Florida Office of Insurance Regulation

Applicant Company Name: _____ NAIC No. _____

FEIN: _____

Uniform Certificate of Authority Application (UCAA)
Primary Application Checklist
For Primary 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 Primary 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.

Regulator Use Only

1. **Application Form, containing:** ☐
   - ☐ Completed UCAA Primary Application Checklist (Form 1P)
   - ☐ Original UCAA Primary Application executed and signed (Form 2P)
   - ☐ Include all lines of insurance the Applicant Company is licensed to transact, currently transacting, and requesting authority to transact in all jurisdictions (Form 3).

2. **Filing Fee (pursuant to Section II Filing Requirements Item 2), containing:** ☐
   - ☐ Payment of required filing fee
   - ☐ Copy of check

3. **Minimum Capital and Surplus Requirements (pursuant to Section II Filing Requirements Item 3)** ☐
   - ☐ Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared

4. **Statutory Deposit Requirements (pursuant to Section II Filing Requirements Item 4)** ☐
   - ☐ An original Certificate of Deposit prepared by state of domicile (Form 7)

5. **Name Approval (pursuant to Section II Filing Requirements Item 5)** ☐
   - ☐ Evidence of name approval request

6. **Plan of Operation (pursuant to Section II Filing Requirements Item 6)** ☐
   - ☐ Completed questionnaire (Form 8)
   - ☐ Pro Forma
   - ☐ Narrative

7. **Holding Company Act Filings (pursuant to Section II Filing Requirements Item 7)** ☐
   - ☐ Include Holding Company Act Filings, including Form B, Form F or substantially similar statement
   - ☐ Include Corporate Governance Annual Disclosure and any updates (if applicable)

8. **Statutory Membership(s)** ☐
   - ☐ Submit documentation as listed in Section II Filing Requirements Item 8

9. **SEC Filings or Consolidated GAAP Financial Statement** ☐
   - ☐ Submit documentation as listed in Section II Filing Requirements Item 9

10. **Debt-to-Equity Ratio Statement** ☐
    - ☐ Submit documentation as listed in Section II Filing Requirements Item 10

11. **Custody Agreements** ☐
    - ☐ Submit documentation as listed in Section II Filing Requirements Item 11

Applicant Company Name: _____ NAIC No. _____
FEIN: _____

Regulator Use Only

12. **Public Records Package – Submit ALL items in chart in Section II Item 12, 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
- ☐ 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 ☐

13. **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
- ☐ Affidavit originally signed and notarized within six months of application date
- ☐ Affidavit certified by independent third party

14. **State-Specific Information** ☐
- ☐ Some jurisdictions may have additional requirements that must be met before a Certificate of Authority can be issued. Before completing a UCAA Primary Application, the Applicant Company should review a listing of requirements for the state to which it is applying.

Filing Requirements – Redomestications Only

The requirements of this section are only for those Applicant Company's seeking to redomesticate from one state to another and are in addition to the requirements of Section II, items 1-14 of the Primary Checklist. A Redomestication is defined as the process where any insurer organized under the laws of any other state may become a domestic insurer that transfers its domicile to another state by merger or consolidation or any other lawful method. The Primary Application when used for a redomestication is filed with the Applicant Company's new state of domicile.

15. **Annual Statement with Attachments** ☐
- ☐ Submit documentation as listed in Section III Filing Requirements Item 1

16. **Quarterly Statements** ☐
- ☐ Submit documentation as listed in Section III Filing Requirements Item 2

17. **Risk-Based Capital Report** ☐
- ☐ Submit documentation as listed in Section III Filing Requirements Item 3

Applicant Company Name: _____ NAIC No. _____
FEIN: _____

Regulator Use Only

18. **Independent CPA Audit Report** ☐
☐ Submit documentation as listed in Section III Filing Requirements Item 4

19. **Reports of Examination** ☐
☐ 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.

20. **Certificate of Compliance (pursuant to Section III Filing Requirements Item 6** ☐
☐ Original certification of compliance (Form 6) completed by domiciliary state insurance regulatory agency

21. **Corporate Governance Annual Disclosure** ☐
☐ Include Corporate Governance Annual Disclosure and any updates (if applicable)

Applicant Company Name: _____ NAIC No. _____
FEIN: _____

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION (UCAA)
Management Information Form
Complete Listing of Incorporators*, Officers
Directors and Shareholders (10% or more)

Incorporators*	Titles:	Ownership Percentage:

Officers:

Directors:

Shareholders:

* Primary Application Only