

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
Expansion Application Checklist
For Expansion Application Only**

The application checklist is intended to help guide the insurer (herein after referred to as “Applicant Company”) with the assembly of a complete Expansion Uniform Certificate of Authority Application (UCAA). Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting the application for review. The completed checklist should be attached to the top of the application. For electronic filings, the checklist is automatically created and cannot be edited. Any additional items listed below pertaining to the application should be attached via the UCAA portal or mailed directly to the states.

Regulator Use Only

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|-----|--|--------------------------|
| 1. | Application Form and Supporting Documents, containing: | <input type="checkbox"/> |
| | <input type="checkbox"/> Completed UCAA Expansion Application Checklist (Form 1E) | |
| | <input type="checkbox"/> Original UCAA Expansion Form executed and signed (Form 2E) | |
| | <input type="checkbox"/> Include all lines of insurance the Applicant Company is licensed to transact, currently transacting and requesting authority to transact in all jurisdictions. (Form 3) | |
| | <input type="checkbox"/> Notification to state of domicile of planned expansion | |
| | <input type="checkbox"/> Cover letter (optional) | |
| 2. | Filing Fee (pursuant to Section II Filing Requirements Item 2), containing: | <input type="checkbox"/> |
| | <input type="checkbox"/> Payment of required filing fee | |
| | <input type="checkbox"/> Copy of check | |
| 3. | Minimum Paid-in Capital and Surplus Requirements (pursuant to Section II Filing Requirements Item 3) | <input type="checkbox"/> |
| | <input type="checkbox"/> Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared | |
| 4. | Certificate of Deposit for Statutory Deposit Requirements (pursuant to Section II Filing Requirements Item 4) | <input type="checkbox"/> |
| | <input type="checkbox"/> An original Certificate of Deposit prepared by state of domicile (Form 7) | |
| 5. | Name Approval (pursuant to Section II Filing Requirements Item 5) | <input type="checkbox"/> |
| | <input type="checkbox"/> Evidence of name approval request | |
| 6. | Plan of Operation (pursuant to Section II Filing Requirements Item 6) | <input type="checkbox"/> |
| | <input type="checkbox"/> Completed questionnaire (Form 8) | |
| | <input type="checkbox"/> Pro Forma (Form 13) | |
| | <input type="checkbox"/> Narrative | |
| 7. | Holding Company Act Filings (pursuant to Section II Filing Requirements Item 7) | <input type="checkbox"/> |
| | <input type="checkbox"/> Include Holding Company Act Filings, including Form B, Form F or substantially similar statement. | |
| 8. | Certificate of Compliance (pursuant to Section II Filing Requirements Item 8) | <input type="checkbox"/> |
| | <input type="checkbox"/> Original Certificate of Compliance (Form 6) completed by domiciliary state insurance regulatory agency | |
| 9. | Report of Examination (pursuant to Section II Filing Requirements Item 9) | <input type="checkbox"/> |
| | <input type="checkbox"/> Includes a copy of the most recent Report of Financial Examination from its domiciliary state and a note of all more recent examinations, completed by any state, including market conduct examinations along with a description of each examination. | |
| 10. | Statutory Membership(s) | <input type="checkbox"/> |
| | <input type="checkbox"/> Submit documentation as listed in Section II Filing Requirements Item 10 | |

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11. **Public Records Package – Submit ALL items in chart in Section II Item 11, including:**
- a. Articles of Incorporation, including:**
- Original certification by domiciliary state
- b. Bylaws, including:**
- Original certification by the Applicant Company’s corporate assistant
- c. Statement with attachments, including:**
- Current year annual statement*, verified and signed, including actuarial opinion, and NAIC Management’s Discussion and Analysis
- Current year quarterly statements (one copy for each quarter), verified and signed
- *1. Updated statements should be submitted on a timely basis while application is pending.
2. If annual statement for two preceding years has not been filed with the NAIC, one copy of each year must be submitted with the application.
- d. Independent CPA Audit Report**
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12. **NAIC Biographical Affidavit (Form 11) for the following:**
- Officers (as listed on Jurat Page of most recent or upcoming financial statement)
- Directors (as listed on Jurat Page of most recent or upcoming financial statement)
- Key managerial personnel (including heads of risk management, compliance, internal audit or other individuals who will control the operations of the Applicant Company or have binding authority over the Applicant Company)
- Any individual (including management not represented of the Jurat Page or not in key managerial positions) with 10% or greater ownership of the Applicant Company and/or the Applicant Company’s ultimate controlling entity. If applicable, a copy of a disclaimer of control and approval from the domiciliary regulator may be submitted in lieu of a biographical affidavit for those states that deem acceptable.
- Affidavit originally signed and notarized within six months of application date
- Affidavit certified by independent third party
13. **Uniform Consent to Service of Process**
- Original executed Service of Process form (Form 12)
14. **State-Specific Information**
- Check state-specific requirements for those states that require additional background information, such as fingerprints, in place of or in addition to Business Character Reports. If applying in one of those states, necessary fingerprint cards and processing fees should be included.