**Uniform Certificate of Authority Application (UCAA)**  
**Primary Application**

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

(Check the appropriate states in which the Applicant Company is applying.)

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<td>Missouri</td>
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The undersigned Applicant Company hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are all lines of business (a) currently authorized for transaction, (b) currently transacted and (c) which the Applicant Company is applying to transact.

Name of Applicant Company: ____________________________  NAIC No.: ____________________________  --  ____________________________

Home Office Address: _____________________________________________________________

Administrative Office Address: ______________________________________________________

Mailing Address: _________________________________________________________________

Phone: ___________________________________  Fax: ____________________________________

Are these addresses the same as those shown on the Applicant Company’s Annual Statement?

Yes [ ]  No [ ]

If not, indicate why:

______________________________________________________________________________

______________________________________________________________________________
Applicant Company Name: _____________________________  NAIC No. ____________________________
FEIN: ____________________________

Date Incorporated: __________________ Form of Organization: __________________

Billing Address: _____________________________ Phone: __________________ Fax: _____________
E-Mail Address: _____________________________

Premium Tax Statement Address: _____________________________ Phone: __________________ Fax: _____________
E-Mail Address: _____________________________

Producer Licensing Address: _____________________________ Phone: __________________ Fax: _____________
E-Mail Address: _____________________________

Rate/Form Filing Address: _____________________________ Phone: __________________ Fax: _____________
E-Mail Address: _____________________________

Consumer Affairs Address: _____________________________ Phone: __________________ Fax: _____________
E-Mail Address: _____________________________

State or Country of Domicile: _____________________________ Date Organized: __________________

Date of Last Amendment of Charter, Bylaws or Subscriber's Agreement: _____________________________

Date of Last Financial Examination: _____________________________

Date of Last Market Conduct Examination: _____________________________

Par Value of Issued Stock: $ __________________ Surplus as regards policyholders: $ _____________

Certificate of Deposit (Home State): $ __________________

Ultimate Owner/Holding Company: _____________________________

Has the Applicant Company ever been refused admission to this or any other state prior to the date of this application?

Yes ☐ No ☐

If yes, give full explanation in an attached letter.

The Applicant Company hereby designates (name natural persons only) _____________________________, to appoint persons and entities to act as and to be licensed as agents in the State of _____________________________, and to terminate the said appointments.

NOTE: This does not apply to those states that do not require appointments

The following information is required of the individual who is authorized to represent the Applicant Company before the department.

Name: _____________________________
Title: _____________________________
Mailing Address: _____________________________ Phone: __________________ Fax: _____________
E-Mail Address: _____________________________

If the representative is not employed by the Applicant Company, please provide a company contact person in order to facilitate requests for detailed financial information.

Name: _____________________________
Title: _____________________________
Mailing Address: _____________________________ Phone: __________________ Fax: _____________
E-Mail Address: _____________________________

Revised 08/18/14
© 2015 National Association of Insurance Commissioners 2
Applicant Company Name: _____________________________  NAIC No. ___________________________
FEIN: ___________________________

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

________________________________

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Applicant Company Officers’ Certification and Attestation

One of the officers (listed below) of the Applicant Company must read the following very carefully:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant Company, or both, to civil or criminal penalties.

2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant Company is licensed or to which the Applicant Company is applying for licensure.

3. I acknowledge that I am the ______________________ of the Applicant Company, am authorized to execute and am executing this document on behalf of the Applicant Company.

4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this __________________ at ___________________.

________________________________   __________________________

Date  Signature of President

________________________________   __________________________

Full Legal Name of President

________________________________   __________________________

Date  Signature of Secretary

________________________________   __________________________

Full Legal Name of Secretary

________________________________   __________________________

Date  Signature of Treasurer

________________________________   __________________________

Full Legal Name of Treasurer

________________________________

Name of Applicant Company

________________________________   __________________________

Date  Signature of Witness

________________________________   __________________________

Full Legal Name of Witness