

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

**Uniform Certificate of Authority Application
CERTIFICATE OF DEPOSIT**

I, _____, _____
Name Title

for the State of _____, hereby certify that _____
(Name of Applicant Company)

has on deposit through this office securities having par value of \$ _____ and/or a market value
of \$ _____ held on _____ for the benefit of all
Date

_____ Policyholders or _____ Policyholders and Creditors or _____ Policyholders or Creditors in accordance with the laws
of this state. A listing of said securities is attached and made part of this Certificate. **

In witness whereof, I have hereunto set my hand and affixed the official seal of my office in

City, State

this _____ day of _____, 20_____.

Signature

* Any state relying upon this deposit must notify the State completing this Certificate prior to granting the Applicant Company a Certificate of Authority. This Certificate does not guarantee the deposit balance subsequent to the aforementioned date as a result of the release of securities as authorized by this State.

** Listing should include a detailed description, including CUSIP number (if available), par value, and/or amortized value and/or market value for each security listed based on the information maintained by this state.