Uniform Certificate of Authority Application (UCAA)
Expansion Application

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

(Check the appropriate states in which the Applicant Company is applying.)

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The undersigned Applicant Company hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are all lines of business (a) currently authorized for transaction, (b) currently transacted, and (c) which the Applicant Company is applying to transact.

Name of Applicant Company: __________________________ NAIC No.: __________________________ -- __________ Group Code

Home Office Address: ________________________________________________________________________________

Administrative Office Address: _________________________________________________________________________

Mailing Address: ____________________________________________________________________________________

Phone: __________________________ Fax: __________________________

Are these addresses the same as those shown on the Applicant Company’s Annual Statement?

Yes [ ]  No [ ]

If not, indicate why: ________________________________________________________
Applicant Company Name: _____________________________   NAIC No. __________________________

Date Incorporated: ________________ Form of Organization: ___________________________________________________

Billing Address: ____________________________________________________________________________________
E-Mail Address: __________________ Phone: __________________ Fax: _________________________________

Premium Tax Statement Address: ______________________________________________________________________
E-Mail Address: __________________ Phone: __________________ Fax: _________________________________

Producer Licensing Address: __________________________________________________________________________
E-Mail Address: __________________ Phone: __________________ Fax: _________________________________

Rate/Form Filing Address: ____________________________________________________________________________
E-Mail Address: __________________ Phone: __________________ Fax: _________________________________

Consumer Affairs Address: ____________________________________________________________________________
E-Mail Address: __________________ Phone: __________________ Fax: _________________________________

State or Country of Domicile: __________________________ Date Organized: ______________________________

Date of Last Amendment of Charter, Bylaws or Subscriber's Agreement: ___________________________________________

Date of Last Financial Examination: ___________________________________________________________________

Date of Last Market Conduct Examination: ___________________________________________________________________

Par Value of Issued Stock: $ ___________________ Surplus as regards policyholders: $ _____________________________

Certificate of Deposit (Home State): $ ______________________________________________________________________

Ultimate Owner/Holding Company: ________________________________________________________________________

Has the Applicant Company ever been refused admission to this or any other state prior to the date of this application?

Yes [ ] No [ ]

If yes, give full explanation in an attached letter.

Is Applicant Company a member of a group that is required to file an Own Risk Solvency Assessment (ORSA) report with your lead state?

Yes [ ] No [ ]

Is the Applicant Company required to file an ORSA report with its lead state?

Yes [ ] No [ ]

If yes to either ORSA question, please provide:

Lead State: _______________ Lead State Contact Name: _________________________________________________

E-mail Address __________________ Phone: __________________

The Applicant Company hereby designates (name natural persons only) ___________________________ to appoint
persons and entities to act as and to be licensed as agents in the State of _______________________________, and to
terminate the said appointments.

NOTE: This does not apply to those states that do not require appointments.
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: ________________________________________________________________________________________

E-Mail Address: ____________________________ Phone: _______________________ Fax: _________________________

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

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

Applicant Company Officers’ Certification and Attestation

One of the three officers (listed below) of the Applicant Company must carefully read the following:

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

2. I acknowledge that I am 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 for licensure.

3. I acknowledge that I am the ___________________________ of the Applicant Company, am authorized to execute and am executing this document on behalf of the Applicant Company.

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

__________________________________  __________________________________
Date Signature of President

__________________________________
Full Legal Name of President

__________________________________  __________________________________
Date Signature of Secretary

__________________________________
Full Legal Name of Secretary

__________________________________  __________________________________
Date Signature of Treasurer

__________________________________
Full Legal Name of Treasurer

_________________________  __________________________________
Name of Applicant Company

__________________________________  __________________________________
Date Signature of Witness

__________________________________
Full Legal Name of Witness