

Applicant Name: _____

NAIC No. _____

FEIN: _____

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

State of _____
(Domiciliary state of applicant)

Office of _____
(Commissioner, Superintendent, Officer)

I, _____, hereby certify that I am the*
(name)
_____ of the State of _____
(position)

and have supervision of insurance business in said State and as such I hereby certify that

(name of Insurer)

of _____ is duly organized under the laws of said State and is
(city/state)

authorized to transact the business of _____
(line of insurance)**

_____ insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at _____
(location)

on this _____ day of _____, A.D. 20_____
(month)

(signature)

(printed name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.
** Lines of Insurance as shown on Form 3 of UCAA