

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)  
Primary Application Checklist  
For Primary Application Only**

The application checklist is intended to help guide the insurer (herein after referred to as “Applicant Company”) with the assembly of a complete Primary Uniform Certificate of Authority Application (UCAA). Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting the application for review. The completed checklist should be attached to the top of the application.

**Regulator Use Only**

- |     |  |                          |
|-----|--|--------------------------|
| 1.  | <b>Application Form, containing:</b><br><input type="checkbox"/> Completed UCAA Primary Application Checklist (Form 1P)<br><input type="checkbox"/> Original UCAA Primary Application executed and signed (Form 2P)<br><input type="checkbox"/> Include all lines of insurance the Applicant Company is licensed to transact, currently transacting, and requesting authority to transact in all jurisdictions (Form 3). | <input type="checkbox"/> |
| 2.  | <b>Filing Fee (pursuant to Section II Filing Requirements Item 2), containing:</b><br><input type="checkbox"/> Payment of required filing fee<br><input type="checkbox"/> Copy of check  | <input type="checkbox"/> |
| 3.  | <b>Minimum Capital and Surplus Requirements (pursuant to Section II Filing Requirements Item 3)</b><br><input type="checkbox"/> Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared  | <input type="checkbox"/> |
| 4.  | <b>Statutory Deposit Requirements (pursuant to Section II Filing Requirements Item 4)</b><br><input type="checkbox"/> An original Certificate of Deposit prepared by state of domicile (Form 7)  | <input type="checkbox"/> |
| 5.  | <b>Name Approval (pursuant to Section II Filing Requirements Item 5)</b><br><input type="checkbox"/> Evidence of name approval request   | <input type="checkbox"/> |
| 6.  | <b>Plan of Operation (pursuant to Section II Filing Requirements Item 6)</b><br><input type="checkbox"/> Completed questionnaire (Form 8)<br><input type="checkbox"/> Pro Forma<br><input type="checkbox"/> Narrative  | <input type="checkbox"/> |
| 7.  | <b>Holding Company Act Filings (pursuant to Section II Filing Requirements Item 7)</b><br><input type="checkbox"/> Include Holding Company Act Filings, including Form B, Form F or substantially similar statement  | <input type="checkbox"/> |
| 8.  | <b>Statutory Membership(s)</b><br><input type="checkbox"/> Submit documentation as listed in Section II Filing Requirements Item 8   | <input type="checkbox"/> |
| 9.  | <b>SEC Filings or Consolidated GAAP Financial Statement</b><br><input type="checkbox"/> Submit documentation as listed in Section II Filing Requirements Item 9  | <input type="checkbox"/> |
| 10. | <b>Debt-to-Equity Ratio Statement</b><br><input type="checkbox"/> Submit documentation as listed in Section II Filing Requirements Item 10   | <input type="checkbox"/> |
| 11. | <b>Custody Agreements</b><br><input type="checkbox"/> Submit documentation as listed in Section II Filing Requirements Item 11   | <input type="checkbox"/> |

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12. **Public Records Package – Submit ALL items in chart in Section II Item 12, including:**

**a. Articles of Incorporation, including:**

Original certification by domiciliary state

**b. Bylaws, including:**

Original certification by the Applicant Company’s corporate assistant

**c. Statement with attachments, including:**

Current year annual statement\*, verified and signed, including actuarial opinion

Current year quarterly statements (one copy for each quarter), verified and signed

\*1. Updated statements should be submitted on a timely basis while application is pending.

2. If annual statement for two preceding years has not been filed with the NAIC, one copy of each year must be submitted with the application.

**d. Independent CPA Audit Report**

13. **NAIC Biographical Affidavit (Form 11) for the following:**

Officers (as listed on Jurat Page of most recent financial statement)

Directors (as listed on Jurat Page of most recent financial statement)

Key managerial personnel (including any vice presidents or other individuals who will control the operations of the Applicant Company)

Individuals with a 10% or more beneficial ownership in the Applicant Company who will exercise control over the Applicant Company or, officers and directors of an entity with a 10% or more beneficial ownership in the Applicant Company who exercise control over the Applicant Company; and

Individuals with a 10% or more beneficial ownership in the Applicant Company's ultimate controlling person who will exercise control over the Applicant Company, and officers and directors of the ultimate controlling person who will control the operations of the Applicant Company

Affidavit originally signed and notarized within one year of application date

Affidavit certified by independent third party

14. **State-Specific Information**

Some jurisdictions may have additional requirements that must be met before a Certificate of Authority can be issued. Before completing a UCAA Primary Application, the Applicant Company should review a listing of requirements for the state to which it is applying.

**Filing Requirements – Redomestications Only**

The requirements of this section are only for those Applicant Company’s seeking to redomesticate from one state to another and are in addition to the requirements of Section II, items 1-14 of the Primary Checklist. A Redomestication is defined as the process where any insurer organized under the laws of any other state may become a domestic insurer that transfers its domicile to another state by merger or consolidation or any other lawful method. The Primary Application when used for a redomestication is filed with the Applicant Company’s new state of domicile.

15. **Annual Statement with Attachments**

Submit documentation as listed in Section III Filing Requirements Item 1

16. **Quarterly Statements**

Submit documentation as listed in Section III Filing Requirements Item 2

17. **Risk-Based Capital Report**

Submit documentation as listed in Section III Filing Requirements Item 3

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18. **Independent CPA Audit Report**   Submit documentation as listed in Section III Filing Requirements Item 4
19. **Reports of Examination**   Includes a copy of the most recent Report of Financial Examination from its domiciliary state and a note of all more recent examinations, completed by any state, including market conduct examinations along with a description of each examination.
20. **Certificate of Compliance (pursuant to Section III Filing Requirements Item 6)**   Original certification of compliance (Form 6) completed by domiciliary state insurance regulatory agency

**UNIFORM CERTIFICATE OF AUTHORITY APPLICATION (UCAA)**  
**Management Information Form**  
**Complete Listing of Incorporators\*, Officers**  
**Directors and Shareholders (10% or more)**

Incorporators\*

Titles:

Ownership Percentage:

Officers:

Directors:

Shareholders:

\* Primary Application Only