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.

<table>
<thead>
<tr>
<th>State</th>
<th>Fee</th>
<th>Requirement</th>
<th>Contact</th>
</tr>
</thead>
</table>
| AL    |     | - 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    |     | - 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   |     | - 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. 15th Ave., Suite 261  
Phoenix, AZ 85007-2630  
(602) 364-3986  
ccook@azinsurance.gov |
| AR    |     | 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)  
       |     | Return the original certificate of authority or an affidavit of loss notarized and signed by an officer of the company.  
       |     | 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. | Legal Division  
(501) 371-2820  
Insurance.legal@arkansas.gov |
<table>
<thead>
<tr>
<th>State</th>
<th>Fee</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR (cont)</td>
<td>None</td>
<td>Contact our Accounting Division for the filing of the proper “final” tax filings. Accounting Division (501-371-2605).</td>
</tr>
<tr>
<td>CA</td>
<td>None</td>
<td>California Insurance Code Sections 1070-1076. Foreign withdrawal fee: $1,410</td>
</tr>
<tr>
<td>CO</td>
<td>None</td>
<td>Summary of the company’s plan to transfer or run-off any existing business in the lines to be deleted.</td>
</tr>
</tbody>
</table>
| CT | 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) |
| DE | 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. |
| DC | None | - Return Original Certificate of Authority.  
- Provide a written statement that the insurer is surrendering the license. |
| FL | 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. |
| GA | None | Kimmensee Abdul-Salaam  
kabdul-salaam@oci.ga.gov |
| Contact | \[\text{Cindy Hathaway}  
\text{Director, Corporate Affairs}  
\text{(303) 894-7836}  
\text{Cindy.Hathaway@state.co.us}\]  
Company Licensing Section  
(860) 297-3814  
tinsdept.financial@po.state.ct.us |
| Delaware Department of Insurance  
Attn. B.E.R.G  
1351 West North Street, Suite 101  
Dover, DE 19904  
(302) 674-7300  
berg@delaware.gov |
| 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 |
| For all Life & Health Companies:  
Joe Erhart  
Applications Coordinator – L&H  
(850) 413-5066  
joe.erhart@floir.com  
For all Property & Casualty Companies:  
Patty Spudeck  
Applications Coordinator – P&C  
(850) 413-2578  
patty.spudeck@floir.com |
<table>
<thead>
<tr>
<th>State</th>
<th>Fee</th>
<th>Requirement</th>
<th>Contact</th>
</tr>
</thead>
</table>
| HI    | None | 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. Comply with the following Hawaii Revised Statute (HRS) sections: HRS §431:3-215: Withdrawal from State; obligations HRS §431P-17: Additional notice requirement | Andrew Chow  
Insurance Examiner  
State of Hawaii, Insurance Division  
P.O. Box 3614  
Honolulu, HI 96811-3614  
Tel. (808) 586-3874  
Fax: (808) 586-3873  
achow@dcca.hawaii.gov |
| ID    | None | • Form 17 or letter requesting to withdraw.  
• Return Original Certificate of Authority. | 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 |
| IL    | None | • Surrender the Original Certificate of Authority  
Sec. 118 Code (215 IICS 5/118) | Darlene Earls  
Indiana Department of Insurance  
311 West Washington Street, Suite 300  
Indianapolis, IN 46204-2787  
(317) 232-5692  
mearls@doi.in.gov |
| IN    | None | • Letter requesting withdrawal and completion of Form 17, Statement of Withdrawal  
• Return of the original Indiana Certificate of Authority for cancellation  
*25 Filing Fee | 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 |
| IA    | None | Letter requesting withdrawal and completion of Form 17, Statement of Withdrawal. Return of the current Iowa Certificate of Authority for cancellation. | 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 |
<table>
<thead>
<tr>
<th>State</th>
<th>Fee</th>
<th>Requirement</th>
<th>Contact</th>
</tr>
</thead>
</table>
| 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  
Director, Financial Surveillance Division  
Kansas Insurance Dept.  
Financial Surveillance Division  
1300 SW Arrowhead Road  
Topeka, KS 66604  
(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 |
<table>
<thead>
<tr>
<th>State</th>
<th>Fee</th>
<th>Requirement</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA</td>
<td>M.G.L.c.175,§44 is for MA Domestic Insurers. 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.</td>
<td>MA Division of Insurance John Turchi Financial and Market Regulation 1000 Washington Street, Suite 810 Boston, MA 02118-6200 (617) 521-7701 <a href="mailto:john.turchi@state.ma.us">john.turchi@state.ma.us</a></td>
<td></td>
</tr>
<tr>
<td>MI</td>
<td>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. Return of original Certificate of Authority.</td>
<td>Linda L. Martin 517-284-8756 <a href="mailto:martinl@michigan.gov">martinl@michigan.gov</a></td>
<td></td>
</tr>
<tr>
<td>✔MN</td>
<td>If the Company hasn’t written in MN: the Company is automatically allowed to withdrawal. 60A.052, subd. 4a 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.</td>
<td>Judy Johnson Phone: (651) 539-1760 Fax: (651) 539-1550 <a href="mailto:judith.johnson@state.mn.us">judith.johnson@state.mn.us</a></td>
<td>Contact – Kathleen Orth Chief Examiner/Solvency Manager MN Dept. of Commerce 85 7th Place East, Suite 280 St. Paul, MN 55101-2198</td>
</tr>
<tr>
<td>MS</td>
<td>Surrender current Certificate of Authority Form 12 would not be required to be filed by an unlicensed insurer. All taxes, fees &amp; filings due to MS Department of Revenue, MS State Rating Bureau, MS Workers’ Comp. Commission &amp; MS Insurance Department have been made. 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. Original signatures are needed on Form 17.</td>
<td>Nancy Cross, Director Statutory Compliance P.O. Box 79 Jackson, MS 39205 601.359.3571 Nancy.cross @mid.ms.gov</td>
<td></td>
</tr>
<tr>
<td>MO</td>
<td>375.871.1 RSMO Copy of Board of Director’s Resolution regarding withdrawal from the State.</td>
<td>Cindy Monroe, Admissions Specialist (573) 751-4362</td>
<td></td>
</tr>
<tr>
<td>MT</td>
<td>Ensure that there are no remaining liabilities to MT policyholders or claimants, and</td>
<td>Michelle Scaccia</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Fee</td>
<td>Requirement</td>
<td>Contact</td>
</tr>
<tr>
<td>------</td>
<td>-----</td>
<td>-------------</td>
<td>---------</td>
</tr>
<tr>
<td>MT (cont)</td>
<td></td>
<td>obtain the return of the original MT Certificate of Authority.</td>
<td>Montana Insurance Department 840 Helena Ave. Helena, MT 59601</td>
</tr>
</tbody>
</table>
| NE | | • 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@nebraskagov |}
| 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 | 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  
If a company has open liabilities it must submit a withdrawal plan pursuant to N.J.A.C. | |
<table>
<thead>
<tr>
<th>State</th>
<th>Fee</th>
<th>Requirement</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ</td>
<td>11:2-29.1 et seq. to the address noted above.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NM</td>
<td>No Fee</td>
<td>Surrender Certificate of Authority.</td>
<td>Victoria Baca (505) 827-4438 Ursula Almada (505) 827-4524</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NAIC UCAA Statement of Withdrawal Form 17</td>
<td>Office of Superintendent of Insurance PO Box 1689 Santa Fe, NM 87504-1689</td>
</tr>
<tr>
<td>✔NY</td>
<td></td>
<td>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).</td>
<td>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 <strong>Eileen Fox</strong>, Assistant Chief Examiner State of New York Department of Financial Services One State Street New York, NY 10004 <strong>(212) 480-5565 <a href="mailto:eileen.fox@dfs.ny.gov">eileen.fox@dfs.ny.gov</a></strong> Life Bureau Fred Bodinger, Associate Examiner State of New York Department of Financial Services One State Street New York, NY 10004 <strong>(212)480-4912 <a href="mailto:fred.bodinger@dfs.ny.gov">fred.bodinger@dfs.ny.gov</a></strong></td>
</tr>
<tr>
<td>State</td>
<td>Fee</td>
<td>Requirement</td>
<td>Contact</td>
</tr>
<tr>
<td>-------</td>
<td>-----</td>
<td>-------------</td>
<td>---------</td>
</tr>
</tbody>
</table>
| NY (cont) | | | Health Bureau  
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  
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; | Michael Parrott  
Financial Analyst  
Oklahoma Insurance Department  
400 NE 50th Street  
Oklahoma City, OK 73105  
(918) 295-3711  
ucaa@oid.ok.gov |
<table>
<thead>
<tr>
<th>State</th>
<th>Fee</th>
<th>Requirement</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>OK (cont)</td>
<td></td>
<td>(4) The date the insurer will start non-renewing insurance policies; (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.</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td>None</td>
<td>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</td>
<td>Lauren Bodine, Financial Filings Coordinator Insurance Division-4 Company Regulation Section 350 Winter St., NE Room 440 Salem OR 97301-3883 (503) 947-7225 <a href="mailto:Lauren.N.Bodine@oregon.gov">Lauren.N.Bodine@oregon.gov</a></td>
</tr>
<tr>
<td>PA</td>
<td>Requirements for Plan of Withdrawal see: <a href="http://www.insurance.pa.gov/Companies/ChangeProfile/Documents/Insurance%20Department%20Plan%20of%20Withdrawal%20Transition.pdf">http://www.insurance.pa.gov/Companies/ChangeProfile/Documents/Insurance%20Department%20Plan%20of%20Withdrawal%20Transition.pdf</a> and Surrender Certificate of Authority see: <a href="http://www.insurance.pa.gov/Companies/ChangeProfile/Documents/foreign%20surrender%20COA%20requirements%202017.pdf">http://www.insurance.pa.gov/Companies/ChangeProfile/Documents/foreign%20surrender%20COA%20requirements%202017.pdf</a></td>
<td>Chief, Company Licensing Division PA Insurance Department 1345 Strawberry Square Harrisburg, PA 17120 (717) 787-2735 <a href="mailto:ra-in-companylicense@pa.gov">ra-in-companylicense@pa.gov</a></td>
<td></td>
</tr>
<tr>
<td>PR</td>
<td>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.</td>
<td>Mrs. Glorimar Santiago Interim Director Admissions and Financial Analysis Division (787)304-441 <a href="mailto:gsantiago@ocs.gobierno.pr">gsantiago@ocs.gobierno.pr</a></td>
<td></td>
</tr>
<tr>
<td>RI</td>
<td>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</td>
<td>Debra Almeida Rhode Island Insurance Division 1511 Pontiac Avenue, Bldg 69-2 Cranston, RI 02920 (401) 462-9542 <a href="mailto:debra.almeida@dbr.ri.gov">debra.almeida@dbr.ri.gov</a></td>
<td></td>
</tr>
<tr>
<td>SC</td>
<td>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.</td>
<td>Lee Hill Chief Financial Analyst P.O. Box 100105 Columbia, SC 29202-3105 (803) 737-6199 <a href="mailto:lhill@doi.sc.gov">lhill@doi.sc.gov</a></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Fee</td>
<td>Requirement</td>
<td>Contact</td>
</tr>
<tr>
<td>-------</td>
<td>-----</td>
<td>-------------</td>
<td>---------</td>
</tr>
<tr>
<td>SD</td>
<td>✔</td>
<td>Submit written letter of request to withdraw, signed by an officer. Indicate: No policies currently in force in SD &amp; no outstanding claims or liabilities. Please state: No business done in calendar year or if Yes premiums were received in calendar year. If Yes a &quot;Final Premium Tax Return must be submitted along with taxes. Mark as Final Return. Return Original Certificate of Authority</td>
<td>Patsy Madsen, Company Licensing Specialist&lt;br&gt;SD Division of Insurance&lt;br&gt;124 S. Euclid Ave., 2nd Floor&lt;br&gt;Pierre, SD 57501&lt;br&gt;(605) 773-3563&lt;br&gt;<a href="mailto:patsy.madsen@state.sd.us">patsy.madsen@state.sd.us</a></td>
</tr>
<tr>
<td>TN</td>
<td></td>
<td>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.</td>
<td>Phil Adams, Analyst&lt;br&gt;(615) 741-1670&lt;br&gt;<a href="mailto:phil.adams@tn.gov">phil.adams@tn.gov</a></td>
</tr>
<tr>
<td>TX</td>
<td>No filing fee.</td>
<td>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: <a href="http://www.tdi.texas.gov/licensing/company/ForeignCos.html#Market%20Exit">http://www.tdi.texas.gov/licensing/company/ForeignCos.html#Market%20Exit</a></td>
<td>Company Licensing and Registration&lt;br&gt;General Inquiries: <a href="mailto:CompanyLicense@tdi.texas.gov">CompanyLicense@tdi.texas.gov</a>&lt;br&gt;Electronic Filing via UCAA or&lt;br&gt;<a href="mailto:CLRFilings@tdi.texas.gov">CLRFilings@tdi.texas.gov</a></td>
</tr>
<tr>
<td>UT</td>
<td>Withdrawal Fee, if required by UCA § 31A-4-115</td>
<td>UCA § 31A-4-115&lt;br&gt;Statutes, Administrative Rules, and forms are available at <a href="https://insurance.utah.gov">https://insurance.utah.gov</a></td>
<td>Dava Neal&lt;br&gt;Company Licensing Specialist&lt;br&gt;(801) 538-3812&lt;br&gt;<a href="mailto:dneal@utah.gov">dneal@utah.gov</a></td>
</tr>
<tr>
<td>VT</td>
<td>$25.00 or retaliatory amount</td>
<td>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</td>
<td>Company Licensing&lt;br&gt;(802) 828-2470&lt;br&gt;<a href="mailto:dfr.complic@vermont.gov">dfr.complic@vermont.gov</a></td>
</tr>
<tr>
<td>VA</td>
<td>None</td>
<td>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.</td>
<td>Gayle Henderson, Office Supervisor&lt;br&gt;VA SCC/Bureau of Insurance&lt;br&gt;P.O. Box 1157&lt;br&gt;Richmond, VA 23218&lt;br&gt;(804) 371-9869&lt;br&gt;<a href="mailto:gayle.henderson@scc.virginia.gov">gayle.henderson@scc.virginia.gov</a></td>
</tr>
<tr>
<td>WA</td>
<td></td>
<td>Return of the original Certificate of Authority. Documentation that supports the transfer or assumption of any in-force business. RCW 48.05.290</td>
<td>Company Supervision Division&lt;br&gt;Washington State Office of the Insurance Commissioner&lt;br&gt;PO Box 40255&lt;br&gt;Olympia, WA 98504-0255&lt;br&gt;(360) 725-7200&lt;br&gt;<a href="mailto:csf@oic.wa.gov">csf@oic.wa.gov</a></td>
</tr>
<tr>
<td>WV</td>
<td></td>
<td><a href="http://www.wvinsurance.gov/company/">http://www.wvinsurance.gov/company/</a></td>
<td>WV Offices of the Insurance Commissioner&lt;br&gt;Financial Conditions Division</td>
</tr>
</tbody>
</table>

© 2020 National Association of Insurance Commissioners
<table>
<thead>
<tr>
<th>State</th>
<th>Fee</th>
<th>Requirement</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>WV (cont)</td>
<td></td>
<td>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.</td>
<td>PO Box 50540 Charleston, WV 25305-0540 (304) 558-2100 <a href="mailto:oicfinancialconditions@wv.gov">oicfinancialconditions@wv.gov</a></td>
</tr>
<tr>
<td>WI</td>
<td></td>
<td>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.</td>
<td>Michael Mancusi-Ungaro Company Licensing Specialist Bureau of Financial Analysis and Examinations Office of the Commissioner of Insurance (608) 267-4555 <a href="mailto:Michael.MancusiUngaro@wisconsin.gov">Michael.MancusiUngaro@wisconsin.gov</a></td>
</tr>
<tr>
<td>WY</td>
<td></td>
<td>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 &amp; 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)</td>
<td>Samantha Sullivant Wyoming Ins. Dept. 106 East 6th Avenue Cheyenne, WY 82002 (307) 777-7318 <a href="mailto:Samantha.sullivant@wyo.gov">Samantha.sullivant@wyo.gov</a></td>
</tr>
</tbody>
</table>

G. Douglas Melvin, Chief Examiner (307) 777-5619 doug.melvin@wyo.gov