

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)  
Statement of Withdrawal**

**(Foreign Insurance Company Withdrawal/Complete Surrender of Certificate of Authority Application)**

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

(Check the appropriate state in which this application is being submitted.)

Alabama		Montana	
Alaska		Nebraska	
Arizona		Nevada	
Arkansas		New Hampshire	
California		New Jersey	
Colorado		New Mexico	
District of Columbia		New York	
Connecticut		North Carolina	
Delaware		North Dakota	
Florida		Ohio	
Georgia		Oklahoma	
Hawaii		Oregon	
Idaho		Pennsylvania	
Illinois		Puerto Rico	
Indiana		Rhode Island	
Iowa		South Carolina	
Kansas		South Dakota	
Kentucky		Tennessee	
Louisiana		Texas	
Maine		Utah	
Maryland		Vermont	
Massachusetts		Virginia	
Michigan		Washington	
Minnesota		West Virginia	
Mississippi		Wisconsin	
Missouri		Wyoming	

The Uniform Certificate of Authority Statement of Withdrawal Application should be used to file a complete Surrender of the Certificate of Authority.

The \_\_\_\_\_ (Name of Applicant Company) is seeking to surrender its authority to transact business in \_\_\_\_\_ (State) and returns for cancellation its Certificate of Authority\* for the following reason: \_\_\_\_\_

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NAIC No.: \_\_\_\_\_ Group Code: \_\_\_\_\_

Proposed Effective Date of Withdrawal: \_\_\_\_\_

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Home Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Administrative Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Has the Applicant Company's designee to appoint and remove agents changed as a result of this corporate amendment?

Yes  No

If yes, please note the new designee (name natural persons only): \_\_\_\_\_

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

Yes  No

If not, indicate why:

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

State of domicile or port of entry: \_\_\_\_\_

Date of issuance of the original certificate of authority in the state that the Applicant Company is withdrawing from:

\_\_\_\_\_

Name and full street address to which the Commissioner may mail a copy of any service of process against the withdrawing Applicant Company.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

1. Have all assessments by guaranty associations or statutorily mandated insurance pools while admitted to the state been paid?

Yes  No

If no, please explain in an attachment to this statement.

2. Are there any regulatory actions in process, pending or in effect against the Applicant Company in any U.S. regulatory jurisdiction?

Yes  No

If yes, please explain in an attachment to this statement.

3. Is there any business in force or any outstanding claim liabilities, contingent liabilities, or law suits currently existing in this state?

Yes  No

If yes, please explain in an attachment to this statement.

4. Has the business in the state been transferred to another insurer in order to surrender the certificate of authority?

Yes  No

If yes, attach reinsurance agreement (separate approval prior to surrendering a Certificate of Authority is required in [list states]).

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\* If the Applicant Company is unable to locate its certificate of authority, submit an Affidavit of Lost Certificate of Authority (UCAA Form 15). The approval and subsequent withdrawal of Certificates of Authority may involve other state departments/agencies. Final approval resides with the regulator that is the recipient of this form.

NOTE: Please review the UCAA State-Specific Information page for additional information regarding the requirements for a particular state.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**Applicant Company Officers' Certification and Attestation**

The two officers (listed below) of the Applicant Company must read the following very carefully:

1. We hereby certify, under penalty of perjury, that we have read the application, that we are familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. We are 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 us or the Applicant Company, or both, to civil or criminal penalties.
2. We acknowledge that we are 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 to withdraw or surrender its certificate of authority.
3. We acknowledge that we are the President/Vice President and Secretary/Assistant Secretary of the Applicant Company, are authorized to execute and are executing this document on behalf of the Applicant Company.
4. We hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at \_\_\_\_\_ .  
(Location)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of President (or Vice President)

\_\_\_\_\_  
Full Legal Name of President (or Vice President)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Secretary (or Assistant Secretary)

\_\_\_\_\_  
Full Legal Name of Secretary (or Assistant Secretary)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Full Legal Name of Witness