

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

WITHDRAWAL REQUIREMENTS

FOREIGN INSURANCE COMPANY WITHDRAWAL/COMPLETE SURRENDER OF CERTIFICATE OF AUTHORITY APPLICATION

Updates to the state-specific information will be noted with a “✓” next to the state name.

State	Fee	Requirement	Contact
AL		<ul style="list-style-type: none"> Surrender current Alabama Certificate of Authority UCAA Form 17, along with attachments which are required based on the responses to the Form, must be filed. 	Alabama Insurance Department P. O. Box 303351 Montgomery, AL 36130
AK		<ul style="list-style-type: none"> Company must be currently compliant. Must fulfill all current, and arrange for future, necessitates (taxes due, etc.) Original Alaska Certificate of Authority AS 21.09.245 and 3 AAC 31.050 	Division of Insurance State of Alaska P O Box 110805 Juneau, AK 99811-0805
AZ		<ul style="list-style-type: none"> Provide a statement of the insurer’s financial condition as of a date within 60 days of the filing date of the request for termination that includes a written statement, signed by two officers of the insurer as authorized on the jurat page of the insurer’s most recent annual statement, verifying that the statement of financial condition reflects the insurer’s financial position as of the date signed. Provide a plan of extinguishment of the insurer’s outstanding liabilities that satisfies the requirements of AACR20-6-303(C) OR a sworn affidavit stating that the insurer has no outstanding liabilities to policyholders or claimants under AAC R20-6-303 (C). Arizona Administrative Code R20-6-303 	Cary W. Cook Chief Financial Compliance Officer Arizona Dept. of Insurance Financial Affairs Division 100 N. 15 th Ave., Suite 102 Phoenix, AZ 85007-2624 <u>(602) 364-3986</u> <u>ccook@azinsurance.gov</u>
AR		<p>Any insurer desiring to surrender its Certificate of Authority, withdraw from this state, or discontinue the writing of certain classes of insurance in this state shall give ninety (90) days notice in writing to the State Insurance Department and shall state in writing its reasons for such action. The commissioner may waive any part of the notice requirement. A.C.A §23-63-211(e)</p> <p>Return the original certificate of authority or an affidavit of loss notarized and signed by an officer of the company.</p> <p>Provide a notarized affidavit by an officer of the Company stating there are no outstanding policies, claims or known liabilities, and the Company has no premium tax (or other taxes) due in this state.</p>	Legal Division (501) 371-2820 Insurance.legal@arkansas.gov

State	Fee	Requirement	Contact
AR (cont)		Contact our Accounting Division for the filing of the proper “final” tax filings. Accounting Division (501-371-2605).	
CA		California Insurance Code Sections 1070-1076. Foreign withdrawal fee: \$1,410	
CO	None	Summary of the company’s plan to transfer or run-off any existing business in the lines to be deleted.	Cindy Hathaway Director, Corporate Affairs (303) 894-7836 Cindy.Hathaway@state.co.us
CT		<ul style="list-style-type: none"> All outstanding losses and liabilities have been paid in the State of Connecticut. Board of Directors Resolution and Shareholder Resolution. Completed NAIC UCAA Statement of Withdrawal (Form 17) 	Company Licensing Section (860) 297-3814 ctinsdept.financial@po.state.ct.us
✓DE		<ul style="list-style-type: none"> Provide a statement notarized by an officer of the company that there are no outstanding policies, claims and liabilities. Return original Certificate of Authority. 	Delaware Department of Insurance Attn. B.E.R.G 1351 West North Street, Suite 101 Dover, DE 19904 (302) 674-7300 berg@delaware.gov
✓DC		<ul style="list-style-type: none"> Return Original Certificate of Authority. Provide a written statement that the insurer is surrendering the license. 	Denise Parker Company Licensing Specialist DC Department of Insurance & Securities Regulation 1050 First St., NE, Suite 801 Washington, DC 20002 (202) 442-7815 denise.parker@dc.gov
FL	None	<ul style="list-style-type: none"> 90 days written notice of reason for surrendering. Refer to Section 624.430, Florida Statutes, and Rule 690-141.020, Florida Administrative Code for the required format for the Notice and its contents. Return original Certificate of Authority. 	<u>For all Life & Health Companies:</u> Joe Erhart Applications Coordinator – L&H (850) 413-5066 joe.erhart@flor.com <u>For all Property & Casualty Companies:</u> Patty Spudeck Applications Coordinator – P&C (850) 413-2578 patty.spudeck@flor.com
GA			Kimnese Abdul-Salaam kabdul-salaam@oci.ga.gov

State	Fee	Requirement	Contact
HI	None	<p>Return of the company's original Hawaii Certificate of Authority or an affidavit of loss (Form 15) notarized and signed by an officer of the company.</p> <p>Comply with the following Hawaii Revised Statute (HRS) sections:</p> <p>HRS §431:3-215: Withdrawal from State; obligations HRS §431P-17: Additional notice requirement</p>	<p>Andrew Chow Insurance Examiner State of Hawaii, Insurance Division P.O. Box 3614 Honolulu, HI 96811-3614 Tel. (808) 586-8150 Fax: (808) 586-3873 achow@dcca.hawaii.gov</p>
✓ID	None	<ul style="list-style-type: none"> Form 17 or letter requesting to withdraw. Return Original Certificate of Authority. 	<p>Corporate Amendment Apps: Michele Munoz Technical Records Specialist Idaho Dept. of Insurance 700 W. State Street, 3rd Floor PO Box 83720 Boise, ID 83720-0043 Tel: (208) 334-4311 michele.munoz@doi.idaho.gov</p>
✓IL		<ul style="list-style-type: none"> Surrender the Original Certificate of Authority Sec. 118 Code (215 IICS 5/118) 	
✓IN		<ul style="list-style-type: none"> IC 27-1-10-1 Surrender of Certificate of incorporation Letter requesting withdrawal and completion of Form 17, Statement of Withdrawal Return of the original Indiana Certificate of Authority for cancellation 	<p>Britney Tate Indiana Department of Insurance 311 West Washington Street, Suite 300 Indianapolis, IN 46204-2787 (317) 232-2383 btate@idoi.in.gov</p>
IA	None	<p>Letter requesting withdrawal and completion of Form 17, Statement of Withdrawal.</p> <p>Return of the current Iowa Certificate of Authority for cancellation.</p>	<p>Nancy Ferguson, Examiner Iowa Insurance Division Two Ruan Center 601 Locust, 4th Floor Des Moines, IA 50309-3738 (515) 281-4423 nancy.ferguson@iid.iowa.gov</p>

State	Fee	Requirement	Contact
✓KS		Written statement from the Company stating that there is no existing or run-off business in KS and they do not intend to transact business in KS in the future. Return Original Certificate of Authority.	Tish Becker Interim Director , Financial Surveillance Division Kansas Insurance Dept. Financial Surveillance Division 420 SW 9th Street Topeka, KS 66612-1678 (785) 296-7816 Tish.becker@ks.gov
KY		A letter stating the Co. has no business in KY. Return of Original Certificate of Authority. Company must also file Articles of Dissolution with the KY Secretary of State. KRS 304.3-180;	Kentucky Department of Insurance P. O. Box 517 Frankfort, KY 40602-0517 Gina Metts Financial Standards and Examination Division (502) 782-5298 gina.metts@ky.gov
LA	None	La. R.S. 22:341	Mike Boutwell P.O. Box 94214 Baton Rouge, LA 70804-9214 (225) 342-0800 mboutwell@ldi.la.gov Tangela Byrd (225) 342-5972 tbyrd@ldi.la.gov
ME		24-A M.R.S.A. § 415-A: Withdrawal plan must be submitted for approval at least 60 days prior to the proposed date of withdrawal. See section 415-A and Me. Dep't of Prof. & Fin. Reg., 02-031 CMR 400 for plan requirements. The original Certificate of Authority must be returned.	Lauri Cooper Maine Bureau of Insurance 34 State House Station Augusta, ME 04333-0034 (207) 624-8464 laurelyn.s.cooper@maine.gov
MD	None	Company will need to furnish the current Maryland original Certificate of Authority. In addition, a cover letter requesting the Company's intention to withdraw, signed by an appropriate Corporate officer.	Victoria Claros Director of Company Licensing Maryland Insurance Administration 200 St. Paul Place, Suite 2700 Baltimore, MD 21201 (410) 468-2134 Victoria.claros@maryland.gov

State	Fee	Requirement	Contact
✓MA		<p>M.G.L.c.175,§44 is for MA Domestic Insurers.</p> <p>Foreign Insurers need to demonstrate that there is a plan in place that has been approved that protects MA policyholders with current or future claims.</p>	<p>MA Division of Insurance John Turchi Financial and Market Regulation 1000 Washington Street, Suite 810 Boston, MA 02118-6200 (617) 521-7701 john.turchi@state.ma.us</p>
MI		<p>In addition to the UCAA corporate amendments application, an affidavit signed by an actuary must be included indicating that the Company does not have any outstanding Michigan business to secure.</p> <p>Return of original Certificate of Authority.</p>	<p>Linda L. Martin 517-284-8756 martinl@michigan.gov</p>
MN		<p>If the Company hasn't written in MN: the Company is automatically allowed to withdrawal.</p> <p>60A.052, subd. 4a</p> <p>The Department requires a letter, signed by the President of the Company, to be sent to us stating the number and amount of outstanding claims and number of policies in-force in the State of Minnesota. The letter must also state that the Company will pay any and all outstanding desk audit fees charged to the Company at the time of the withdrawal. The Department will review the information and may issue an Order permitting such withdrawal from Minnesota. Note under Minn. Stat. 60A.052, Subd. 4a, all direct liability to Minnesota policyholders and obligees have to be assumed by another insurer before a company is allowed to withdraw.</p>	<p>Jill Kimes Phone: (651) 539-1760 Fax: (651) 539-1550 jill.kimes@state.mn.us</p> <p>Contact – Kathleen Orth Chief Examiner/Solvency Manager MN Dept. of Commerce 85 7th Place East, Suite 280 St. Paul, MN 55101-2198</p>
MS		<p>Surrender current Certificate of Authority</p> <p>Form 12 would not be required to be filed by an unlicensed insurer.</p> <p>All taxes, fees & filings due to MS Department of Revenue, MS State Rating Bureau, MS Workers' Comp. Commission & MS Insurance Department have been made.</p> <p>If business has been transferred to another company prior to the filing of the Form 17, prior notice of the reinsurance transaction and approval of the policyholder notification would be required.</p> <p>Original signatures are needed on Form 17.</p>	<p>Nancy Cross, Director Statutory Compliance P.O. Box 79 Jackson, MS 39205 601.359.3571 Nancy.cross@mid.ms.gov</p>
MO		<p>375.871.1 RSMO</p> <p>Copy of Board of Director's Resolution regarding withdrawal from the State.</p>	<p>Cindy Monroe, Admissions Specialist (573) 751-4362</p>
MT		<p>Ensure that there are no remaining liabilities to MT policyholders or claimants, and</p>	<p>Cheryl Donovan</p>

State	Fee	Requirement	Contact
		obtain the return of the original MT Certificate of Authority.	Montana Insurance Department 840 Helena Ave. Helena, MT 59601
NE		<ul style="list-style-type: none"> The company must have a procedure in place to handle outstanding claims and policyholders for any in-force business. Surrender current Certificate of Authority. 	Kristy Hadden, Company Administrator (402) 471-0373 Kristy.hadden@nebraska.gov Lori Bruss, Staff Assistant II Examination Division (402) 471-4045 lori.bruss@nebraska.gov
✓NV		Foreign RRG – Surrender original Nevada Certificate of Authority or submit a Form 15 Affidavit of Loss, signed by President of company. Contact Kathy Kelley , Administrative Assistant, to obtain a Foreign RRG Withdrawal Requirements Checklist Foreign Insurance Company – Surrender original Nevada Certificate of Authority or submit a Form 15 Affidavit of Loss, signed by President of company. Submit Form 17 Statement of Withdrawal to Robert Gallegos, Administrative Assistant	Nevada Division of Insurance Kathy Kelley , C&F 1818 E. College Parkway, Suite 103 Carson City, NV 89706 kkelley@doi.nv.gov (775) 687-0753 Nevada Division of Insurance Denise Costello 1818 E. College Parkway, Suite 103 Carson City, NV 89706 dcostello@doi.nv.gov (775) 687-0752
NH	\$25 and subject to retaliatory fees.	NH Application for Amendment Form Original Certificate of Compliance from state of domicile Return of NH current original Certificate of Authority	Diane Cygan, Financial Regulation Division NH Insurance Dept. 21 S Fruit St., Ste 14 Concord, NH 03301 Tele (603) 271-2241 Fax (603) 271-7029 diane.cygan@ins.nh.gov
NJ		If a company has no open liabilities in New Jersey for the lines it wishes to delete, it may submit a certification to that effect from its Board of Directors to: New Jersey Department of Banking and Insurance Solvency Regulation - Kwame Asare P.O. Box 325 Trenton, NJ 08625	
NJ		If a company has open liabilities it must submit a withdrawal plan pursuant to N.J.A.C.	

State	Fee	Requirement	Contact
(cont)		11:2-29.1 et seq. to the address noted above.	
NM	No Fee	Surrender Certificate of Authority. NAIC UCAA Statement of Withdrawal Form 17	Victoria Baca (505)827-4438 Ursula Almada (505) 827-4524 Office of Superintendent of Insurance PO Box 1689 Santa Fe, NM 87504-1689
NY		At least forty-five days prior to such proposed action insurer must submit a plan to protect the interests of people of NY for prior approval by the Superintendent pursuant to §1105 of the New York Insurance Law and Department Regulation 109 (11 NYCRR 88).	We require that one original document be sent to: Office of General Counsel State of New York Department of Financial Services One Commerce Plaza Albany, NY 12257 (518) 474-6623 And another original to the applicable bureau: Property Bureau James Davis, Assistant Chief Examiner State of New York Department of Financial Services One State Street New York, NY 10004 (212) 480-5124 james.davis@dfs.ny.gov Life Bureau Fred Bodinger, Associate Examiner State of New York Department of Financial Services One State Street New York, NY 10004 (212)480-4912 fred.bodinger@dfs.ny.gov Health Bureau
NY			Health Bureau

State	Fee	Requirement	Contact
(cont)			Warren Youngs, Supervising Examiner State of New York Department of Financial Services One State Street New York, NY 10004 (212) 480-5045 warren.youngs@dfs.ny.gov
NC	None	Cease writing business in NC. Provide actuarial Certification regarding outstanding policyholders obligations.	Brenda Young, Corp.Records Admin. 1203 Mail Service Center Raleigh, NC 27699-1203 (919) 807-6164 byoung@ncdoi.gov
ND		For Property & Casualty products pursuant to ND. N.D.C.C. Section 26.1-25-04.4 See http://www.nd.gov/ndins/companies/companylicensing/voluntarywithdrawal/ for voluntary withdrawal guidelines for all companies.	Company Licensing and Examinations Divisions ND Insurance Department 600 East Boulevard Avenue, Dept 401 Bismarck, ND 58505-0320 (701) 328-2440 colicexam@nd.gov
OH	None	In order to surrender its COA, a company must provide notice to policyholders through publication and then make application to the Department to surrender. Companies intending to surrender should contact the Department for guidance on how to proceed.	Cameron Piatt Assistant Chief-Taxes, Admissions and Foreign Analysis Office of Risk Assessment (614) 728-1074 Cameron.piatt@insurance.ohio.gov
OK		Return Oklahoma Certificate of Authority, completed UCAA Form 17 Statement of Withdrawal and UCAA Form 16a (if applicable). Please assure rate and form filings have been completed electronically through SERFF. Call our Rate & Form Compliance Division at 405-521-3681 should you have any questions regarding rate and form filings. Pursuant to Oklahoma Regulation 365:15-1-18/Oklahoma Regulation 365: 15-7-31. Any insurer desiring to withdraw from the state or discontinue the writing of certain classes of insurance in this state shall give ninety (90) days' notice in writing to the Insurance Department and shall state in writing its reasons for such action. The insurer shall also provide the following information: (1) The number of policyholders effected; (2) The number of insurance agents effected; (3) The date the insurer will cease writing new business; (4) The date the insurer will start non-renewing insurance policies;	Michael Parrott Financial Analyst Oklahoma Insurance Department 7645 E. 63 rd St., Suite 102 Tulsa, OK 74133 (918) 295-3711 ucaa@oid.ok.gov
OK			

State	Fee	Requirement	Contact
(cont)		(5) The date the insurer will transfer policyholders; (6) Whether the insurer has made arrangements with another insurer to pick up the renewals; (7) The lines of insurance on which the insurer plans to concentrate; and (8) Whether the insurer anticipates re-entering the market.	
OR	None	Submit an affidavit, which indicates the company, has no outstanding claims, liabilities or in-force business in the state of Oregon and if any should arise, the company will take full responsibility. Affidavit must be signed by an officer of the company. Submit current original Certificate of Compliance from state of domicile. Return original Certificate of Authority. ORS 731-512	Lauren Bodine, Financial Filings Coordinator Insurance Division-4 Company Regulation Section 350 Winter St., NE Room 440 Salem OR 97301-3883 (503) 947-7225 Lauren.N.Bodine@oregon.gov
PA		Requirements for Plan of Withdrawal see: http://www.insurance.pa.gov/Companies/ChangeProfile/Documents/Insurance%20Department%20Plan%20of%20Withdrawal%20Transition.pdf and Surrender Certificate of Authority see: http://www.insurance.pa.gov/Companies/ChangeProfile/Documents/foreign%20surrender%20COA%20requirements%202017.pdf	Chief, Company Licensing Division PA Insurance Department 1345 Strawberry Square Harrisburg, PA 17120 (717) 787-2735 ra-in-companylicense@pa.gov
PR		Circular letter No. E-10-1395-95 found on our website. Companies intending to surrender should contact the Department for guidance on how to proceed.	Mrs. Glorimar Santiago Interim Director Admissions and Financial Analysis Division (787)304-441 gsantiago@ocs.gobierno.pr
RI		An insurance company may apply for permission to surrender or not renew its license for a line of insurance pursuant to R.I. Ins. Div. Reg. 58	Debra Almeida Rhode Island Insurance Division 1511 Pontiac Avenue, Bldg 69-2 Cranston, RI 02920 (401) 462-9542 debra.almeida@dbr.ri.gov
SC		A letter from the President or CEO stating there are no outstanding policies in-force and no outstanding liabilities or claims. Any policy in-force or unsatisfied claims outstanding in SC is provided via Reinsurance or Merger by a SC authorized entity.	Lee Hill Chief Financial Analyst P.O. Box 100105 Columbia, SC 29202-3105 (803) 737-6199 lhill@doi.sc.gov
SD		Submit written letter of request to withdraw, signed by an officer. Indicate: No policies currently in force in SD & no outstanding claims or liabilities.	Patsy Madsen, Company Licensing Specialist

State	Fee	Requirement	Contact
		Please state: No business done in calendar year or if Yes premiums were received in calendar year. If Yes a "Final Premium Tax Return must be submitted along with taxes. Mark as Final Return. Return Original Certificate of Authority	SD Division of Insurance 445 E. Capitol Avenue, 1 st Floor Pierre, SD 57501 (605) 773-3563 patsy.madsen@state.sd.us
TN		Surrender of C of A or Affidavit of Lost C of A. A statement advising of the resolution of the company's current business in TN.	Phil Adams, Analyst (615) 741-1670 phil.adams@tn.gov
TX	No filing fee.	Cancellation of license filings only, not market withdrawal plan filing as required in Texas Insurance Code (TIC) 827 and 28 Texas Administrative Code (TAC) §§7.1801-7.1808 provides for a company to withdraw with PRIOR approval of the Commissioner of Insurance. See webpage for withdrawal requirements: http://www.tdi.texas.gov/licensing/company/ForeignCos.html#Market%20Exit	Company Licensing and Registration General Inquiries: CompanyLicense@tdi.texas.gov Electronic Filing via UCAA or CLRFilings@tdi.texas.gov
✓UT	Withdrawal Fee, if required by UCA § 31A-4-115(2) -	UCA § 31A-4-115 Statutes, Administrative Rules, and forms are available at https://insurance.utah.gov	Dava Neal Company Licensing Specialist (801) 538-3812 dneal@utah.gov
VT	\$25.00 or retaliatory amount	A foreign or alien company, upon withdrawing from the state of Vermont, shall pay to the Commissioner \$25.00 for the filing of its final financial statement. 8 V.S.A § 3561	Company Licensing (802) 828-2470 dfr.complic@vermont.gov
VA	None	A foreign insurance company/corporation is referred to the Office of the Clerk of the State Corporation Commission to surrender its general certificate of authority. An officer of the company must submit an affidavit requesting to surrender its license and the company is reviewed for direct business in VA.	Gayle Henderson, Office Supervisor VA SCC/Bureau of Insurance P.O. Box 1157 Richmond, VA 23218 (804) 371-9869 gayle.henderson@scc.virginia.gov
WA		Return of the original Certificate of Authority. Documentation that supports the transfer or assumption of any in-force business. RCW 48.05.290	Company Supervision Division Washington State Office of the Insurance Commissioner PO Box 40255 Olympia, WA 98504-0255 (360) 725-7200 csf@oic.wa.gov
✓WV		http://www.wvinsurance.gov/company/ 45 days prior, the company is required to submit a formal plan of withdrawal.	WV Offices of the Insurance Commissioner Financial Conditions Division PO Box 50540 Charleston, WV 25305-0540
WV (cont)			

State	Fee	Requirement	Contact
			(304) 558-2100 oiifinancialconditions@wv.gov
WI		Any transfer of business or reinsurance other than in the normal and usual course of business must be reported to the Office not less than 30 days in advance of the proposed effective date, and is subject to disapproval under s. 618.32, Wis. Stat. If applying for a release from regulation, the company must comply with s. 618.36, Wis. Stat.	Michael Mancusi-Ungaro Company Licensing Specialist Bureau of Financial Analysis and Examinations Office of the Commissioner of Insurance (608) 267-4555 Michael.MancusiUngaro@wisconsin.gov
WY		If leaving the health market, the company must comply with W.S. 26-15-121 and W.S. 26-19-305. If leaving the property & casualty market, the company must comply with Chapter 35 of the Wyoming Insurance Code. The company must return the original Certificate of Authority. W.S.26-3-113(c)	Samantha Sullivant Wyoming Ins. Dept. 106 East 6 th Avenue Cheyenne, WY 82002 (307) 777-7318 Samantha.sullivant@wyo.gov Linda Johnson, Chief Examiner (307) 777-5619 linda.johnson@wyo.gov