

National Treatment and Coordination (E) Working Group

Company Licensing Proposal Form

<p style="text-align: right;">DATE: _____</p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: _____</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>AFFILIATION: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><u>FOR NAIC USE ONLY</u></p> <p>Agenda Item # _____</p> <p>Year _____</p> <p style="text-align: center;"><u>DISPOSITION</u></p> <p><input type="checkbox"/> ADOPTED _____</p> <p><input type="checkbox"/> REJECTED _____</p> <p><input type="checkbox"/> DEFERRED TO _____</p> <p><input type="checkbox"/> REFERRED TO OTHER NAIC GROUP _____</p> <p><input type="checkbox"/> EXPOSED _____</p> <p><input type="checkbox"/> OTHER (SPECIFY) _____</p>
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IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

UCAA Forms
 UCAA Instructions
 UCAA Manual
 Company Licensing Best Practices HB
 Enhancement to the Electronic Application Process

Forms:

Form 1 – Checklist
 Form 2 - Application
 Form 3 – Lines of Business
 Form 6- Certificate of Compliance
 Form 7 – Certificate of Deposit
 Form 8 - Questionnaire
 Form 8C- Corporate Amendment Questionnaire
 Form 11-Biographical Affidavit
 Form 12-Uniform Consent to
Service of Process
 Form 13- ProForma
 Form 14- Change of Address/Contact Notification
 Form 15 – Affidavit of Lost C of A
 Form 16 – Voluntary Dissolution
 Form 17 – Statement of Withdrawal

DESCRIPTION OF CHANGE(S)

REASON OR JUSTIFICATION FOR CHANGE **

Additional Staff Comments:

** This section must be completed on all forms.

Revised 04-2016