the drop down list below and click the Continue button. Non-submitted applications are works in progress and have not yet been submitted for regulator review. Submitted applications are currently being reviewed by regulators. Once submitted, applications cannot be deleted; however they may be amended on a subsequent menu once the application is selected.

Non submitted applications may be deleted by selecting from the drop down list below, and clicking the Delete button. Older applications designated by the tilde character may not be deleted.

**Existing Applications for Cocode 15105:**

Application Type	Tracking Number	Last Accessed	Status
Expansion Application	4627-000	03/02/2006	Non-submitted
Expansion Application	8460-000	02/14/2006	Non-submitted
Corporate Amendment	8466-000	02/28/2006	Non-submitted
Expansion Application	8486-000	02/22/2006	Non-submitted
Expansion Application	8487-000	02/22/2006	Non-submitted
Notification / Form 14	8489-000	03/02/2006	Non-submitted
Expansion Application	8510-000	02/28/2006	Non-submitted
Corporate Amendment	8531-000	02/28/2006	Non-submitted
Corporate Amendment	8550-000	03/01/2006	Non-submitted
Corporate Amendment	8554-000	03/02/2006	Non-submitted
Corporate Amendment	8570-000	03/02/2006	Non-submitted
Expansion Application	19263-001	02/21/2006	Amendment

## APPLICATION INFORMATION PAGE

The user clicks on each link in the Application Information page starting with the Expansion States link. Once each section of the application is completed, select the Finish Application link, on the Main Menu, to complete the application.

<b>Application Information</b>	
<a href="#">Main Menu</a> >> <a href="#">Application Information</a>	
UCAA Tracking Number	: 4648-000
Name of Insurer/Company Name	: Professional Mut Ins Co RRG
NAIC #: Co. Code	: 44024
FEIN	: 93-141487292
<b>Expansion and Authorized State Information</b>	
Please click the following link to indicate the appropriate application states.	
<a href="#">Expansion States</a>	
Please click the following link to indicate the appropriate states which the applicant is currently authorized to transact business, and/or is currently transacting business.	
<a href="#">Authorized States</a>	
Please click the following link to indicate the Lines of Business for the selected states.	
<a href="#">Lines of Business Information</a>	
<b>Applicant Officers' Certification and Attestation</b>	
Please click the following link to complete the attestation for the application.	
<a href="#">Applicant Officers' Certification and Attestation</a>	
<b>Pro Forma Financial Statement</b>	
Please click the following link to complete the Pro Forma Financial Statement.	
<a href="#">Pro Forma Financial Statement</a>	
<b>Biographical Affidavit</b>	
The Biographical Affidavit must be downloaded from the link below and sent to a Third Party Verifier.	
<a href="#">Biographical Affidavit</a>	
<a href="#">Main Menu</a>	



## EXPANSION STATES

The Expansion States screen allows the user to select each state in which an expansion is requested. The Select All button enables all states to be selected, if expanding to multiple states. The user also has the option to unselect the states that do not apply.

The undersigned Insurer hereby certifies that the classes of insurance as indicated on the Lines of Insurance E3 Form are all lines of business (a) currently authorized for transaction, (b) currently transacted and (c) which the Insurer is applying to transact.

Please check the appropriate application states.

<input type="checkbox"/> Alabama	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Alaska	<input type="checkbox"/> Iowa	<input type="checkbox"/> New Hampshire	<input checked="" type="checkbox"/> Texas
<input type="checkbox"/> Arizona	<input type="checkbox"/> Kansas	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Utah
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Vermont
<input type="checkbox"/> California	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> Colorado	<input type="checkbox"/> Maine	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Washington
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Maryland	<input type="checkbox"/> North Dakota	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Delaware	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> District Of Columbia	<input checked="" type="checkbox"/> Michigan	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Oregon	<input type="checkbox"/> American Samoa
<input type="checkbox"/> Georgia	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Guam
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Missouri	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Puerto Rico
<input type="checkbox"/> Idaho	<input type="checkbox"/> Montana	<input type="checkbox"/> South Carolina	<input type="checkbox"/> U.S. Virgin Islands
<input type="checkbox"/> Illinois	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Dakota	

Select All    Un-select All

[Application Information \(Previous Page\)](#)

Click on Application Information (Previous Page) link to go back to the Application Information page.

NOTE: American Samoa, Guam, Puerto Rico and U.S. Virgin Islands do not currently accept the UCAA application electronically or in hardcopy, regardless; the foreign states may want to be aware if the applicant plans to expand to these U.S. territories.

## AUTHORIZED STATES

Click the Authorized States link to indicate the appropriate states in which the applicant is currently authorized to transact business, and/or is currently transacting business.

Some states may already be selected. That information is pre-populated from the NAIC data warehouse based on the annual statement reporting for the company code selected. Those checkmarks may be overwritten. This feature is available to help the user save time in completing the application process.

After selecting the states, click the Application Information link to go back to the previous page.

## LINE OF BUSINESS INFORMATION

Identify lines of business presently transacted and requested lines of business in the expansion state(s) by clicking on the state(s) and place a check mark in the appropriate check box. Each state will be listed as a link on the left.

UCAA Tracking Number : 4648-000  
 Name of Insurer/Company Name : Professional Mut Ins Co RRG  
 NAIC Company Code : 44024  
 FEIN :

Click the state names to display the Lines of Business for that particular state.

[Tennessee](#)

Expansion States	Lines of Business	Applying To:
<a href="#">Tennessee</a>	Accident and Health (TCA 56-2-201), (a)	<input type="checkbox"/>
<a href="#">Texas</a>	Credit (TCA 56-2-201), (a)	<input type="checkbox"/>
Authorized States	Property (TCA 56-2-201), (a), (b)	<input type="checkbox"/>
<a href="#">Kansas</a>	Vehicle (TCA 56-2-201), (a), (c)	<input type="checkbox"/>
<a href="#">Missouri</a>	Casualty (TCA 56-2-201) (a), (d)	<input type="checkbox"/>
	Surety (TCA 56-2-201) (a), (e)	<input type="checkbox"/>

[Application Information \(Previous Page\)](#)  
[state\\_lines\\_of\\_business\\_matrix.xls](#)

### Authorized States

- Click the Authorized States link on the left
- Place a check mark on the appropriate line of business/transaction information
- Click the Application Information to go back to the previous page

Click the state names to display the Lines of Business for that particular state.

[Missouri](#)

Expansion States	Lines of Business	Authorized to Transact:	Currently Transacting:
<a href="#">Tennessee</a>	<b>B - Property and Casualty (RSMo 379)</b>		
<a href="#">Texas</a>	B1 - Property (379.010.1(1))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Authorized States	B2 - Liability (379.010.1(2))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Kansas</a>	Workers' Compensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<a href="#">Missouri</a>	B3 - Fidelity and Surety (379.010.1(3))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	B5 - Miscellaneous (379.010.1(5))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Application Information \(Previous Page\)](#)  
[state\\_lines\\_of\\_business\\_matrix.xls](#)

State Lines of Business Matrix

There is a link to the State Lines of Business Matrix on the Line of Business page. Scroll down the page to see all the states.

<b>Tennessee</b>		
<b>Page 15 - P&amp;C Annual Statement</b>		
<b>Exhibit of Premiums and Losses</b>		
1	Fire	Property (TCA 56-2-201) (a) and (b)
2.1	Allied Lines	Property (TCA 56-2-201) (a) and (b)
2.2	Multiple Peril Crop	Property (TCA 56-2-201) (a) and (b)
2.3	Federal flood	
3	Farmowners multiple peril	Property (TCA 56-2-201) (a) and (b)
4	Homeowners Multiple Peril	Property (TCA 56-2-201) (a) and (b)
5.1	Commercial multiple peril (non-liability portion)	
5.2	Commercial multiple peril (liability portion)	
6	Mortgage guaranty	Surety (TCA 56-2-201)(e)
8	Ocean marine	Property (TCA 56-2-201) (a) and (b)
9	Inland marine	Property (TCA 56-2-201) (a) and (b)
10	Financial guaranty	Casualty (TCA 56-2-201) (a) and (d)
11	Medical malpractice	Casualty (TCA 56-2-201) (a) and (d)
12	Earthquake	Property (TCA 56-2-201) (a) and (b)
13	Group accident and health	Accident and Health (a) (TCA 56-2-201)
14	Credit A & H (Group and Individual)	Accident and Health (a) (TCA 56-2-201)
15.1	Collectively renewable A & H	Accident and Health (a) (TCA 56-2-201)
15.2	Non-cancellable A & H	Accident and Health (a) (TCA 56-2-201)
15.3	Guaranteed renewable A & H	Accident and Health (a) (TCA 56-2-201)
15.4	Non-renewable for states reasons only	
15.5	Other accident only	Accident and Health (a) (TCA 56-2-201)
15.6	All other A & H	Accident and Health (a) (TCA 56-2-201)
16	Workers' compensation	Casualty (TCA 56-2-201) (a) and (d)
17	Other liability	Casualty (TCA 56-2-201) (a) and (d)
18	Products liability	Casualty (TCA 56-2-201) (a) and (d)
19.1	Private passenger auto no-fault (personal injury protection)	Casualty (TCA 56-2-201) (a) and (d); TCA 56-2-201 (7)(A)
19.2	Other private passenger auto liability	Casualty (TCA 56-2-201) (a) and (d); TCA 56-2-201 (7)(A)
19.3	Commercial auto no-fault (personal injury protection)	Casualty (TCA 56-2-201) (a) and (d); TCA 56-2-201 (7)(A)
19.4	Other commercial auto liability	Casualty (TCA 56-2-201) (a) and (d); TCA 56-2-201 (7)(A)
21	Auto physical damage	Casualty (TCA 56-2-201) (a) and (d); TCA 56-2-201 (7)(A)

To Search for a specific State

- Click in Column A
- CTRL F – Keyboard shortcut for Find
- Type in the state name
- Click the Find Next button

To Save the Business Matrix

- Go to the Menu Bar
- Click File, Save As
- Choose a location
- Click Save

Close the Business Matrix

- Click on the back button on the toolbar

## COMPANY ADDRESS INFORMATION

The company address information lists all the addresses associated with the insurer. The user can populate all the addresses with the home address information by clicking the “Yes” radio button at the top of the page. To navigate to the other addresses, click the menu choices on the left, or use the Next Address link below. The user can change any address information by clicking on the menu on the left or the next address link on the bottom.

Select an address from the menu on the left, or use the NEXT ADDRESS link below to navigate through the state addresses individually.

Populate all other address with Home Address Information  Yes  No

<p><b>Company Address</b></p> <p><a href="#">Home Office</a></p> <p><a href="#">Administrative Office</a></p> <p><a href="#">Mailing</a></p> <p><a href="#">Billing</a></p> <p><a href="#">Premium Tax Statement</a></p> <p><a href="#">Producer Licensing</a></p> <p><a href="#">Rate/Form Filing</a></p> <p><a href="#">Consumer Affairs</a></p>	<p><b>Home Office Address</b></p> <p>Street Address 1 * <input type="text" value="15150 Bradfordton Road"/></p> <p>Street Address 2 <input type="text"/></p> <p>City * <input type="text" value="Bradfordton"/></p> <p>State * <input type="text" value="MO"/></p> <p>Zip Code * <input type="text" value="64108"/></p> <p>Phone * <input type="text" value="816-783-8413"/> Ext. <input type="text"/></p> <p>Fax <input type="text" value="816-460-0109"/> Ext. <input type="text"/></p> <p>E-mail <input type="text"/></p> <p>Match annual Statement? * <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If No, then indicate why:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Characters typed: <input type="text" value="0"/> (Allowed explanation length: 650)</p>
--	--

\* Identifies required fields.

[Next Address](#)      [Application Information \(Previous Page\)](#)

### Match Annual Statement

If the address matches the company’s annual statement, click the “Yes” radio button. If “No” is selected, an explanation must be entered in the text box in order to have the form pass validation and proceed with the application. The explanation text box is limited to 700 characters. An indicator box is provided to track the text characters.

After completing the company address information, click the Application Information link to go to the previous page.

## GENERAL COMPANY INFORMATION

This form contains information about the general business history of the company. Notice for fields that require a date; follow the example format to the right of the field. Example: mm/dd/yyyy. The fields that require currency information need to contain a total value.

General Company Information	
<a href="#">Main Menu</a> >> <a href="#">Application Information</a> >> General Company Information	
UCAA Tracking Number	: 4627-000
Name of Insurer/Company Name	: Safety Natl Cas Corp
NAIC Company Code	: 15105
FEIN	: 43-0727872
What is the company's incorporated date? *	<input type="text" value="05/05/1966"/> MM/DD/YYYY
What form of organization is the company? Please select from the drop down to the right.	<input type="text" value="Fraternal"/>
If Other, please specify	<input type="text"/>
What is the date the company was organized? *	<input type="text" value="05/05/1966"/> MM/DD/YYYY
What is the date of the company's last amendment of Charter, Bylaws, or Subscriber's Agreement?	<input type="text" value="01/01/2004"/> MM/DD/YYYY
What is the date of the company's last Financial Examination? *	<input type="text" value="06/06/2004"/> MM/DD/YYYY
What is the date of the company's last Market Conduct Examination?	<input type="text" value="06/06/2004"/> MM/DD/YYYY
What is the Par Value of Issued Stock? *	\$ <input type="text" value="1,235,467,891.00"/>
What is the amount of Surplus as regards to policyholders? *	\$ <input type="text" value="1,234,567,891.00"/>
What is the amount of Certificate of Deposit (with the state of domicile)? *	\$ <input type="text" value="1,234,567,891.00"/>
Who is ultimate owner/holding company? *	<input type="text" value="National Fidelity"/>

After completing the general company information, click the Application Information link to go to the previous page.

Has the company ever been refused admission to this or any other state prior to the date of this application? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, please provide a full explanation in the text box, or attach supporting documentation.
<input type="text" value="XXXXXXXX"/>
<input type="button" value="Attachment"/>
If the expansion state requires appointments, please name the person designated (name natural persons only) to appoint persons and entities to act and to be licensed as agents in the State(s) of
<input type="text" value="NV, KS"/>
(Abbreviate state names separated by commas).
Designated Person:
<input type="text" value="Marsha White"/>
* Identifies required fields.
<a href="#">Application Information (Previous Page)</a>

## AUTHORIZED REPRESENTATIVE

The following information is required of the individual who is authorized to represent the applicant before the department of insurance. If the applicant does not employ the representative, please complete the Additional Company Contact form to facilitate detailed financial information requests. The Authorized Representative form must be an employee of the insurance company. Select an address link from the menu on the left, or use the Next Representative link at the bottom of the page to navigate through the representative addresses individually.

The following information is required of the individual who is authorized to represent the applicant before the Department. If the representative is not employed by the applicant, please provide a company contact person to facilitate detailed financial information requests.

Select an address from the menu on the left, or use the Next Representative link at the bottom of the page to navigate through the representative addresses individually.

<p><b>Representative Addresses</b></p> <p><a href="#">Authorized Representative</a></p> <p><a href="#">Additional Company Contact</a></p>	<p><b>Authorized Representative</b></p>
<p>First Name *</p>	<input type="text" value="Jane"/>
<p>Last Name *</p>	<input type="text" value="Mejia"/>
<p>Title</p>	<input type="text" value="President"/>
<p>Street Address 1 *</p>	<input type="text" value="2301 McGee"/>
<p>Street Address 2</p>	<input type="text"/>
<p>City *</p>	<input type="text" value="Kansas City"/>
<p>State *</p>	<input type="text" value="Missouri"/>
<p>Zip Code *</p>	<input type="text" value="64108"/>
<p>Phone *</p>	<input type="text" value="816-783-8413"/> Ext. <input type="text"/>
<p>Fax</p>	<input type="text"/> Ext. <input type="text"/>
<p>E-mail *</p>	<input type="text" value="jconard@naic.org"/>
	<p>Please provide a listing of all other applications filed by the applicant, or any of its affiliates, which are pending before the expansion states' Departments. You may enter up to 4,000 characters.</p> <input type="text" value="none"/>

## QUESTIONNAIRE

This form has questions that include fill-in-the-blanks, text boxes, and attachments. Each page displays one question at a time. Click the links to the left of the page to navigate to the next question, or click the Next link on the bottom of the page to proceed to the next question. Click the Application Information link to return to the Application Information page.

**Directions:** All questions should be answered either “Yes” or “No”. Short explanations (5 rows or less, 650 characters) may be entered directly into the text boxes provided. If a longer explanation is required, utilize an electronic attachment. Click the attachment button provided under the appropriate question and identify the document to be attached.

<p><b>Questionnaire</b> Pages</p> <p>01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34</p>	<p>2A) Has the applicant transferred or encumbered any portion of its assets or business, or has its outstanding capital stock been directly or indirectly pledged?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If the answer to the question above is Yes, please provide the details in writing below:</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Characters typed: <input type="text" value="0"/> (Allowed explanation length: 650)</p> <p><a href="#">Attachment</a> File Attached</p> <p>2B) Has the applicant merged or consolidated with any other company within the last five years?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If the answer to the question above is Yes, please provide the details in writing below:</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Characters typed: <input type="text" value="0"/> (Allowed explanation length: 650)</p> <p><a href="#">Attachment</a> File Attached</p>
<p><a href="#">Next</a> <a href="#">Application Information</a></p>	

If an applicant denotes a question as "Not Applicable" an explanation must be provided. For some questions, if an applicant denotes a question as "Yes" further details may be required.

<p><b>Questionnaire</b> Pages</p> <p>01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34</p>	<p>26) Are any of the applicant's policies being sold in connection with a mutual fund or investment in securities?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable</p> <p>If yes, supply details including all sales literature that refers to the insurance and mutual fund or other investment plan connection.</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Characters typed: <input type="text" value="0"/> (Allowed explanation length: 650)</p> <p><a href="#">Attachment</a></p>
--	---

## UNIFORM CONSENT OF SERVICES PROCESS

In many states, notification of a lawsuit against a company doing business in that state must be sent to the commissioner (notification only) and then forwarded to the company that is being sued. In some cases, the insurance department requires that the commissioner AND an appointed agent in that state receive notification. In either case, the notification gets forwarded to the company. This form lists key names and contact information for the insurer and each state with which it writes business.

### Uniform Consent to Service of Process Information

What is the designation of this consent? \*  Original  Amended

What was the previous name of the company (if applicable)?

What is the home office address?

Street address \*

City \*


State \*

Zip Code \*

Under which state's laws was the insurer organized? \*


Please provide information about the states to which a designated agent is being appointed for receipt of service of process.


[Exhibit A](#) \* [Click here to enter state address information.](#) [State Requirements](#)


What date is the consent authorization effective? \*  

What is the name of the president of the company? \*

What is the name of the secretary of the company? \*

What is the effective date of the resolution? \*  

If there was a meeting of the Board of Directors or governing board, on what date did it occur?  

If there is a written consent, how is it dated?  

The **Exhibit A** link is located in the center of Form 12. All states selected on the Change States screen are listed on Exhibit A, and is required information.

Five fields require a date. Click the Date button . The date dialog box opens to choose the appropriate date.



Exhibit A of the Uniform Consent of Services Process

Exhibit A is a link within this information page. Select an expansion state name from the menu on the left, or use the Next Address link at the bottom of the page to navigate through the state addresses individually. Select the Consent to Process (Previous Page) link at the bottom of the page to return to Exhibit A.

Tennessee

<p style="color: green; font-weight: bold; margin: 0;">Selected States</p> <p style="color: green; margin: 0;"><a href="#">Tennessee</a></p> <p style="color: green; margin: 0;"><a href="#">Texas</a></p>	<p style="color: blue; font-weight: bold; margin: 0;">Address for Forwarding Service of Process</p> <p>Name * <input style="width: 100%;" type="text"/></p> <p>Mailing Address * <input style="width: 100%;" type="text"/></p> <p>City * <input style="width: 80%;" type="text"/></p> <p>State * <input style="width: 40%;" type="text"/> <input style="width: 10px;" type="button" value="v"/> Zip Code * <input style="width: 60%;" type="text"/></p> <p>Street Address * <input style="width: 100%;" type="text"/></p> <p>City * <input style="width: 80%;" type="text"/></p> <p>State * <input style="width: 40%;" type="text"/> <input style="width: 10px;" type="button" value="v"/> Zip Code * <input style="width: 60%;" type="text"/></p>
--	--

\* Identifies required fields.

[Next Address](#)
[Consent to Process \(Previous Page\)](#)

**State Requirements for UCAA Consent to Service of Process**

The following jurisdictions require that the primary insurance regulator receive Service of Process (those states marked with ^ accept initial pleadings only) and that the applicant provide forwarding information on Exhibit A. **Kansas requires two signatures and that the corporate seal be affixed next to the required officers' signatures. Florida accepts only an individual as the entity. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit A. If an Exhibit A is not filed, the Department shall forward process to the insurer's general mailing address on file with the Department.**

AK	FL^	IA	NH	NY	PR	WA
AZ^	GU	KS	NJ	NC	SC	WY
AS	ID^	MD^	NV^	ND^	SD^	
CT	IL	MT	NM	OK		

The following jurisdictions require that the primary insurance regulator **AND** a resident agent receive Service of Process and that the applicant provide forwarding information and resident agent information on Exhibit A:

AL	HI
----	----

The following jurisdictions require that the primary insurance regulator **OR** a resident agent receive Service of Process (those states marked with ^ accept initial pleadings only) and that the applicant provide either forwarding information or resident agent information on Exhibit A.

CO^
-----

## APPLICANT OFFICERS' CERTIFICATION AND ATTESTATION

This form identifies the person completing the application and the executed date for the document.

**Applicant Officers' Certification and Attestation**

[Main Menu](#) >> [Application Information](#) >> [Applicant Officers' Certification and Attestation](#)

---

UCAA Tracking Number : **4648-000**  
 Name of Insurer/Company Name : **Professional Mut Ins Co RRG**  
 NAIC #: Co. Code : **44024**  
 FEIN : **43-1444286**

---

What position do you hold that authorizes you to execute this document on behalf of the applicant?

On what date are you executing this document?

At what location are you executing this document?

[Officer Legal Names and Signatures](#)

[Application Information \(Previous Page\)](#)

Type in the position held that is authorized to execute this document on behalf of the applicant, the date of execution and the location. Then, click the Officer Legal Names and Signatures link.

[Main Menu](#) >> [Application Information](#) >> [Applicant Officers' Certification and Attestation](#) >> [Officer Legal Names](#)

---

UCAA Tracking Number : **4648-000**  
 Name of Insurer/Company Name : **Professional Mut Ins Co RRG**  
 NAIC #: Co. Code : **44024**  
 FEIN : -

---

Select from the menu on the left, or use the Next Name link to navigate through the Officer Legal Names individually.

<p><b>Officer Legal Names</b></p> <p><a href="#">President</a></p> <p><a href="#">Secretary</a></p> <p><a href="#">Treasurer</a></p> <p><a href="#">Witness</a></p>	<p style="text-align: center; color: blue;"><b>President</b></p> <p>First Name: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>Date Signed: <input type="text"/></p> <p><input checked="" type="checkbox"/> I hereby intend by checking this box to be the equivalent of my signature</p>	<p>Selecting this box is the equivalent to an actual signature.</p>
---	--	---

[Next Address](#)
[Certification and Attestation \(Previous Page\)](#)

The insurer is then prompted to enter the President, Secretary, Treasurer and Witness information.

## PRO FORMA FINANCIAL STATEMENTS

The insurer must first download the UCAA Pro Forma by clicking the UCAA Pro Forma link. A Microsoft message appears alerting the users to macros in the Microsoft Excel® file.

**Pro Forma Financial Statements**

[Main Menu](#) >> [Application Information](#) >> [Pro Forma Financial Statements](#)

---

UCAA Tracking Number : 4648-000  
 Name of Insurer/Company Name : Professional Mut Ins Co RRG  
 NAIC #: Co. Code : 44024  
 FEIN :

---

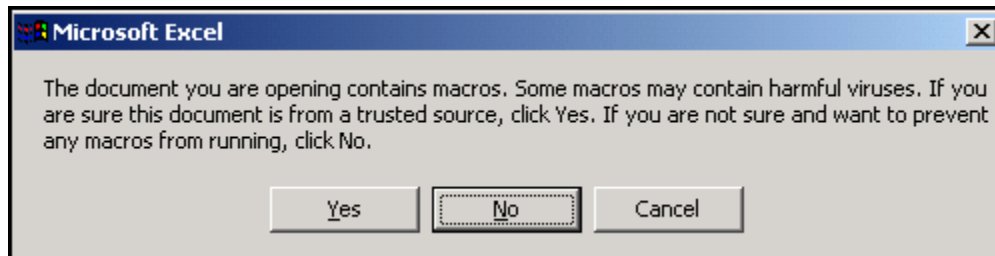
In order to complete the Pro Forma Financial Statements, click the link below.

**After completing the Microsoft Excel spreadsheet and saving the spreadsheet, click the Attachment button next to the spreadsheet description and complete the attach process to include the spreadsheet with this filing. The spreadsheets are large files, so the download process may take longer than expected.**

[UCAA Pro Forma Property and Casualty Financial Statement](#)
Attachment

[Application Information \(Previous Screen\)](#)

Click on “Yes” to accept the Macros.



After the form opens, follow the instructions on the worksheet. Type in the company name and year information in the spaces provided. Click the check boxes to choose the states to be completed. Then, located beneath the Instructions, click the Create Selected State Worksheets button.

**UCAA Proforma Financial Statements**  
Property and Casualty Insurance Company

# UCAA

## UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

**Instructions**

1. Enter the Company Name below
2. Enter the first year of the proformas (ie. 2004).
3. Select the states to be completed for proformas by clicking the check boxes on the right and then click on the "Create Selected State Worksheets" button below.
4. Complete all sections of the proforma statements contained on each tab below.
5. Use the "Tab" key to move through the sheets.
6. Note that several tabs contain sheets for 3 years of data. Be sure to complete the entire sheet.

Create Selected State Worksheets

Enter the Company Name:

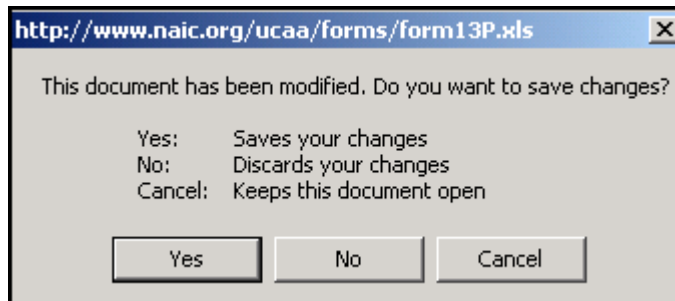
Company Name

Year 1: 2004

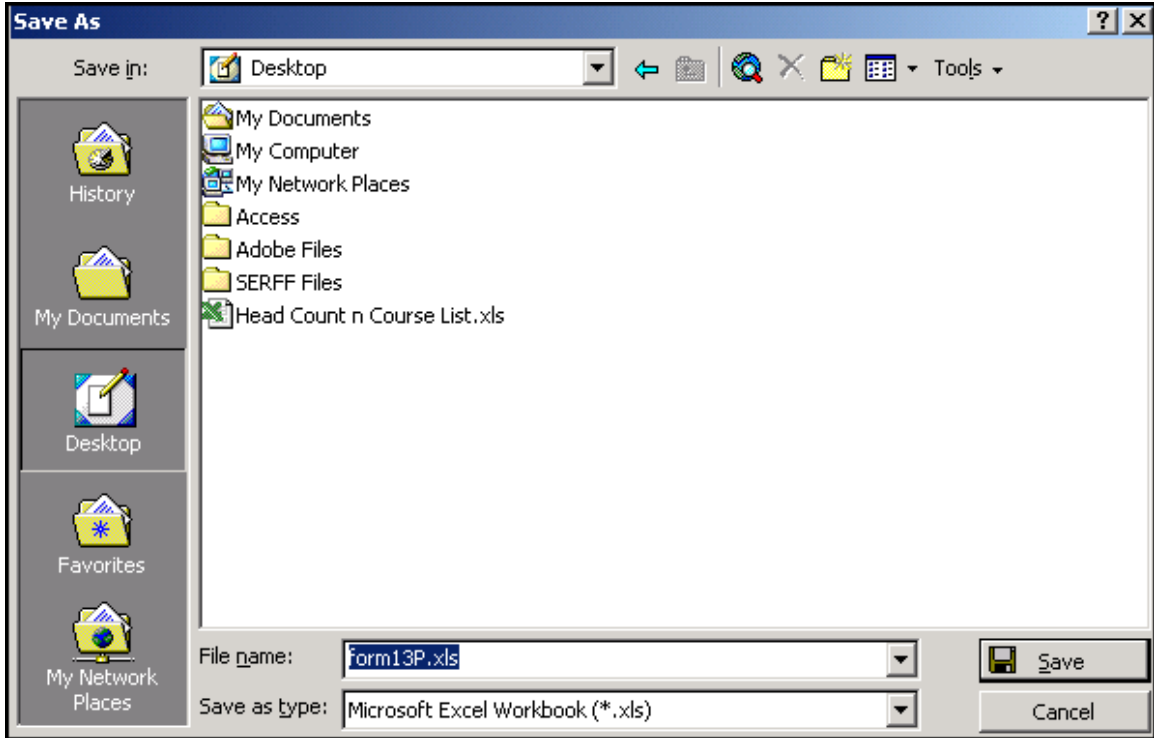
<input type="checkbox"/> AK Alaska	<input type="checkbox"/> MT Montana
<input type="checkbox"/> AL Alabama	<input type="checkbox"/> NC North Carolina
<input type="checkbox"/> AR Arkansas	<input type="checkbox"/> ND North Dakota
<input type="checkbox"/> AS American Samoa	<input type="checkbox"/> NE Nebraska
<input type="checkbox"/> AZ Arizona	<input type="checkbox"/> NH New Hampshire
<input type="checkbox"/> CA California	<input type="checkbox"/> NJ New Jersey
<input type="checkbox"/> CO Colorado	<input type="checkbox"/> NM New Mexico
<input type="checkbox"/> CT Connecticut	<input type="checkbox"/> NV Nevada
<input type="checkbox"/> DC District Of Columbia	<input type="checkbox"/> NY New York
<input type="checkbox"/> DE Delaware	<input type="checkbox"/> OH Ohio
<input type="checkbox"/> FL Florida	<input type="checkbox"/> OK Oklahoma
<input type="checkbox"/> GA Georgia	<input type="checkbox"/> OR Oregon
<input type="checkbox"/> GU Guam	<input type="checkbox"/> PA Pennsylvania
<input type="checkbox"/> HI Hawaii	<input type="checkbox"/> PR Puerto Rico
<input type="checkbox"/> IA Iowa	<input type="checkbox"/> RI Rhode Island
<input type="checkbox"/> ID Idaho	<input type="checkbox"/> SC South Carolina
<input type="checkbox"/> IL Illinois	<input type="checkbox"/> SD South Dakota
<input type="checkbox"/> IN Indiana	<input checked="" type="checkbox"/> TN Tennessee
<input type="checkbox"/> KS Kansas	<input checked="" type="checkbox"/> TX Texas
<input type="checkbox"/> KY Kentucky	<input type="checkbox"/> UT Utah

**Save Worksheet**

- Close the browser window
- The user will be prompted to save the file
- Click "Yes" to save the changes and the file

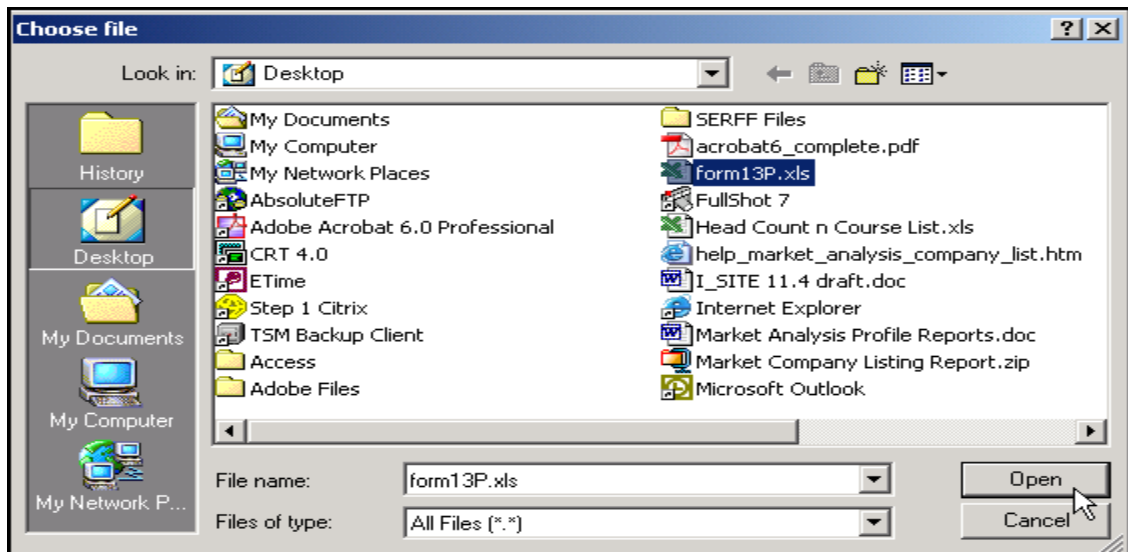


Choose the location to save the file and click “Save”.



**Attach Completed Pro Forma Financial Statement**

- Click the browse button
- Click the file to attach
- Click “Open”
- Click “Submit”
- Click “Close”
- Click the Application information link to go back to the Application Information page.



## BIOGRAPHICAL AFFIDAVIT

The Biographical Affidavit must be downloaded from the link below and sent to a Third Party Verifier.

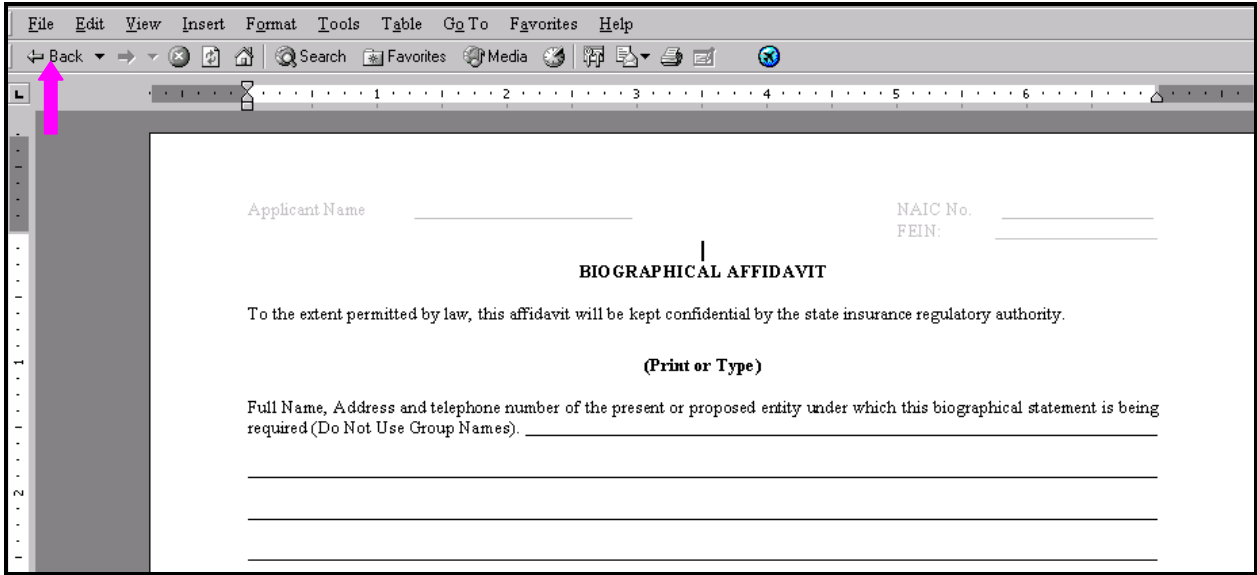
UCAA Forms			
Form #	Form Name	Format	
1P	Primary Checklist	Word	PDF
1E	Expansion Checklist	Word	PDF
1C	Corporate Amendments Checklist	Word	PDF
2P	Primary Application	Word	PDF
2E	Expansion Application	Word	PDF
2C	Corporate Amendments Applications	Word	PDF
3	Lines of Insurance	Word	PDF
6	Certificate of Compliance	Word	PDF
7	Certificate of Deposit	Word	PDF
8	Questionnaire <i>(Primary and Expansion)</i>	Word	PDF
8C	Questionnaire <i>(Corporate Amendments)</i>	Word	PDF
11	NAIC Biographical Affidavit	Word	PDF
12	Uniform Consent to Service of Process <i>(Expansion and Corporate Amendments Only)</i>	Word	PDF
13	ProForma Financial Statements <i>(Property/Casualty Companies)</i>	Excel	
13	ProForma Financial Statements <i>(Life/Health Companies)</i>	Excel	
13	ProForma Financial Statements <i>(Title Companies)</i>	Excel	
14	Change of Address/ Contact Notification Form	Word	PDF

### To Download a Form

Click on the Microsoft Word<sup>®</sup> or Adobe PDF format (The form opens in the same window as the UCAA application)

- Go to the Menu Bar
- Click File, Save As
- Choose a location
- Click on “Save”

**CAUTION:** Do not confuse the document window with Microsoft Word<sup>®</sup> or Microsoft Excel<sup>®</sup>. Use the BACK browser button when finished with the document, not the Exit button. The Exit button will close the Internet browser and require the user to login again. See the following screen view:



## MAIN MENU

There is a link on the Main Menu to all the sections of the Expansion application. The Main Menu screen is seen when the insurer opens an existing application.

[Application Selection](#) >> [Main Menu](#)

---

UCAA Tracking Number : 4648-000  
 Name of Insurer/Company Name : Professional Mut Ins Co RRG  
 NAIC #: Co. Code : 44024  
 FEIN :

---

[Click the link to the left of the corresponding description.](#)

<a href="#">Edit Application Information</a>	To allow data changes on the informational forms.
<a href="#">View/Print UCAA Forms</a>	To view or print the forms as submitted to regulators.
<a href="#">Email</a>	To send, view, or reply to an email regarding your application.
<a href="#">Application Progress</a>	To view the progress of the application.
<a href="#">View General Attachments</a>	To view general attachments that apply to the application as a whole.
<a href="#">Finish Application</a>	To complete the application.
<a href="#">Help</a>	To link to help files.
<a href="#">Logout</a>	To log out of the UCAA system.

## EDIT APPLICATION INFORMATION

The users can logout of the application at any time during the completion process. When returning to an existing application, after logging in, the insurer is taken to the Main Menu. To access the application, the insurer clicks the Edit Application Information link to continue working on the application.

## VIEW/PRINT UCAA FORMS

The completed UCAA forms within the online application are visible in the view application screen. Printing and downloading the actual form are available to the user, if a hardcopy or electronically saved document is preferred. Click the View/Print UCAA Forms link for options.

Click the link below to view the actual UCAA document to be printed. To print the document, select print from the file menu of the new window that opened upon clicking the link.

To update any information in the printed document click on the item name to be taken back to the appropriate data entry form.

- [UCAA Form 1E-Hardcopy Checklist](#)
- [UCAA Form 2E-Expansion Application](#)
- [UCAA Form 3E-Lines of Business](#)
- [UCAA Form 8 Questionnaire](#)
- [UCAA Form 12 - Consent to Service of Process](#)

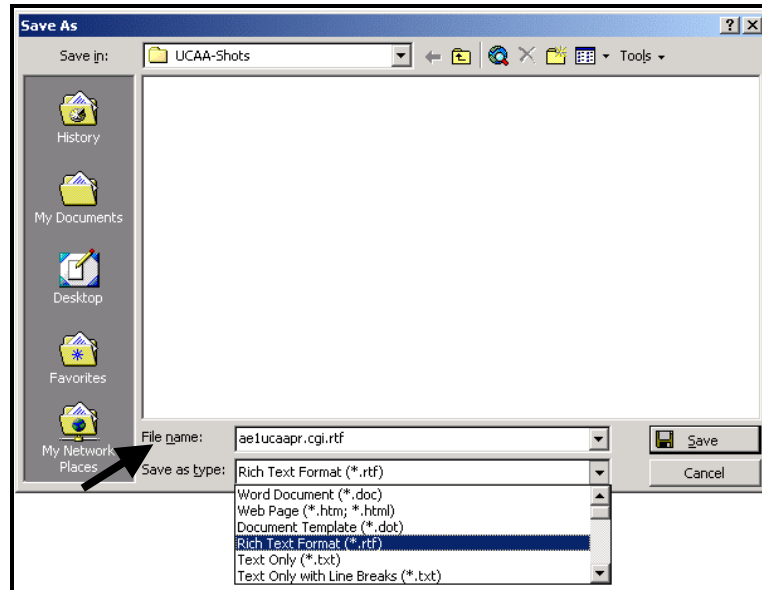
[Main Menu](#)

## Checklist

<b>UCAA Checklist Validation</b>	
UCAA Tracking Number	: 8590-000
Name of Insurer/Company Name	: <b>Safety Natl Gas Corp</b>
NAIC Company Code	: 15105
FEIN	: 43-0727872
<b>The following Forms must be completed:</b>	
<b>Electronic Forms</b>	<b>Not Completed</b>
Submission States	Completed Validation
<a href="#">Pro forma Statement(Form 13C)</a>	Incomplete
<a href="#">Application Officers Certification of Attestation</a>	Incomplete
<a href="#">Uniform Consent To Service of Process(Form 12C)</a>	Incomplete
<a href="#">Authorized Representative</a>	Incomplete
<a href="#">Uniform Consent To Service of Process, Exhibit A</a>	Incomplete
Corporate Amendment Application Information	Completed Validation
<a href="#">Attach Files</a>	Optional
<a href="#">Main Menu</a>	



From this display the document can be saved to a file or printed. When the document is saved to a file, the default file type will be RTF (Rich Text Format). All Windows®-based computers will be able to open and view an RTF document, provided the file it is not too large. Other file types may be available by clicking the drop-down arrow next to the File Type option in the “Save As” window.



The UCAA form in hardcopy format may also be printed from the same display by simply clicking the Print button or by going to File and Print from the menu.

## EMAIL

In order to maintain a history of the UCAA communications within this application, contact between the insurer and the states reviewing the expansion must be processed through this service. E-mail communications processed via UCAA e-mail will be automatically tracked for easy reference.

Notification Examples: Certificate of Compliance  
 Certificate of Deposit  
 Expansion Application has been filed  
 Application has been accepted as complete  
 Filing fees received

Click the Send An Email button to start a new message.

### UCAA Email Index

---

UCAA Tracking Number                   **4648-000**  
 Name of Insurer/Company Name:   **Professional Mut Ins Co RRG**  
 NAIC #: Co. Code:                   **44024**  
 FEIN: \_\_\_\_\_

---

Please click on the subject area of the email you would like to view in detail.

Date	To:	From:	Subject:

Send An Email
Expansion Application Main Menu

Use the To: (Email Address) button to select an addressee

### UCAA Send Email Form

---

UCAA Tracking Number                   **4648**  
 Name of Insurer/Company Name:   **Professional Mut Ins Co RRG**  
 NAIC #: Co. Code:                   **44024**  
 FEIN: \_\_\_\_\_

---

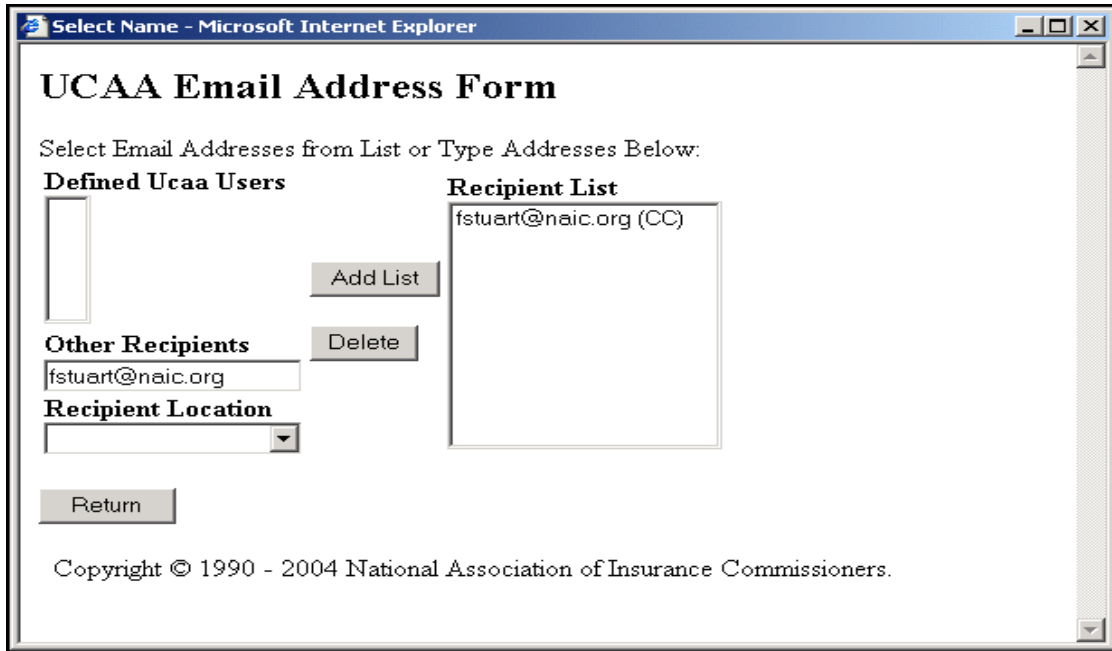
**Please note correspondence sent through the UCAA email system will be tracked in the UCAA database.**

Today's Date:	11/12/2004		
<b>To: (Email Address)</b>		Z	
From: (Email Address):			
Subject:			
<div style="float: right; border-left: 1px solid gray; border-right: 1px solid gray; border-bottom: 1px solid gray; padding: 2px;">Z</div>			

Send
Clear
Expansion Application Main Menu

Select Email Addresses

- Choose from the Defined list
- Type in the recipient address in the other recipient's area (If the recipient name is not listed)
- Click on Add List button
- Click the Return button to return to the message



Select Name - Microsoft Internet Explorer

## UCAA Email Address Form

Select Email Addresses from List or Type Addresses Below:

**Defined Ucaa Users**

**Recipient List**

fstuart@naic.org (CC)

**Other Recipients**

fstuart@naic.org

**Recipient Location**

▼

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To complete the Email information

- Enter the Subject in the Subject line, and the body of text in the spaces provided
- Click the Send button at the bottom of the Email display.

### UCAA Email Index

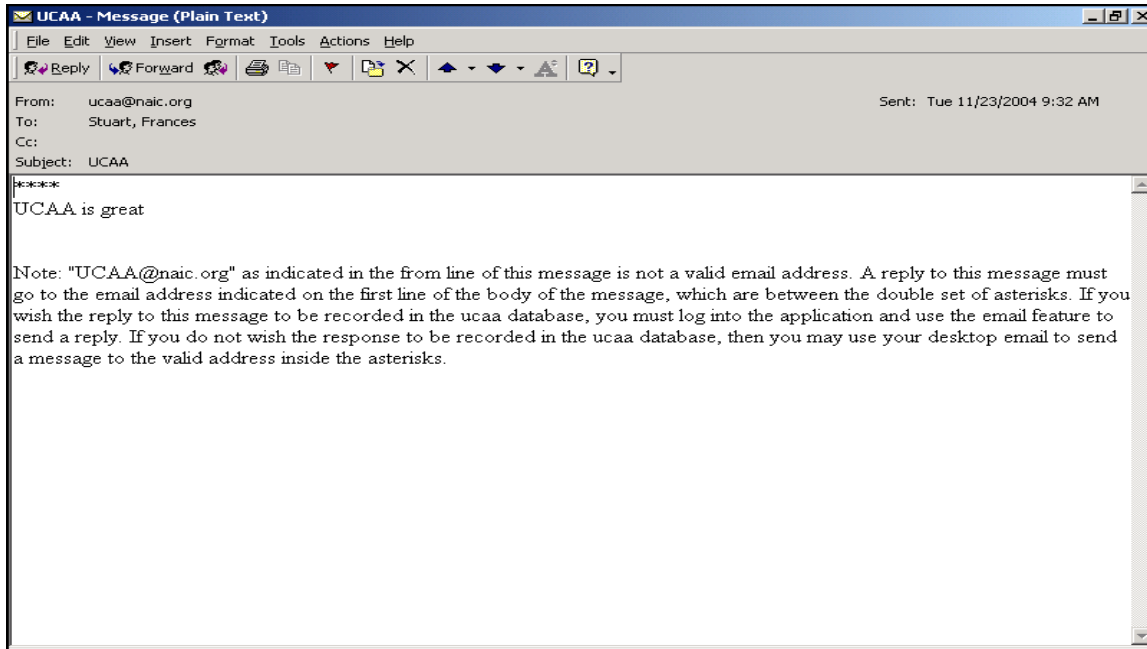
---

UCAA Tracking Number           **4648-000**  
 Name of Insurer/Company Name:   **Professional Mut Ins Co RRG**  
 NAIC #. Co. Code:               **44024**  
 FEIN:                                

---

Please click on the subject area of the email you would like to view in detail.

<b>Date</b>	<b>To:</b>	<b>From:</b>	<b>Subject:</b>
23-NOV-04	fstuart@naic.org (CC)		<a href="#">UCAA</a>



## APPLICATION PROCESS

Once a form has been completed and it passes validation, an X will appear next to the form name in the completed column. An Expansion Application cannot be forwarded to the state of domicile until all the required forms have an X in the completed column.

<b>Application Progress</b>	
<a href="#">Main Menu</a> >> <a href="#">Application Information</a> >> <a href="#">Application Progress</a>	
UCAA Tracking Number	: 4648-000
Name of Insurer/Company Name	: Professional Mut Ins Co RRG
NAIC #: Co. Code	: 44024
FEIN	: <
<b>X's indicate completed portions of the application. All sections shown must be completed for the application to be submitted.</b>	
Expansion States	Completed Validation <u>X</u>
Authorized States	Completed Validation <u>X</u>
Lines of Business Information	Completed Validation <u>X</u>
Company Address Information	Completed Validation <u>X</u>
General Company Information	Completed Validation <u>X</u>
Authorized Representative Information	Completed Validation <u>X</u>
Questionnaire	Completed Validation <u>X</u>
Uniform Consent to Service of Process	Completed Validation <u>X</u>
Applicant Officers' Certification and Attestation	Completed Validation <u>X</u>

## VIEW GENERAL ATTACHMENTS

A list of required electronic attachments is presented in the next section of the checklist. Below the title of each attachment is a link to state specific information page regarding that attachment. For example, below the Minimum Capital & Surplus Requirements is a link to Display State Specific Minimum Capital & Surplus Requirements.

<b>Electronic Attachments</b>	
<a href="#">Application Information &gt;&gt; Main Menu &gt;&gt; Electronic Attachments</a>	
<b>Electronic Attachments</b>	
<b>Minimum Capital &amp; Surplus Requirements</b> <a href="#">Display State Specific Statutory Minimum Capital &amp; Surplus Requirement</a> (Section II Filing Requirements, Item 3)	<a href="#">Attachment</a>
<b>Name Approval</b> <a href="#">Display State Specific Name Approval Requirements</a> (Section II Filing Requirements, Item 5)	<a href="#">Attachment</a>
<b>Plan of Operation Narrative</b> <a href="#">Display Narrative Requirements</a> (Section II Filing Requirements, Item 6)	<a href="#">Attachment</a>
<b>Holding Company "Form B" Registration Statement</b> <a href="#">Display Holding Company Form B Registration Requirements</a> (Section II Filing Requirements, Item 10)	<a href="#">Attachment</a>
<b>Statutory Membership</b> <a href="#">Display State Specific Statutory Membership Requirements</a> (Section II Filing Requirements, Item 10)	<a href="#">Attachment</a>
<a href="#">Main Menu &gt;</a>	

Clicking the link for Display State Specific Minimum Capital & Surplus Requirement will display the Index to State Specific Charts on the following screen.

UCAA State Charts
<a href="#">Communication Between Applicant and Agency</a>
<a href="#">Filing Fees -- Primary or Expansion Application</a>
<a href="#">Filing Fees -- Corporate Amendments</a>
<a href="#">Minimum Capital and Surplus</a>
<a href="#">Statutory Deposit</a>
<a href="#">Statutory Membership</a>
<a href="#">Deleting Lines of Business</a>
<a href="#">Name Approval</a>
<a href="#">Public Records Package</a>
<a href="#">Reports of Examination</a>
<a href="#">Addresses for Submission of Application</a>
<a href="#">Fingerprints and Biographical Affidavit Requirements</a>
<a href="#">Signature Requirements - Biographical Affidavits and Uniform Consent to Service of Process</a>
<a href="#">Seasoning Requirements</a>
<a href="#">Use of Fictitious Names</a>
<a href="#">Amended Articles-Bylaws</a>
<a href="#">Change in Control of Foreign (Non-Domestic) Insurers</a>

To open a document in a PDF format, click the PDF link next to the report name (example: Communication Between Applicant and Agency).



**UNIFORM CERTIFICATE OF  
AUTHORITY APPLICATION**

**COMMUNICATION BETWEEN APPLICANT AND AGENCY**

Prior to receiving the name of the agency contact person, an applicant may contact the agency personnel listed below to obtain information regarding the status of an Application.

State	Contact Information		
AL	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Primary &amp; Expansion Apps:</b>                      Sean Duke                      (334) 241-4165  <a href="mailto:SDuke@insurance.state.al.us">SDuke@insurance.state.al.us</a>                       Richard L. Ford                      (334) 241-4151  <a href="mailto:Rford@insurance.state.al.us">Rford@insurance.state.al.us</a> </td> <td style="width: 50%; vertical-align: top;"> <b>Corporate Amendments App:</b>                      Ann Strickland                      (334)241-4154  <a href="mailto:AStrickland@insurance.state.al.us">AStrickland@insurance.state.al.us</a> </td> </tr> </table>	<b>Primary &amp; Expansion Apps:</b> Sean Duke (334) 241-4165 <a href="mailto:SDuke@insurance.state.al.us">SDuke@insurance.state.al.us</a>  Richard L. Ford (334) 241-4151 <a href="mailto:Rford@insurance.state.al.us">Rford@insurance.state.al.us</a>	<b>Corporate Amendments App:</b> Ann Strickland (334)241-4154 <a href="mailto:AStrickland@insurance.state.al.us">AStrickland@insurance.state.al.us</a>
<b>Primary &amp; Expansion Apps:</b> Sean Duke (334) 241-4165 <a href="mailto:SDuke@insurance.state.al.us">SDuke@insurance.state.al.us</a>  Richard L. Ford (334) 241-4151 <a href="mailto:Rford@insurance.state.al.us">Rford@insurance.state.al.us</a>	<b>Corporate Amendments App:</b> Ann Strickland (334)241-4154 <a href="mailto:AStrickland@insurance.state.al.us">AStrickland@insurance.state.al.us</a>		
AK	Douglas Hartman (907) 269-7906 <a href="mailto:douglas_hartman@commerce.state.ak.us">douglas_hartman@commerce.state.ak.us</a>		
AZ	Cary W. Cook Insurer Licensing Manager		

## FINALIZATION OF THE ELECTRONIC EXPANSION APPLICATION

Once all the forms are completed and files are successfully attached, an **X** is displayed in the completed column of the checklist to indicate the completed portion of the application.

<a href="#">Main Menu</a> >> <a href="#">Application Information</a> >> <a href="#">Application Progress</a>	
<hr/>	
UCAA Tracking Number	: 4648-000
Name of Insurer/Company Name	: Professional Mut Ins Co RRG
NAIC #: Co. Code	: 44024
FEIN	:
<hr/>	
<b>X's indicate completed portions of the application. All sections shown must be completed for the application to be submitted.</b>	
Expansion States	Completed Validation <u>X</u>
Authorized States	Completed Validation <u>X</u>
Lines of Business Information	Completed Validation <u>X</u>
Company Address Information	Completed Validation <u>X</u>
General Company Information	Completed Validation <u>X</u>
Authorized Representative Information	Completed Validation <u>X</u>
Questionnaire	Completed Validation <u>X</u>
Uniform Consent to Service of Process	Completed Validation <u>X</u>
Applicant Officers' Certification and Attestation	Completed Validation <u>X</u>
Minimum Capital and Surplus Requirements	Attached <u>X</u>
Name Approval	Attached <u>X</u>
Plan of Operation Narrative	Attached <u>X</u>
Holding Company "Form B" Registration Statement	Attached <u>X</u>
Statutory Membership	Attached <u>X</u>

If attachments are included in a requirement, the General Attachments window will show a “File Attached” message beneath the Attachment button.

<a href="#">Application Information</a> >> <a href="#">Main Menu</a> >> <a href="#">Electronic Attachments</a>	
<b>Electronic Attachments</b>	
<b>Minimum Capital &amp; Surplus Requirements</b> <a href="#">Display State Specific Statutory Minimum Capital &amp; Surplus Requirement</a> (Section II Filing Requirements, Item 3)	<input type="button" value="Attachment"/> File Attached

**HELP**

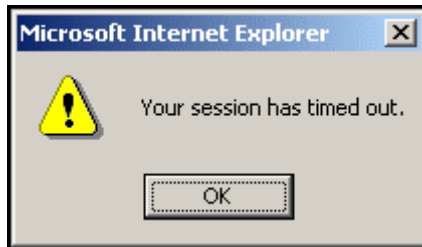
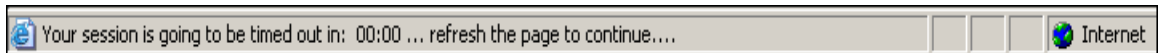
The help link directs the user to the NAIC Web site. Links are available to various parts of the UCAA application from this page.

<b>Industry</b>		CONSUMERS	MEETINGS	NAIC STORE
<b>Uniform Certificate of Authority Application</b>				
<p>The Uniform Certificate of Authority Application (UCAA) process is designed to allow insurers to file copies of the same application for admission in numerous states. Each state that accepts the UCAA is designated as a uniform state. While each uniform state still performs its own independent review of each application, the need to file different applications, in different formats, has been eliminated for all states that accept the uniform application.</p> <p>The UCAA includes three applications. The Primary Application is for use by newly formed companies seeking a Certificate of Authority in their domicile state and by companies wishing to re-domesticate to a uniform state. The Expansion Application is for use by companies in good standing in their state of domicile that wish to expand their business into a uniform state. The Corporate Amendments Application is for use by an existing insurer for requesting amendments to its certificate of authority.</p> <p><b>What are Uniform States?</b> A Uniform State is one that has committed to streamlining the application approval process by accepting the UCAA for company admissions. All states are accepting the UCAA and are considered Uniform States.</p>		<p><a href="#">Regulator UCAA Information</a></p> <p><a href="#">Electronic Application</a></p> <p><a href="#">What's New</a></p> <p><a href="#">Primary Application</a></p> <p><a href="#">Expansion Application</a></p> <p><a href="#">Corporate Amendments Application</a></p> <p><a href="#">State Retaliatory Information</a></p> <p><a href="#">Third-Party Vendors for Background Reports</a></p> <p><a href="#">Biographical Verification Report Instructions</a></p> <p><a href="#">FAQs</a></p> <p><a href="#">UCAA Manual</a></p>		
		<b>NAIC UCAA Contacts</b>		

**LOGOUT**

The logout link exits the user from the UCAA application.

NOTE: There is a time-out feature within the UCAA application. If there is no activity for 25 minutes, a 5-minute warning appears on the status bar. After 30 minutes, a time-out message appears as illustrated below. After the time-out, the user must login to continue.







Clicking the Amend button will display the Amendment Form as shown below. This form tracks changes by documenting each change made. The Checklist appears after the amendment form is submitted. The user edits the desired form and clicks the Finish button from the Checklist to submit the changes.

**Amendment Form**

**1. E-Form Amendment**  
 If you are amending an E-Form, please enter the E-Form you would like to amend in the text box provided below.

**Question Number/Name on E-Form**  
 Please enter the question number or name that you would like to amend in the text box provided below.

**2. Attachment Overwrite**  
 If you are overwriting an attachment, please enter the name of the attachment that you would like to overwrite in the text box provided below.

**3. Expansion State Addition**  
 If you are adding an expansion state, please enter the expansion state in the text box provided below.

Please provide a brief explanation of the change you are about to make to this filing in the box below.

Once the application information window opens, notice that the UCAA tracking number has been updated to reflect the first revision. The 001 indicates that this is the first revision.

**Application Information**

[Main Menu](#) >> [Application Information](#)

---

UCAA Tracking Number : 4648-001 ←

Name of Insurer/Company Name : Professional Mut Ins Co RRG

NAIC Company Code : 44024

FEIN :

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Once the insurer completes the application, click the Finish Application link to complete this revision. The congratulations message appears to confirm the completeness of the application.

**Congratulations!**

You have completed the electronic submission of your Uniform Certificate of Authority Application!

Please remember to submit Filing Fees directly to submission states. Also the Third Party Investigative Report needs to be received by the expansion states before the application will be considered complete.

[Main Menu](#)   [Logout](#)

Submitted applications may be tracked through the Application Status screen. Once the domiciliary state completes Form 6 and Form 7, the expansion states may complete their review process. Notifications are also sent out via UCAA email to all expansion states when Form 6 and Form 7 are completed.

**View Application Status of Other States**

[Application Selection](#) >> [Main Menu](#) >> [View Application Status of Other States](#)

---

UCAA Tracking Number : 8591-000  
 Name of Insurer/Company Name : Safety Natl Cas Corp  
 NAIC Company Code : 15105  
 FEIN : 43-0727872

---

**Application Status**

Application Status of Filing	Date
Electronic Forms Submitted	03/07/2006

Application Status for the state of Kansas	Date
Notification Acknowledged	

[Main Menu](#)

## APPENDIX A

The insurer can create a new Expansion Application based on a previously submitted application. That application can also be used as a template for a new application. All of the attachments from the previous submission are attached in this new application.

**Application Selection**

[UCAA Login](#) >> [Login Verification](#) >> [Application Selection](#)

**Start a New UCAA Application:**

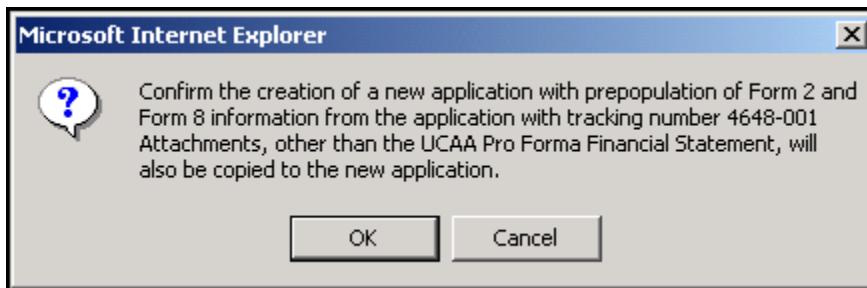
To pre-populate a new application from an existing one, select the application from the drop down list and click the Start button. If this is an initial application, select the Application Type from the drop down list and click the Start button.

Application Type	Tracking Number	Status
Expansion Application . . . . .	4648-001 . . . . .	Submitted
Expansion Application . . . . .	4648-001 . . . . .	Submitted
New Corporate Amendment		
New Expansion Application		

To Start an Expansion Application based from a Submitted Application


- Click the drop-down arrow and choose the desired submitted application
- Click the Start button

The following message appears.



Click on the OK button to begin the new application.

NOTE: the application assigns a new UCAA tracking number (ex 5078-000).

<b>Application Information</b>	
<a href="#">Main Menu</a> >> <a href="#">Application Information</a>	
UCAA Tracking Number	: 5078-000 
Name of Insurer/Company Name	: Professional Mut Ins Co RRG
NAIC Company Code	: 44024
FEIN	: -

- Click the Main Menu link
- Click the Application Progress button

Some portions of the application are marked as completed. By using the template to create a new application, the user needs to complete the items that are not checked in order to complete the validation of the new application.

<b>X's indicate completed portions of the application. All sections shown must be completed for the application to be submitted.</b>	
Expansion States	Completed Validation ___
Authorized States	Completed Validation ___
Lines of Business Information	Completed Validation ___
Company Address Information	Completed Validation <u>X</u>
General Company Information	Completed Validation <u>X</u>
Authorized Representative Information	Completed Validation <u>X</u>
Questionnaire	Completed Validation <u>X</u>
Uniform Consent to Service of Process	Completed Validation ___
Applicant Officers' Certification and Attestation	Completed Validation <u>X</u>
Pro Forma Financial Statement	Completed Validation ___
Minimum Capital and Surplus Requirements	Attached <u>X</u>
Name Approval	Attached <u>X</u>
Plan of Operation Narrative	Attached <u>X</u>
Holding Company "Form B" Registration Statement	Attached <u>X</u>
Statutory Membership	Attached <u>X</u>

The user will need to complete the following portions:

- Expansion States- Refer to page 10 to complete the form
- Authorized States- Refer to page 11 to complete the form
- Lines of Business- Refer to page 12 to complete the form

### Applicant Officers' Certification and Attestation –

The position and location fields are populated. The date field needs to be updated to reflect the date this application is executed. When the insurer clicks on the Officer Legal Names and Signatures link, the names will be populated.

[Main Menu](#) >> [Application Information](#) >> Applicant Officers' Certification and Attestation

---

UCAA Tracking Number : 5078-000  
 Name of Insurer/Company Name : Professional Mut Ins Co RRG  
 NAIC Company Code : 44024  
 FEIN :

---

What position do you hold that authorizes you to execute this document on behalf of the applicant?

On what date are you executing this document?

At what location are you executing this document?

[Officer Legal Names and Signatures](#)

In the Date Signed field, the user types in a date and clicks on the signature box for each signature.

<p><b>Officer Legal Names</b></p> <p><a href="#">President</a></p> <p><a href="#">Secretary</a></p> <p><a href="#">Treasurer</a></p> <p><a href="#">Witness</a></p>	<p style="text-align: center;"><b>President</b></p> <p>First Name: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>Date Signed: <input type="text"/></p> <p><input type="checkbox"/> I hereby intend by checking this box to be the equivalent of my signature</p>
<p><a href="#">Next Name</a></p>	<p><a href="#">Certification and Attestation (Previous Page)</a></p>

## Pro Forma Financial Statements

The insurer can update a previously downloaded form and attach that form to the current application.

**Pro Forma Financial Statements**

[Main Menu](#) >> [Application Information](#) >> [Pro Forma Financial Statements](#)

---

UCAA Tracking Number : 5078-000  
 Name of Insurer/Company Name : Professional Mut Ins Co RRG  
 NAIC Company Code : 44024  
 FEIN :

---

In order to complete the Pro Forma Financial Statements, click the link below.

**After completing the Microsoft Excel spreadsheet and saving the spreadsheet, click the Attachment button next to the spreadsheet description and complete the attach process to include the spreadsheet with this filing. The spreadsheets are large files, so the download process may take longer than expected.**

[UCAA Pro Forma Property and Casualty Financial Statement](#)
**Attachment**

[Application Information \(Previous Screen\)](#)

### Attach Documents

Use the Attachment button located in the last column to attach the required information to the filing form. Locate the document before clicking the Attachment button. Once the Attachment button is clicked, the following will display. Click on the Browse button next to file name field. Use this Browse button to “point to” the file to be attached. Click on the Open button, this will fill in the path for the File name. Finally, click the Submit button to attach the document to the filing.

The user completing the form can go back to any portion and make any changes. No changes can be made once the application has been submitted, unless an amendment is completed and a revision number is then added to the application.

There are validations throughout the application process. Anytime the user does not complete a required action, a notification window appears explaining that a field needs to be completed.

