

Applicant Name _____

NAIC No. _____

FEIN: _____

**Statement of Voluntary Dissolution
Summary of License Status in Non-Domicile States**

This statement is submitted to the Company’s domestic state regulator to summarize how the Company has addressed its licensure in other states. Limit the information to those states in which a Certificate of Authority has been held within the last 10 years.

Certificate of Authority has been held from the states listed below:	Date of approval of surrender of Certificate of Authority by this state. If surrender is not in effect, attach explanation.	Do any policyholder obligations or contingent liabilities of the dissolving company exist in this state? If yes, attach explanation.	Have all premium taxes, fees and other monetary obligations owed to this state been paid? If no, attach explanation.	Does a state regulatory deposit exist in this state? If so, what is the amount and what is it for? If necessary, please attach an explanation.

I acknowledge that I am an officer of the Company, am authorized to execute and am executing this document on behalf of the Company. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing, including attachments, is true and correct as of the date of signature below.

Executed at _____
Location

Date

Signature of Officer

Printed Name

Title of Officer