Applicant Company Name: _____________________________  NAIC No. ___________________________
FEIN: ___________________________

Uniform Certificate of Authority Application (UCAA)
Statement of Withdrawal
(Foreign Insurance Company Withdrawal/Complete Surrender of Certificate of Authority Application)

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

(Check the appropriate state in which this application is being submitted.)

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<thead>
<tr>
<th>Alabama</th>
<th>Montana</th>
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<td>Alaska</td>
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<td>Colorado</td>
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<td>Missouri</td>
<td>Wyoming</td>
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</table>

The Uniform Certificate of Authority Statement of Withdrawal Application should be used to file a complete Surrender of the Certificate of Authority.

The ___________________________________________________________________________ (Name of Applicant Company) is seeking to surrender its authority to transact business in ____________ (State) and returns for cancellation its Certificate of Authority* for the following reason: ________________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

NAIC No.: ___________________________  Group Code: ____________________________

Proposed Effective Date of Withdrawal: ____________________________________________
Applicant Company Name: _____________________________ NAIC No. _____________________________
FEIN: _____________________________

Home Office Address: ____________________________________________
City: _____________________________ State: _____________________________ Zip Code: _____________________________
Email Address: ____________________________________________
Administrative Office Address: ____________________________________________
City: _____________________________ State: _____________________________ Zip Code: _____________________________
Mailing Address: ____________________________________________
City: _____________________________ State: _____________________________ Zip Code: _____________________________

Phone: _____________________________ Fax: _____________________________

Has the Applicant Company’s designee to appoint and remove agents changed as a result of this corporate amendment?
Yes [ ] No [ ]

If yes, please note the new designee (name natural persons only):
________________________________

Are these addresses the same as those shown on the Applicant Company’s Annual Statement?
Yes [ ] No [ ]

If not, indicate why:
________________________________
________________________________
________________________________

The following information is required of the individual (Applicant Company employee or paid consultant) who is authorized to represent the Applicant Company before the department.

Name: ____________________________________________
Title: ____________________________________________
Mailing Address: ____________________________________________
City: _____________________________ State: _____________________________ Zip Code: _____________________________
E-Mail Address: _____________________________ Phone: _____________________________ Fax: _____________________________

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

State of domicile or port of entry: ____________________________________________

Date of issuance of the original certificate of authority in the state that the Applicant Company is withdrawing from:
________________________________

Name and full street address to which the Commissioner may mail a copy of any service of process against the withdrawing Applicant Company.

Name: ____________________________________________
Street Address: ____________________________________________
City: _____________________________ State: _____________________________ Zip Code: _____________________________
E-Mail Address: ____________________________________________
1. Have all assessments by guaranty associations or statutorily mandated insurance pools while admitted to the state been paid?

   Yes [ ] No [ ]

   If no, please explain in an attachment to this statement.

2. Are there any regulatory actions in process, pending or in effect against the Applicant Company in any U.S. regulatory jurisdiction?

   Yes [ ] No [ ]

   If yes, please explain in an attachment to this statement.

3. Is there any business in force or any outstanding claim liabilities, contingent liabilities, or law suits currently existing in this state?

   Yes [ ] No [ ]

   If yes, please explain in an attachment to this statement.

4. Has the business in the state been transferred to another insurer in order to surrender the certificate of authority?

   Yes [ ] No [ ]

   If yes, attach reinsurance agreement (separate approval prior to surrendering a Certificate of Authority is required in [list states]).

   ______________________________________________________________
   ______________________________________________________________

   * If the Applicant Company is unable to locate its certificate of authority, submit an Affidavit of Lost Certificate of Authority (UCAA Form 15). The approval and subsequent withdrawal of Certificates of Authority may involve other state departments/agencies. Final approval resides with the regulator that is the recipient of this form.

   NOTE: Please review the UCAA State-Specific Information page for additional information regarding the requirements for a particular state.
Applicant Company Name: _____________________________
NAIC No. _____________________________
FEIN: _____________________________

Applicant Company Officers’ Certification and Attestation

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

1. We hereby certify, under penalty of perjury, that we have read the application, that we are familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. We are 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 us or the Applicant Company, or both, to civil or criminal penalties.

2. We acknowledge that we are 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 to withdraw or surrender its certificate of authority.

3. We acknowledge that we are the President/Vice President and Secretary/Assistant Secretary of the Applicant Company, are authorized to execute and are executing this document on behalf of the Applicant Company.

4. We hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at ________________________________.

(Location)

__________________________________________  ____________________________
Date                                               Signature of President (or Vice President)

____________________________________________
Full Legal Name of President (or Vice President)

__________________________________________  ____________________________
Date                                               Signature of Secretary (or Assistant Secretary)

____________________________________________
Full Legal Name of Secretary (or Assistant Secretary)

__________________________________________  ____________________________
Date                                               Signature of Witness

____________________________________________
Full Legal Name of Witness