



# Florida Office of Insurance Regulation

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

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

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

## Uniform Certificate of Authority Application (UCAA) Corporate Amendments Application Application to Amend Certificate of Authority

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

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

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	

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

The Uniform Certificate of Authority Corporate Amendments Application can be used to file more than one change in the same submission. The Applicant Company should mark all changes being filed on the application form and submit all items required for those changes in one package.

(Check the type of transaction for which the Applicant Company is applying.)

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

☐ Name Change

☐ Delete Lines of Business

☐ Redomestication of a Foreign Insurer

☐ Change of Statutory Home Office Address

☐ Merger of Two or More Foreign Insurers

Name of Non-Surviving Insurer and Cocode

☐ Pre-notification of Change of Control of Foreign Insurer

☐ Notification of Change of Control of Foreign Insurer

☐ Amended Articles of Incorporation

☐ Amended Bylaws

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

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

Effective Date of Name Change: \_\_\_\_\_

Previous Name of Applicant Company: \_\_\_\_\_

New Name of Applicant Company: \_\_\_\_\_

Did the Applicant Company experience a merger or an owner change prior to the name change?

Yes ☐ No ☐

If yes, please be sure an application is also submitted for the merger and/or ownership change transaction.

Effective Date of Change of Control of Foreign Insurer: \_\_\_\_\_

Previous Group Name: \_\_\_\_\_ Group Code: \_\_\_\_\_

New Group Name: \_\_\_\_\_ Group Code: \_\_\_\_\_

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): \_\_\_\_\_

Effective Date of Redomestication: \_\_\_\_\_ Previous State: \_\_\_\_\_ New State: \_\_\_\_\_

Effective Date of Statutory Home Office Address Change: \_\_\_\_\_

Previous Statutory Home Office Address: \_\_\_\_\_

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

New Statutory Home Office Address: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

If a merger of two or more foreign insurers:

Effective Date of Merger: \_\_\_\_\_

Current Name of Surviving Applicant Company: \_\_\_\_\_ NAIC No.: \_\_\_\_\_ Group Code: \_\_\_\_\_

Proposed New Name of Surviving Applicant Company: \_\_\_\_\_ NAIC No.: \_\_\_\_\_ Group Code: \_\_\_\_\_

Name of Non-Surviving Insurer: \_\_\_\_\_ NAIC No.: \_\_\_\_\_ Group Code: \_\_\_\_\_

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

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

Name of Surviving Insurer: \_\_\_\_\_

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

Surviving Applicant Company's Home Office Address: \_\_\_\_\_

Surviving Applicant Company's Administrative Office Address: \_\_\_\_\_

Surviving Applicant Company's Mailing Address: \_\_\_\_\_

Surviving Applicant Company's Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Yes ☐ No ☐

If not, indicate why: \_\_\_\_\_

Date of Last Market Conduct Examination: \_\_\_\_\_

Has the Applicant Company had an application for these lines of business refused by this or any other state prior to the date of this application?

Yes ☐ No ☐

If yes, give full explanation in an attached letter.

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: \_\_\_\_\_

If the representative is not employed by the Applicant Company, please provide a company contact person in order to facilitate requests for detailed financial information.

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, which are pending before the Department:

A Certificate of Compliance from the Applicant Company's state of domicile (for foreign applicants) and the Applicant Company's original Certificate of Authority or an Affidavit of Lost Certificate of Authority must accompany this application. (not applicable for Change of Control, Amended Articles of Incorporation or Amended Bylaws.)

**Applicant Company Officers' Certification and Attestation**

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

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, the Applicant Company, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions 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\_\_\_\_\_  
Applicant Company\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Witness\_\_\_\_\_  
Full Legal Name of Witness



## Florida Office of Insurance Regulation

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

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

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

### Uniform Certificate of Authority Application (UCAA) Corporate Amendments Application Checklist For Corporate Amendments 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 Corporate Amendments 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. For hardcopy filings 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

1. **Application Form (pursuant to Sections I-VIII, Filing Requirements Item 1), containing:** ☐
  - ☐ Completed UCAA Corporate Amendments Application Checklist (Form 1C)
  - ☐ Original UCAA Corporate Amendments Application Form executed, signed and Attachments (Form 2C)
  - ☐ Original Certificate of Authority or an Affidavit of Lost Certificate of Authority (Form 15) (not applicable for Sections VI-XII)
  - ☐ Cover Letter (Optional)
2. **Filing Fee (pursuant to Sections I-VIII and Sections IX-XII (if applicable), Filing Requirements Item 2), containing:** ☐
  - ☐ Payment of required filing fee
  - ☐ Copy of check
3. **Articles of Incorporation/Articles of Merger (pursuant to Sections I-VII, Filing Requirements Item 3)** ☐
  - ☐ Submit documentation as listed.
4. **Bylaws (pursuant to Sections I-VI, Filing Requirements Item 4; Section VIII, Filing Requirements Item 3)** ☐
  - ☐ Submit documentation as listed.
5. **Lines of Insurance (pursuant to Section I, Filing Requirements Item 1)** ☐
  - ☐ Include all lines of insurance the Applicant Company is licensed to transact, currently transacting and requesting authority to transact in all jurisdictions (Form 3)
6. **Minimum Capital and Surplus Requirements (pursuant to Sections I and V, Filing Requirements Item 5)** ☐
  - ☐ Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared
7. **Certificate of Deposit for Statutory Deposit Requirements (pursuant to Sections I and V, Filing Requirements Item 6; Section III, Filing Requirements Item 5)** ☐
  - ☐ An original Certificate of Deposit prepared by state of domicile (Form 7)
8. **Plan of Operation (pursuant to Sections I, V and VI, Filing Requirements Item 7)** ☐
  - ☐ Completed Questionnaire (Form 8C) (per Section I, Filing Requirements Item 7)
  - ☐ Pro Forma (Form 13)
  - ☐ Narrative
9. **Deleting Lines of Business (pursuant to Section I, Filing Requirements Item 11)** ☐
  - ☐ Questionnaire (Form 8C), complete Section I, questions 22-25

10. **Statutory Membership(s) (pursuant to Sections I and V, Filing Requirements Item 8)** ☐

☐ Submit documentation as listed.

11. **Certificate of Compliance (pursuant to Section I, Filing Requirements Item 9)** ☐

☐ Original Certificate of Compliance completed by domiciliary state insurance regulatory agency (Form 6)

12. **State-Specific Information (pursuant to Section I, Filing Requirements Item 10; Sections II and IV, Filing Requirements Item 7; Section III, Filing Requirements Item 8; Section V, Filing Requirements Item 12; Section VI, Filing Requirements Item 9; Section VII, Filing Requirements Item 6; Section VIII, Filing Requirements Item 5; and Section X, Filing Requirements Item 4)** ☐

☐ Some jurisdictions may have additional requirements that must be met before approval can be granted or the amended Certificate of Authority can be issued. The Applicant Company should review the list of requirements for the state to which they are applying. That listing can be found at [http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm)

13. **Uniform Consent to Service of Process (pursuant to Sections II – IV, Filing Requirements Item 5; Section V, Filing Requirements Item 10; and Section VI Filing Requirements Item 7)** ☐

☐ Original executed Service of Process form (Form 12)

14. **State of Domicile Approval (pursuant to Sections II and IV, Filing Requirements Item 6; Section V, Filing Requirements Item 11; Section VI, Filing Requirements Item 8; Section III, Filing Requirement Item 7; Section VII, Filing Requirements Item 5; and Section VIII, Filing Requirements Item 4)** ☐

☐ Submit documentation of domiciliary notification.

15. **NAIC Biographical Affidavit (Form 11), (pursuant to Section V, Filing Requirement Item 9 and Section VI, Filing Requirement Item 6), 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

16. **Name Approval (pursuant to Section II, Filing Requirements Item 8)** ☐

☐ Evidence of name approval request

17. **Statement of Withdrawal (pursuant to Section X, Filing Requirements Item 3)** ☐

☐ Completed Form 17

☐ Submit documentation, if applicable, for:

☐ Reinsurance Agreement

☐ Assumption Agreement

☐ Outstanding Liabilities or Law suits

☐ Pending Regulatory Actions



**Florida Office of Insurance Regulation**

Applicant Name: \_\_\_\_\_ NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)  
AFFIDAVIT OF LOST CERTIFICATE OF AUTHORITY**

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_,  
who after being by me duly sworn upon oath deposes and states:

That he/she is the \_\_\_\_\_ of  
(Position with Company)

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_, \_\_\_\_\_,  
(City of Domicile) (State of Domicile)

and that he/she has custody and control of the minutes and other records of said corporation and that diligent search has been  
made for the current Certificate of Authority issued to said corporation by the \_\_\_\_\_.  
(State Department of Insurance)

This said Certificate of Authority, issued in \_\_\_\_\_, cannot be located and is considered lost, misplaced or destroyed, and  
(Year)

it is therefore impossible to surrender said Certificate to the \_\_\_\_\_.  
(State Department of Insurance)

In the event that the original Certificate of Authority is located, the Company will immediately return the Certificate of  
Authority to the \_\_\_\_\_.  
(State Department of Insurance)

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature)

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

This instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, the above named  
\_\_\_\_\_, personally known to me, who, being duly sworn, deposes and says that he/she executed the  
above instrument and that the statements and answers contained therein, are true and correct to the best of his/her knowledge and  
belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(SEAL) My commission expires:

\_\_\_\_\_  
(Notary Public)



## Florida Office of Insurance Regulation

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

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

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

### **Uniform Certificate of Authority Application QUESTIONNAIRE**

#### **For Adding or Deleting Lines of Business to an Existing Certificate of Authority**

**Directions:** Complete **Section I** (questions 1 – 21) for adding new lines of business. Complete **Section II** (questions 22 through 25) for deleting lines of business. Each "Yes" or "No" question is to be answered by marking an "X" in the appropriate space. All questions should be answered. If the Applicant Company denotes a question as "Not Applicable" (N/A) an explanation must be provided. Other answers and additional explanations or details may be provided in writing attached to the affidavit. Please complete this form and file it with the Applicant Company's application to change lines of business to its Certificate of Authority.

#### **Section I**

1. Has the Applicant Company merged or consolidated with any other company within the last five years?  
Yes \_\_\_\_ No \_\_\_\_
2. Have any of the following taken place since the date of the Applicant Company's most recent Annual Statement?
  - A. Is the Applicant Company presently negotiating for or inviting negotiations for any transaction as described in question 1 above?  
Yes \_\_\_\_ No \_\_\_\_
  - B. A change of management or control?  
Yes \_\_\_\_ No \_\_\_\_
  - C. Does the Applicant Company contemplate a change in management or any transaction which would normally result in a change of management within the next 12 months?  
Yes \_\_\_\_ No \_\_\_\_

If the answer to any question is yes, provide the details in writing and attach to the Questionnaire.
3.
  - A. Has the Applicant Company's certificate of authority to do business in any state been suspended or revoked within the last five years?  
Yes \_\_\_\_ No \_\_\_\_
  - B. Has the Applicant Company's application for admission to any state been denied within the last five years?  
Yes \_\_\_\_ No \_\_\_\_
  - C. Has the Applicant Company's application to add lines of business to its Certificate of Authority in any state been denied within the last five years?  
Yes \_\_\_\_ No \_\_\_\_

If the answer to any of the above question is yes, provide the details in writing and attach to the Questionnaire.
4. Since the date of the most recent Annual Statement, has any person who is presently an officer, director, or shareholder of the Applicant Company, been convicted of, or pleaded guilty, or nolo contendere to, a felony charge for theft, larceny or mail fraud, or of violating any corporate securities statute or any insurance statute?  
Yes \_\_\_\_ No \_\_\_\_

If yes, provide the details in writing and attach to the Questionnaire.



5. Is the Applicant Company presently engaged in a dispute with any state or federal regulatory agency?  
Yes \_\_\_\_ No \_\_\_\_  
If yes, provide the details in writing and attach to the Questionnaire.
6. Is the Applicant Company a plaintiff or defendant in any legal action other than one arising out of policy claims?  
Yes \_\_\_\_ No \_\_\_\_  
If yes, provide a summary of each case and attach to the Questionnaire.
7. Has the Applicant Company, within 18 months last preceding the date of this affidavit, entered into any material transactions, as defined in the NAIC Model Law on Material Transactions, with any affiliate, officer, director, trustee, or shareholder which has not been approved in writing by the state of domicile? Material transactions include: loans, transfers of assets, purchases of assets, reductions of liabilities, or reinsurance transactions.  
Yes \_\_\_\_ No \_\_\_\_  
If yes, provide the details in writing and attach to the Questionnaire.
8. Please explain the Applicant Company's experience, expertise or background regarding the requested lines of business. This explanation should be specific and include documentation which shows the amount of time the Applicant Company has written this product, premium volumes, profitability of the Applicant Company, applicable managerial experience and other information which demonstrates that the Applicant Company has experience in writing the requested line of business sufficient to satisfy the seasoning or experience requirements of the state in which the application is being submitted.
9. Provide a list of any affiliated parties that will be involved in the marketing, underwriting, servicing, administration, premium financing, claims adjustment or claims payment for the requested lines of business.
10. Provide a detailed description of the Applicant Company's sales techniques for the requested lines of business. The description should include:
- A. Information regarding recruitment and training of sales representatives.
  - B. Identification as to whether the Applicant Company will be a direct writer or will use agents, brokers, or a combination thereof.
  - C. Explanation of the compensation and control to be provided by the Applicant Company to its agents, brokers or sales personnel.
  - D. Identification of any specific agency, third party administrator, or managing general agent, and a copy of the agreement.
11. For each state in which the Applicant Company is filing, provide the following for the requested lines of business:
- A. The product lines to be sold by the Applicant Company,
  - B. The Applicant Company's marketing plan, including a description of the financial, corporate, or other connections productive of insurance,
  - C. The Applicant Company's current and expected competition (both regionally and nationally) and
  - D. Include a detailed explanation as to how the Applicant Company will develop, purchase, control and supervise its advertising.

A general description of the classes to be transacted is not an adequate response. For example, if the Applicant Company plans to market credit life and disability products tailored for use by credit unions, simply stating that it will transact credit life and disability is inadequate.

12. If a parent, subsidiary, and/or affiliated insurer is already admitted for the classes of insurance requested in the pending application, differentiate the products and/or markets of the Applicant Company from those of the admitted insurer(s).
13. Explain in detail how (a) the Applicant Company's policies will be underwritten, including the issuance of policies and endorsements (b) policies will be cancelled and (c) premiums and other funds will be handled, including:
  - A. Identify the entity that will perform each of these functions.
  - B. If personnel performing these functions will be shared with another entity, or if another entity will be performing these functions, provide an explanation of this arrangement.
14. Explain in detail how the Applicant Company will adjust and pay claims.
  - A. Identify the entity that will perform the Applicant Company's claims adjusting and claims payment functions.
  - B. If personnel for claims adjusting or claims payment will be shared with another entity, or another entity will be performing the Applicant Company's claims adjusting and claims payment, please explain this arrangement, including any affiliation with the Applicant Company.
  - C. Provide detailed information as to how and by whom claim reserves will be set and modified.
  - D. Does the Applicant Company pay any representative given discretion as to the settlement or adjustment of claims under life or disability policies, whether in direct negotiation with the claimant or in supervision of the person negotiating, a compensation which is in any way contingent upon the amount of settlement of such claims?  
Yes \_\_\_\_ No \_\_\_\_  
  
If yes, please provide a detailed explanation and attach to Questionnaire.
15. Is the Applicant Company a member of a group of companies that shares any of the following:
  - A. Common facilities with another company or companies  
Yes \_\_\_\_ No \_\_\_\_
  - B. Services (e.g. accounting personnel for financial statement preparation)  
Yes \_\_\_\_ No \_\_\_\_

If the answer to any of the above is yes please provide a detailed explanation and attach to Questionnaire.
16. Provide a company-wide, three-year pro forma balance sheet and income statement. For the lines being requested, provide (3) year premium and loss projections by line for the state in which additional lines of business have been requested. Projections should support all aspects of the proposed plan of operation, including reinsurance arrangements and any delegated function agreements. Include the assumptions used to arrive at these projections.
17. Provide an explanation of any reinsurance that will be entered into, or that is currently in place covering the requested lines of business. Provide details and attach to the Questionnaire.

18. Are any of the Applicant Company's policies being sold in connection with mutual funds or investments in securities?  
Yes \_\_\_\_ No \_\_\_\_ Not Applicable \_\_\_\_
- If yes, supply details including all sales literature which refers to the insurance and mutual fund or other investment plan connection.
19. If the Applicant Company is applying for authority to write Variable Annuities, provide the following:
- A. Copy of any third party management or service contracts
  - B. Commission schedules
  - C. Five-year sales and expense projections
  - D. A statement from the Applicant Company's actuary describing reserving procedures including the mortality and expense risks which the Applicant Company will bear under the contract
  - E. Statement of the investment policy of the separate account
  - F. Copy of the variable annuity prospectus properly filed with the SEC
  - G. Copies of the variable annuity laws and regulations of the state of domicile
  - H. Copy of the variable annuity contract and application
  - I. A description of any investment advisory services contemplated relating to Separate Accounts
  - J. Board of Directors resolution authorizing the creation of the separate account.
20. If the Applicant Company is applying for authority to write Variable Life Insurance, provide the following:
- A. Copy(ies) of variable life policy(ies) the Applicant Company intends to issue
  - B. Name and experience of person(s) or firm(s) proposed to supply consulting, investments, administrative, custodial or distribution services to the Applicant Company
  - C. Disclose whether each investment advisor, 1) is registered under the Investment Advisers Act of 1940, or 2) is an investment manager under the Employee Retirement Income Security Act of 1974, or 3) whether the Applicant Company will annually file required information and statements concerning each investment advisor as required by its domiciliary state.
  - D. Copy of the variable life prospectus properly filed with the SEC
  - E. Statement of the investment policy of any separate account, and the procedures for changing such policy
  - F. Copies of the variable life insurance laws and regulations of the state of domicile
  - G. A statement from the Applicant Company's actuary describing reserving procedures including the mortality and expense risks which the Applicant Company will bear under the contract.
  - H. Standards of suitability or conduct regarding sales to policyholders
  - I. Statement authorizing the creation of the separate account (i.e. Board resolution)
  - J. Statement specifying the standards of conduct with respect to the purchase or sale of investments of separate accounts (i.e. Board resolution)

21. If the Applicant Company is applying for authority to write Life Insurance, has the Applicant Company at any time within the last five years, irrespective of changes in management, taught or permitted its agents to sell insurance by using any of the following devices, or representations resembling any of the following:
- A. "Centers of influence" and "advisory board"  
Yes \_\_\_\_ No \_\_\_\_
  - B. Charter or founder's policy  
Yes \_\_\_\_ No \_\_\_\_
  - C. Profit sharing plan  
Yes \_\_\_\_ No \_\_\_\_
  - D. Only a limited number of a certain policies will be sold in any given geographical area  
Yes \_\_\_\_ No \_\_\_\_
  - E. "Profits" will accrue or be derived from mortality savings, lapses and surrenders, investment earnings, savings in administration  
Yes \_\_\_\_ No \_\_\_\_
  - F. Printed list of several large American or Canadian insurers showing the dollar amounts of "savings", "profits" or "earnings" they have made in such categories  
Yes \_\_\_\_ No \_\_\_\_

If the answer to any of the above is yes, supply a complete set of all sales material including the sales manual, all Applicant Company instructional material, brochures, illustrations, diagrams, literature, "canned" sales talks, copies of the policies which are no longer in use, list of states where such methods were used and the date (by year) when they were used, the approximate amount of insurance originally written in each state on each policy form thusly sold, the amount currently in force, and the lapse ratio on each form year by year and cumulatively in gross to the present date.

## Section II

- 22. Utilizing the information contained in Form 3, list all of the lines of business that the Applicant Company requests to be deleted from its Certificate of Authority.
- 23. Provide a detailed explanation for the Applicant Company's request to delete these lines of business.
- 24. For each state, indicate the number of policyholders by line of business that will be non-renewed or cancelled if the Applicant Company's request to delete lines of business is approved.
- 25. Provide documentation that the Applicant Company has complied with all requirements for removal of lines of business from its Certificate of Authority, and withdrawal from the specified state.



## Florida Office of Insurance Regulation

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

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

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

### Uniform Certificate of Authority Application (UCAA) CHANGE OF MAILING ADDRESS/CONTACT NOTIFICATION FORM

#### NAME CHANGE If there has been a name change, please complete the following:

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

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

#### MAILING ADDRESS/CONTACT CHANGE

##### If there has been a mailing address or contact person change, please complete the following:

This form will notify regulatory officials of mailing address changes or contact person changes applicable to the Applicant Company or it may be completed as a supplemental filing in conjunction with other corporate amendment filings. Additional corporate amendment filings are required for Statutory Home Office, changes to articles or by-laws or for changes in the addresses related to the person authorized to receive Service of Process. These changes require a Corporate Amendment Application or a Uniform Consent to Service of Process. Check state specific requirements. For each change, please indicate the one or more areas for which the change is applicable:

	Catastrophe/Disaster Coordination Contact	A contact person for state departments to contact for information if there is a catastrophe or disaster.
	Claim Information Contact	A contact person for the public to contact for claim information.
	Consumer Complaints Contact	A contact person for state consumer complaint staff to contact for resolution of complaints filed with the state department.
	Cybersecurity Contact	A contact person for the state departments to contact regarding data security and data breaches.
	External Healthcare Review Contact	A contact person for state departments to initiate the external healthcare review process.
	Form and/or Rate Filings Contact	A person for state departments to contact regarding issues on policy forms filings or rate filings.
	Fraud Assessment Invoice Contact	A person for state departments to contact regarding issues of payment of fraud assessments.
	Local Office in Domestic/Foreign State Contact	A person for the public or state departments to contact.
	Managing General Agent	A person for the public or state departments to contact.
	Market Conduct Contact	A person for state departments to contact regarding market conduct issues.
	Policyholder Information Contact	A person for the public to contact.
	Producer Licensing Contact (Appointment)	A person for state departments to contact regarding issues of producer licensing or appointments of agents.
	Regulatory Compliance/Government Relations Contact	A person for state departments to contact on matters related to regulation but unrelated to public complaints filed with the state department.)
	Premium Tax Contact	A person for state departments to contact regarding issues of payment of premium tax.
	Company Licenses/Fees Contact	A person for state departments to contact regarding issues of payment of license fees.
	Deposits Contact	A person for state departments to contact regarding statutory deposits.
	U.S. Legal Counsel (for aliens)	A person for state departments to contact.
	Annual Statement Contact	A contact person responsible for answering questions in the completion of the annual statement.
	Company Mailing Address	A change to the mailing address of the company.

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

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

## NEW CONTACT

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

Title: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Toll Free/Instate Phone #: \_\_\_\_\_

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

Previous Contact Name (if changed): \_\_\_\_\_

Entity Name of MGA (if contact or address changed): \_\_\_\_\_

Note: If there are multiple contacts in different locations, please attach a separate sheet with all pertinent information for each.

## NEW MAILING ADDRESS

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

Address 2: \_\_\_\_\_ Suite/Mail Stop: \_\_\_\_\_

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

Email: \_\_\_\_\_ Toll Free/Instate Phone #: \_\_\_\_\_

Main Administrative Office Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date of Preparation

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title of Preparer

\_\_\_\_\_  
Phone Number of Preparer

\_\_\_\_\_  
Email Address of Preparer



## Florida Office of Insurance Regulation

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

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

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

### Uniform Certificate of Authority Application (UCAA) Lines of Insurance

Please complete the information below for each state in which the Applicant Company is currently licensed indicating currently authorized, currently transacting and applying for authority to do business. As a result of statutory and regulatory requirements, each state has its own terminology for the lines of insurance. The Lines of Business Matrix was developed to assist the Applicant Company in completing this form. The matrix includes each line of business as it is reported on the NAIC's annual statement blanks and corresponding state statute or regulation. The matrix is located on the UCAA website under State Charts.

<b>ALABAMA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property (Sec. 27-5-5)			
Miscellaneous Casualty (Sec. 27-5-6, 27-5-7, 27-5-8, 27-5-9)			
Title (Sec. 27-5-10)			
Life (Sec. 27-5-2), Annuities (Sec. 27-5-3)			
Disability (Sec. 27-5-4)			
HMO (Sec. 27-21A-1, 27-21A-2 and 27-21A-3)			

<b>ALASKA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property (AS 21.12.060)			
(1) Vehicle – Casualty (AS 21.12.070)			
(2) Liability – Casualty (AS 21.12.070)			
(3) Workers' Compensation and Employers Liability – Casualty (AS 21.12.070)			
(4) Burglary and Theft – Casualty (AS 21.12.070)			
(5) Personal Property Floater – Casualty (AS 21.12.070)			
(6) Glass – Casualty (AS 21.12.070)			
(7) Boiler and Machinery – Casualty (AS 21.12.070)			
(8) Leakage and Fire Extinguishing Equipment – Casualty (AS 21.12.070)			
(9) Credit (failure of debtors to pay obligations to insured) – Casualty (AS 21.12.070)			
(10) Malpractice – Casualty (AS 21.12.070)			
(11) Elevator – Casualty (AS 21.12.070)			
(12) Livestock – Casualty (AS 21.12.070)			
(13) Entertainments – Casualty (AS 21.12.070)			
(14) Miscellaneous – Casualty (AS 21.12.070)			
Surety (AS 21.12.080)			
Marine (AS 21.12.090(a))			
Wet Marine and Transportation (AS 21.12.090(b))			
Mortgage Guaranty (AS 21.12.110)			
Title (AS 21.66)			
Life (AS 21.12.040)			
Annuities (AS 21.12.055)			
Fraternal Benefit Society (AS 21.84)			
Variable Annuities (AS 21.42.370)			
Variable Life (AS 21.42.370)			
Health (AS 21.12.050)			
Disability (21.12.052)			

<b>ARIZONA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Casualty with Workers' Compensation A.R.S. § 20-252			
Casualty without Workers' Compensation A.R.S. § 20-252			

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

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

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

<b>ARIZONA (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Marine and Transportation A.R.S. § 20-255			
Mortgage Guaranty A.R.S. § 20-1541			
Prepaid Legal A.R.S. § 20-1097			
Property A.R.S. § 20-256			
Surety A.R.S. § 20-257			
Vehicle A.R.S. § 20-259			
Recognized Surplus Lines A.R.S. § 20-407.01 & 20-409			
Title A.R.S. § 20-1562			
Life (Includes Annuities A.R.S. § 20-254.01) A.R.S. § 20-254			
Variable Annuity A.R.S. § 20-2631(2)			
Variable Life A.R.S. § 20-2601(15)			
Life & Disability Reinsurer A.R.S. § 20-1082			
Disability A.R.S. § 20-253			
Health Care Services Organization A.R.S. § 20-1051			
Health, Medical, Dental, Optometric Service Corporations A.R.S. § 20-824			
Prepaid Dental Plan Organization A.R.S. § 20-1001			

<b>ARKANSAS</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property (ACA 23-62-104)			
Casualty (ACA 23-62-105)			
Surety (ACA 23-62-106)			
Workers' Compensation (ACA 23-62-105)			
Marine (ACA 23-62-107)			
Mortgage Guaranty (ACA 23-62-110)			
Title (ACA 23-62-108)			
Life (ACA 23-62-102)			
Variable Contracts (ACA 23-81-404)			
Accident & Health (ACA 23-62-103)			
Health Maintenance Organization (23-76-102)			

<b>CALIFORNIA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Fire (CIC 102)			
Marine (CIC 103)			
Surety (CIC 105)			
Plate Glass (CIC 107)			
Liability (CIC 108)			
Workers' Compensation (CIC 109)			
Common Carrier Liability (CIC 110)			
Boiler and Machinery (CIC 111)			
Burglary (CIC 112)			
Credit (CIC 113)			
Sprinkler (CIC 114)			
Team and Vehicle (CIC 115)			
Automobile (CIC 116)			
Aircraft (CIC 118)			
Mortgage Guaranty (CIC 119)			
Insolvency (119.5)			
Legal (CIC 119.6)			
Miscellaneous (CIC 120)			



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

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

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

<b>CALIFORNIA (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Financial Guaranty (CIC 124)			
Title (CIC 104)			
Life (CIC 101)			
Disability (CIC 106)			

<b>COLORADO</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
General Property – (C.R.S. 10-3-102(1))			
Crop – (C.R.S. 10-3-102(1))			
Motor Vehicle – (C.R.S. 10-3-102(1))			
General Casualty – (C.R.S. 10-3-102(1))			
Accident and Health – (C.R.S. 10-3-102(1))			
Fidelity and Surety (excluding bail bond) – (C.R.S. 10-3-102(1))			
Bail Bond – (C.R.S. 10-3-102(1))			
Workers' Compensation – (C.R.S. 10-3-102(1))			
Mortgage Guaranty – (C.R.S. 10-3-102(1))			
Credit (Casualty, Accident and Health) – (C.R.S. 10-3-102(1))			
Professional Malpractice – (C.R.S. 10-3-102(1))			
Title – (Title 10, Article 11)			
General Life – Life (C.R.S. 10-3-102(1)(b))			
Accident and Health – Life (C.R.S. 10-3-102(1)(b))			
Annuities – Life (C.R.S. 10-3-102(1)(b))			
Credit (Life, Accident and Health) – Life (C.R.S. 10-3-102(1)(b))			
Variable Contracts – Life (C.R.S. 10-3-102(1)(b))			
General Life – Fraternal (C.R.S. 10-14-603)			
Accident and Health – Fraternal (C.R.S. 10-14-603)			
Annuities – Fraternal (C.R.S. 10-14-603)			
Variable Contracts – Fraternal (C.R.S. 10-14-603)			
HMO Commercial – HMO (C.R.S. 10-16-401)			
HMO Medicare – HMO (C.R.S. 10-16-401)			
HMO Medicaid – HMO (C.R.S. 10-16-401)			

<b>CONNECTICUT</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Fire, Extended Coverage and Other Allied Lines (C.G.S. Title 38a)			
Homeowners Multiple Peril (C.G.S. Title 38a)			
Commercial Multiple Peril (C.G.S. Title 38a)			
Earthquake (C.G.S. Title 38a)			
Growing Crops (C.G.S. Title 38a)			
Ocean Marine (C.G.S. Title 38a)			
Inland Marine (C.G.S. Title 38a)			
Workers' Compensation (C.G.S. Title 38a)			
Liability other than Auto (B.I. and P.D.) (C.G.S. Title 38a)			
Auto Liability (B.I. and P.D.) (C.G.S. Title 38a)			
Auto Physical Damage (C.G.S. Title 38a)			
Aircraft (all perils) (C.G.S. Title 38a)			
Fidelity and Surety (C.G.S. Title 38a)			
Financial Guaranty (mono-line) (C.G.S. Title 38a)			
Glass (C.G.S. Title 38a)			
Burglary and Theft (C.G.S. Title 38a)			
Boiler and Machinery (C.G.S. Title 38a)			

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

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

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

<b>CONNECTICUT (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Credit (C.G.S. Title 38a)			
Reinsurance (C.G.S. Title 38a)			
Mortgage Guaranty (monoline) (C.G.S. Title 38a)			
Residual Value (C.G.S. Title 38a)			
Title (C.G.S. Title 38a)			
Life Non-Participating (C.G.S. Title 38a)			
Life Participating (C.G.S. Title 38a)			
Variable Life Non-Participating (C.G.S. Title 38a)			
Variable Life Participating (C.G.S. Title 38a)			
Variable Annuities (C.G.S. Title 38a)			
Fraternal Benefit Societies (C.G.S. Title 38a)			
Credit Life (C.G.S. Title 38a)			
Credit Accident and Health (C.G.S. Title 38a)			
Accident and Health (C.G.S. Title 38a)			
Health Care Center (C.G.S. Title 38a)			

<b>DELAWARE</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property [18 Del. C. Section 904]			
Surety [18 Del. C. Section 905]			
(1) Vehicle – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(2) Liability – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(3) Workers' Compensation & Employer's Liability – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(4) Burglary & Theft – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(5) Personal Property Floater – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(6) Glass – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(7) Boiler & Machinery – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(8) Leakage & Fire Extinguisher Equipment – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(9) Credit – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(10) Malpractice – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(11) Elevator – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(12) Congenital Defects – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(13) Livestock – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(14) Entertainments – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
(15) Miscellaneous – Casualty [18 Del. C. Section 906(a)]^, including subdivisions			
Casualty [18 Del. C. Section 906(b)]*			
Marine & Transportation [18 Del. C. Section 907]			
Title [18 Del. C. Section 908]			
Life [18 Del. C. Section 902] including subdivisions			
Variable Annuities [18 Del. Reg 1 Admin C. 1201]			

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

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

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

<b>DELAWARE (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Variable Life [18 Del. – Admin C 1205]			
Credit Life [18 Del. C. Section 902]			
Health [18 Del. C. Section 903] including subdivision			
Credit Health [18 Del. C. Section 903]			
Automobile Club [18 Del. C. Section 908A]			

^Presently, lines listed above for casualty are checked off as individual lines on the certificate of authority application form.

\*18 Del. C. Section 906(b) – Provision of medical, hospital, surgical and funeral benefits, and of coverage against accidental death or injury, as incidental to and part of other insurance as stated under subdivisions (1) vehicle, (2) liability, (4) burglary and theft, (7) boiler and machinery, (10) malpractice and (11) elevator of subsection (a) shall for all purposes be deemed to be the same kind of insurance to which it is so incidental and shall not be subject to provisions of this title applicable to life and health insurance.

<b>DISTRICT OF COLUMBIA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
(1) Fire (Sec. 31-2502.11)			
(2.1) Allied Lines (Sec. 31-2502.11)			
(2.2) Multiple Peril Crop			
(2.3) Federal Flood			
(2.4) Private Crop (Sec. 31-2502.11)			
(2.5) Private Flood (Sec. 31-2502.11)			
(3) Farmowners Multiple Peril (Sec. 31-2502.11)			
(4) Homeowners Multiple Peril (Sec. 31-2502.11)			
(5.1) Commercial Multiple Peril (non-liability) (Sec. 31-2502.11)			
(5.2) Commercial Multiple Peril (liability) (Sec. 31-2502.11)			
(6) Mortgage Guaranty			
(8) Ocean Marine (Sec. 31-2502.11)			
(9) Inland Marine (Sec. 31-2502.11)			
(10) Financial Guaranty			
(11.1) Medical Professional Liability - Occurrence (Sec. 31-2502.11)			
(11.2) Medical Professional Liability – Claims Made (Sec. 31-2502.11)			
(12) Earthquake (Sec. 31-2502.11)			
(13.1) Comprehensive (Hospital and Medical) Individual (Sec. 31-2502.11)			
(13.2) Comprehensive (Hospital and Medical) Group (Sec. 31-2502.11)			
(14) Credit A&H (Group & Individual) (Sec. 31-2502.11)			
(15.1) Vision Only (Sec. 31-2502.11)			
(15.2) Dental Only (Sec. 31-2502.11)			
(15.3) Disability Income (Sec. 31-2502.11)			
(15.4) Medicare Supplement (Sec. 31-2502.11)			
(15.5) Medicaid Title XIX (Sec. 31-2502.11)			
(15.6) Medicare Title XVII (Sec. 31-2502.11)			
(15.7) Long-Term Care (Sec. 31-2502.11)			
(15.8) Federal Employees Health Benefits Program			
(15.9) Other Health (Sec. 31-2502.11)			
(16) Workers' Compensation (Sec. 31-2502.11)			
(17.1) Other Liability – Occurrence (Sec. 31-2502.11)			
(17.2) Other Liability – Claims Made (Sec. 31-2502.11)			
(17.3) Excess Workers' Compensation (Sec. 31-2502.11)			
(18.1) Products Liability - Occurrence (Sec. 31-2502.11)			
(18.2) Products Liability – Claims Made (Sec. 31-2502.11)			

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

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

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

<b>DISTRICT OF COLUMBIA (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
(19.1) Private Passenger Auto No-Fault (personal injury protection) (Sec. 31-2502.11)			
(19.2) Other Private Passenger Auto Liability (Sec. 31-2502.11)			
(19.3) Commercial Auto No-Fault (personal injury protection) (Sec. 31-2502.11)			
(19.4) Other Commercial Auto Liability (Sec. 31-2502.11)			
(20) Glass (Sec. 31-2502.11)			
(21.1) Private Passenger Auto Physical Damage (Sec. 31-2502.11)			
(21.2) Commercial Auto Physical Damage (Sec. 31-2502.11)			
(22) Aircraft (all perils) (Sec. 31-2502.11)			
(23) Fidelity (Sec. 31-2502.11)			
(24) Surety (Sec. 31-2502.11)			
(26) Burglary and Theft (Sec. 31-2502.11)			
(27) Boiler and Machinery (Sec. 31-2502.11)			
(28) Credit (Sec. 31-2502.11)			
(30) Warranty (Sec. 31-2502.11)			
(31) Reinsurance – Nonproportional Assumed Property (Sec. 31-2502.11)			
(32) Reinsurance – Nonproportional Assumed Liability (Sec. 31-2502.11)			
(33) Reinsurance – Nonproportional Assumed Financial Lines (Sec. 31-2502.11)			
(34) Aggregate Write-Ins for Other Lines of Business (Sec. 31-2502.11)			
Title [Sec. 315031.01-31-5031.24]			
Individual Life			
Group Life			
Variable Life (26 DCMR Chapter 27)			
Individual Annuities (Variable) (Sec 31-4442)			
Individual Annuities (Fixed) (Sec 31-4442)			
Group Annuities (Variable) (Sec 31-4442)			
Group Annuities (Fixed) (Sec 31-4442)			
Health Maintenance Organizations (Sec. 31 – Chapter 34)			
Individual Accident and Health			
Group Accident and Health			

<b>FLORIDA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
0010 Fire**			
0020 Allied Lines**			
0030 Farmowners Multi Peril**			
0040 Homeowners Multi Peril**			
0050 Commercial Multi Peril**			
0080 Ocean Marine**			
0090 Inland Marine**			
0100 Financial Guaranty**			
* 0106 Auto Warranties**			
0110 Medical Malpractice**			
0120 Earthquake**			
0160 Workers' Compensation**			
0170 Other Liability**			
* 0173 Prepaid Legal**			
<b>FLORIDA (continued)</b>	<b>Authorized to</b>	<b>Currently</b>	<b>Applying</b>

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

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

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

	Transact	Transacting	for
0192 Private Passenger Auto Liability**			
0194 Commercial Auto Liability**			
0211 Private Passenger Auto Physical Damage**			
0212 Commercial Auto Physical Damage**			
0220 Aircraft**			
0230 Fidelity**			
0240 Surety**			
* 0245 Bail Bonds**			
0250 Glass**			
0260 Burglary and Theft**			
0270 Boiler and Machinery**			
0280 Credit**			
* 0290 Livestock**			
0300 Industrial Fire**			
* 0310 Mortgage Guaranty**			
* 0520 Industrial Extended Coverage**			
* 0540 Mobile Home Multi Peril**			
* 0550 Mobile Home Physical Damage**			
* 0570 Multi Peril Crop (Crop Hail) **			
* 0607 Home Warranties**			
* 0608 Service Warranties**			
* 0610 Other Warranty**			
* 0620 Miscellaneous Casualty**			
R010 Fire (Reinsurance Only)**			
R020 Allied Lines (Reinsurance Only)**			
R030 Farmowners Multi Peril (Reinsurance Only)**			
R040 Homeowners Multi Peril (Reinsurance Only)**			
R050 Commercial Multi Peril (Reinsurance Only)**			
R080 Ocean Marine (Reinsurance Only)**			
R090 Inland Marine (Reinsurance Only)**			
R100 Financial Guaranty (Reinsurance Only)**			
* R106 Auto Warranties (Reinsurance Only)**			
R110 Medical Malpractice (Reinsurance Only)**			
R120 Earthquake (Reinsurance Only)**			
R160 Workers' Compensation (Reinsurance Only)**			
R170 Other Liability (Reinsurance Only)**			
* R173 Prepaid Legal (Reinsurance Only)**			
R192 Private Passenger Auto Liability (Reinsurance Only)**			
R194 Commercial Auto Liability (Reinsurance Only)**			
R211 Private Passenger Auto Physical Damage (Reinsurance Only)**			
R212 Commercial Auto Physical Damage (Reinsurance Only)**			
R220 Aircraft (Reinsurance Only)**			
R230 Fidelity (Reinsurance Only)**			
R240 Surety (Reinsurance Only)**			
* R245 Bail Bonds (Reinsurance Only)**			
R250 Glass (Reinsurance Only)**			
R260 Burglary and Theft (Reinsurance Only)**			
R270 Boiler and Machinery (Reinsurance Only)**			
R280 Credit (Reinsurance Only)**			
* R290 Livestock (Reinsurance Only)**			
R300 Industrial Fire (Reinsurance Only)**			
<b>FLORIDA (continued)</b>	<b>Authorized to</b>	<b>Currently</b>	<b>Applying</b>

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

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

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

	Transact	Transacting	for
* R310 Mortgage Guaranty (Reinsurance Only)**			
* R520 Industrial Extended Coverage (Reinsurance Only)**			
* R540 Mobile Home Multi Peril (Reinsurance Only)**			
* R550 Mobile Home Physical Damage (Reinsurance Only)**			
* R570 Multi Peril Crop (Crop Hail) (Reinsurance Only)**			
* R607 Home Warranties (Reinsurance Only)**			
* R608 Service Warranties (Reinsurance Only)**			
* R610 Other Warranty (Reinsurance Only)**			
* R620 Miscellaneous Casualty (Reinsurance Only)**			
* 0285 Title (Title Companies Only)**			
* R285 Title (Title Companies Only) (Reinsurance Only)**			
0400 Ordinary Life**			
Endowment**			
Term Life**			
Industrial Life**			
Individual Annuities**			
Universal Life**			
0405 Individual Variable Annuities**			
Group Variable Annuities**			
0410 Group Life and Annuities**			
0420 Variable Life**			
0425 Fraternal Life**			
0430 Fraternal Health**			
0440 Credit Life**			
R400 Ordinary Life and Annuity (Reinsurance Only)**			
R405 Individual/Group Variable Annuities (Reinsurance Only)**			
R410 Group Life and Annuity (Reinsurance Only)**			
R420 Variable Life (Reinsurance Only)**			
R440 Credit Life (Reinsurance Only)**			
0441 Credit Disability**			
0450 Accident and Health**			
R441 Credit Disability (Reinsurance Only)**			
R450 Accident and Health (Reinsurance Only)**			

\*For purposes of applicant's plan of operations, these lines should be listed as "all other lines." If any are combined with other lines on the proforma (i.e. mobile home combined with homeowners), the plan of operations should specify that this was done.

\*\*Property & Casualty Statutory References: Property (Section 624.604); Casualty (Section 624.605); Surety (Section 624.606); Fidelity (Section 624.6065); Marine (Section 624.607); Title (Section 624.608); Residual Value (Section 624.6081); Collateral Protection (Section 624.6085); Financial Guaranty (Section 627.971); Motor Vehicle Service Agreements (Section 634.011); Home Warranties (Section 634.301); Service Warranties (Section 634.401); Mortgage Guaranty (Section 635.011); Legal Expense (Section 642.015(3))

\*\*Life Statutory References: Life (Section 624.602); Health (Section 624.603); Life (Section 632.617)

GEORGIA	Authorized to Transact	Currently Transacting	Applying for
Property, Marine, and Transportation [O.C.G.A. § 33-3-5(2)]			
Casualty [O.C.G.A. § 33-3-5(3)]: Casualty Including Workers' Compensation [O.C.G.A. § 33-7-3]			
Casualty [O.C.G.A. § 33-3-5(3)]: Casualty Excluding Workers' Compensation [O.C.G.A. § 33-7-3]			
Surety [O.C.G.A. § 33-3-5(4)]			
Title [O.C.G.A. § 33-3-5(5)]			
Life, accident, and sickness [O.C.G.A. § 33-3-5(1)]			

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

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

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

<b>GEORGIA (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Life, accident, and sickness [O.C.G.A. § 33-3-5(1)]: Including Variable Annuities [O.C.G.A. § 33-11-66]			
Life, accident, and sickness [O.C.G.A. § 33-3-5(1)]: Including Variable Life [O.C.G.A. § 33-11-65]			
Fraternal [O.C.G.A. Section 33-15]			
Health Maintenance Organization [O.C.G.A. § 33-3-5(6) and § 33-21-1 <i>et seq.</i> ]			

<b>HAWAII</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property Insurance (HRS 431:1-206)* Including Residential Hurricane (HRS 431:3-306.5)			
Property Insurance (HRS 431:1-206)* Excluding Residential Hurricane			
Marine and Transportation Insurance (HRS 431:1-207) Including Ocean Marine (HRS 431:1-211)			
Marine and Transportation Insurance (HRS 431:1-207) Excluding Ocean Marine			
Vehicle Insurance (HRS 431:1-208)**			
General Casualty Insurance (HRS 431:1-209)**			
Surety Insurance (HRS 431:1-210)			
Title Insurance (HRS 431:20-102)			
Life Insurance Including Variable Life and Variable Annuity (HRS 431:1-204)			
Life Insurance Excluding Variable Life and Variable Annuity (HRS 431:1-204)			
Accident and Health Insurance (HRS 431:1-205)			

\* (1) Concurrently licensed in General Casualty is required; (2) Residential hurricane carrier must also meet the requirements specified in Section 431:3-306.5; information required by this Section needs to be included in the application package. Failure to comply with the Section shall cause exclusion of the residential hurricane coverage.

\*\* Local Claims and Sales Office(s) and membership of Hawaii Joint Underwriting Plan are required for all insurers authorized to write *and engage* in writing vehicle insurance.

<b>IDAHO</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property - 41-504			
Marine and Transportation - 41-505			
Casualty - Including Workers' Compensation - 41-506			
Casualty - Excluding Workers' Compensation - 41-506			
Surety (Including Fidelity) - 41-507			
Mortgage Guaranty - 41-2652 (monoline only)			
Title - 41-508			
Life - 41-502			
Variable Annuities (Including Variable Contracts) - 41-502, 41-1938			
Variable Annuities (Excluding Variable Contracts) - 41-502, 41-1938			
Disability (Including Managed Care) - 41-503			
Disability (Excluding Managed Care) - 41-503			

<b>ILLINOIS</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Class 2 (a) Accident and Health*			
Class 2 (b) Vehicle*			
Class 2 (c) Liability*			

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

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

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

<b>ILLINOIS (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Class 2 (d) Workers' Compensation*			
Class 2 (e) Burglary and Forgery*			
Class 2 (f) Glass*			
Class 2 (g) Fidelity and Surety*			
Class 2 (h) Miscellaneous*			
Class 2 (i) Other Casualty Risks*			
Class 2 (j) Contingent Losses*			
Class 2 (k) Livestock and Domestic Animals*			
Class 2 (l) Legal Expense Insurance*			
Class 3 (a) Fire*			
Class 3 (b) Elements*			
Class 3 (c) War, Riot and Explosion*			
Class 3 (d) Marine and Transportation*			
Class 3 (e) Vehicle*			
Class 3 (f) Property Damage, Sprinkler Leakage and Crop*			
Class 3 (g) Other Fire and Marine Risks*			
Class 3 (h) Contingent Losses*			
Class 3 (i) Legal Expense Insurance*			
Class 1 (a) Life*			
Class 1 (c) Legal Expense Insurance*			
Fraternal Benefit Society [215 ILCS 5/282.1 et seq.]			
Class 1(b) Accident and Health*			
Health Maintenance Organization (HMO) [215 ILCS 125/1-1 et seq.]			
Limited Health Service Organization (LHSO) [215 ILCS 130/1001 et seq.]			

\* See Illinois Insurance Code 215/ILCS 5/4 for additional description

<b>INDIANA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Class II (a) Accident and Health - Disability			
Class II (b) Workers' Compensation			
Class II (c) Burglary, Theft			
Class II (d) Glass			
Class II (e) Boiler and Machinery			
Class II (f) Automobile			
Class II (g) Sprinkler			
Class II (h) Liability			
Class II (i) Credit			
Class II (k) Fidelity & Surety w/Bailbonds			
Class II (k) Fidelity & Surety w/o Bailbonds			
Class II (l) Miscellaneous			
Class II (m) Legal Expenses			
Class III (a) Fire, Windstorm, Hail, Loot, Riot			
Class III (b) Crops			
Class III (c) Sprinkler			
Class III (d) Marine			
Class II (j) Title			
Class 1 (a) Life and Annuities			
Class 1 (c) Variable Life and Annuities (Segregated Amounts)			
Class 1 (b) Accident & Health			



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

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

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

<b>IOWA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Fire (515.48)			
Extended Coverage (515.48)			
Other Allied Lines (515.48)			
Homeowners Multiple Peril (515.48)			
Commercial Multiple Peril (515.48)			
Earthquake (515.48)			
Growing Crops (515.48)			
Ocean Marine (515.48)			
Inland Marine (515.48)			
Accident and Health (515.48)			
Workers' Compensation (515.48)			
Other Liability (515.48)			
Auto Liability (515.48)			
Auto Physical Damage (515.48)			
Aircraft (515.48)			
Fidelity (515.48)			
Surety (515.48)			
Glass (515.48)			
Burglary and Theft (515.48)			
Boiler and Machinery (515.48)			
Financial Guaranty (monoline) (515.48)			
Reciprocal (520)			
Mortgage Guaranty (515C) (monoline)			
Reinsurance Only (monoline)			
Life (508, 509, 511) – includes credit & variable life, annuities, and variable annuities			
Fraternal (512B)			
Health Maintenance Organization (514B)			
Accident and Health (515)			

<b>KANSAS</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Additional. Perils on Growing Crops			
Aircraft Hull			
Aircraft Liability			
Automobile Liability			
Automobile Physical Damage			
Bail Bonds			
Boiler & Machinery			
Burglary, Theft & Robbery			
Business Interruption			
Cargo Liability			
Cost of Legal Services			
Credit			
Earthquake			
Extended Coverage			
Fidelity Bonds			
Fire			
Flood			
Forgery Bonds			
General Liability			
Glass			
Hail on Growing Crops			
Homeowners Policies			

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

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

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

<b>KANSAS (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Inland Marine			
Livestock Mortality			
Malpractice Liability			
Mortgage Guaranty			
Ocean Marine			
Optional Perils			
Personal Lines – For Licensing Purposes			
Rain			
Risk Retention Group/Surplus Lines – For Licensing Purposes			
Self-Service Storage – For Licensing Purposes			
Sprinkler Leakage			
Surety Bonds			
Water Damage			
Windstorm & Hail			
Workers' Compensation			
Title			
Annuities			
Life			
Variable Annuities			
Variable Life			
Accident and Health			
Stand-Alone Prescription Drug Provider			

<b>KENTUCKY</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property KRS 304.5-050			
Surety KRS 304.5-060			
Casualty All Lines KRS 304.5-070 (1)(a) thru (1)(q)			
Vehicle Insurance KRS 304.5-070(1)(a) (Casualty)			
Liability Insurance KRS 304.5-070(1)(b) (Casualty)			
Workers' Compensation and Employers Liability KRS 304.5-070(1)(c) (Casualty)			
Burglary and Theft KRS 304.5-070(1)(d) (Casualty)			
Personal Property Floater KRS 304.5-070(1)(e) (Casualty)			
Glass KRS 304.5-070(1)(f) (Casualty)			
Boiler and Machinery KRS 304.5-070(1)(g) (Casualty)			
Leakage and Fire Extinguishing Equipment KRS 304.5-070(1)(h) (Casualty)			
Credit KRS 304.5-070(1)(i) (Casualty)			
Malpractice KRS 304.5-070(1)(j) (Casualty)			
Elevator KRS 304.5-070(1)(k) (Casualty)			
Congenital Defects KRS 304.5-070(1)(l) (Casualty)			
Livestock KRS 304.5-070(1)(m) (Casualty)			
Entertainments KRS 304.5-070(1)(n) (Casualty)			
Failure of Certain Institutions to Record Documents KRS 304.5-070(o) (Casualty)			
Automobile Guaranty KRS 304.5-070(1)(p) (Casualty)			
Miscellaneous KRS 304.5-070(1)(q) (Casualty)			
Marine and Transportation KRS 304.5-080			
Mortgage Guaranty KRS 304.5-100			
Title KRS 304.5-090			
Life (includes variable & credit) KRS 304.5-020			
Annuity (includes variable) KRS 304.5-030			

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

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

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

<b>KENTUCKY (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Life (Fraternal – KRS 304.29-011)			
Health (Fraternal – KRS 304.29-011)			
Health (includes credit) KRS 304.5-040			
Non-Profit Health Service Corporation KRS 304.32-030			
Lloyd's KRS 304.28-010			
Reciprocal KRS 304.27-010			

<b>LOUISIANA*</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Vehicle			
Liability			
Workers' Compensation			
Fire and Allied Lines			
Industrial Fire			
Fidelity			
Surety			
Credit Property and Casualty			
Marine and Transportation			
Miscellaneous			
Steam Boiler and Sprinkler Leakage			
Burglary and Forgery			
Crop			
Homeowners			
Title			
Life			
Annuities			
Credit Life, Health and Accident			
Health and Accident			

\*All lines of business are as defined in Louisiana Revised Statutes 22:47.

<b>MAINE</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Fire			
Allied Lines			
Farmowners Multiple Peril			
Homeowners Multiple Peril			
Commercial Multiple Peril			
Mortgage Guaranty			
Ocean Marine			
Inland Marine			
Financial Guaranty^			
Workers' Compensation			
Medical Malpractice			
Earthquake			
Other Liability			
Product Liability			
Auto Liability			
Auto Physical Damage			
Aircraft (all perils)			
Fidelity			
Surety			
Glass			
Burglary and Theft			
Boiler and Machinery			
<b>MAINE (continued)</b>	<b>Authorized to</b>	<b>Currently</b>	<b>Applying</b>

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

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

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

	<b>Transact</b>	<b>Transacting</b>	<b>for</b>
Credit			
Federal Flood Insurance			
Title			
Life*			
Variable Life			
Variable Annuity			
Health			

\*Including Credit Life and Fixed Annuities

^ Monoline issued only

<b>MARYLAND</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Casualty (not including Vehicle Liability, Mortgage Guaranty & Workers' Compensation) – Section 1-101(i)			
Mortgage Guaranty – Sections 1-101(oo)			
Marine, Wet Marine & Transportation – Sections 1-101(z), 1-101(ss)			
Property and Marine (excluding Wet Marine and Transportation) – Section 1-101(gg), 1-101(z)			
Surety – Section 1-101(oo)			
Vehicle Liability – Section 1-101(i)			
Workers' Compensation – Section 1-101(i)			
Title – Section 1-101(qq)			
Variable Annuities – Section 1-101(d)(e), 16-601, 16-602, 16-603			
Fraternal – Section 8-42434, 8-424, 8-427			
Life, including Annuities and Health (except Variable Life & Variable Annuities) Sections 1-101(d), 1-101(e), 1-101(p), 1-101(x)			
Variable Life – Sections 16-601, 16-602			
Dental Plan Organization – Section 14-401, 14-405, 14-407			
Health – Sections 1-101(p)			
Non-Profit Health Service Plan – Section 14-101, 14-110, 14-111			
Health Maintenance Organizations – Sections 19-708, 19-709, 19-710			
Provider-Sponsored Organizations – Section 19-7A			
Managed Care Organizations – Sections 15-101, 15-102.4			

<b>MASSACHUSETTS</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
(1) Fire (M.G.L. 175 § 47)			
(2A) Ocean Marine (M.G.L. 175 § 47)			
(2B) Inland Marine Only (M.G.L. 175 § 47)			
(4) Fidelity and Surety (M.G.L. 175 § 47)			
(5A) Boiler, Fly Wheel, Machinery, Explosion (M.G.L. 175 § 47)			
(5B) Boiler (no inspector), Fly Wheel, Machinery, Explosion (M.G.L. 175 § 47)			
(6E) Workers' Compensation (M.G.L. 175 § 47)			
(6F) Liability Other than Auto (M.G.L. 175 § 47)			
(6G) Auto Liability (M.G.L. 175 § 47)			
(7) Glass (M.G.L. 175 § 47)			
(8) Water Damage and Sprinkler Leakage (M.G.L. 175 § 47)			

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

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

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

<b>MASSACHUSETTS (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
(9) Elevator Property Damage and Collision (M.G.L. 175 § 47)			
(10) Credit (M.G.L. 175 § 47)			
(12) Burglary, Robbery, Theft, Forgery, Larceny (M.G.L. 175 § 47)			
(13) Livestock (M.G.L. 175 § 47)			
(15) Reinsurance (M.G.L. 175 § 47)			
(17) Repair – Replacement (M.G.L. 175 § 47)			
(19) Legal Services (M.G.L. 175 § 47)			
(20) Credit Involuntary Unemployment (M.G.L. 175 § 47)			
(51) Stock Companies Extension of Coverage- M.G.L. 175 §51(g)			
(54) Mutual Companies (specified in Section 47) - M.G.L. 175 § 54(g)			
(54BX) Reinsurance except Life - M.G.L. 175 § 54B			
(54BY) Nuclear Energy - M.G.L. 175 § 54B			
(54BZ) Special Hazards - Radioactive Contamination M.G.L. 175 § 54B			
(54C) Comprehensive Motor Vehicle and Aircraft - M.G.L. 175 § 54C			
(54D) Personal Property Floater - M.G.L. 175 § 54D			
(54E) Dwellings - M.G.L. 175 § 54E			
(54F) Commercial Property (Multiple Peril) - M.G.L. 175 §54F			
(11) Title (Title Companies Only) (M.G.L. 175 § 47)			
(16A) Life - All Kinds (M.G.L. 175 § 47)			
(16B) Group Life Only (M.G.L. 175 § 47)			
(16C) Variable Annuity Authorization (M.G.L. 175 § 47)			
(16D) Annuities Only (M.G.L. 175 § 47)			
(16E) Variable Life Authorization (M.G.L. 175 § 47)			
(54G) Reinsurance - Life Companies Only - M.G.L. 175 § 54G			
(6A) Accident - All Kinds (M.G.L. 175 § 47)			
(6B) Health - All Kinds (M.G.L. 175 § 47)			
(6C) Group Accident and Health Only (M.G.L. 175 § 47)			
(6D) Non-Cancelable Accident and Health Only (M.G.L. 175 § 47)			

<b>MICHIGAN</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property (MCL 500.610)			
Ocean Marine (MCL 500.614)			
Inland Marine (MCL 500.616)			
Automobile Insurance - Limited (MCL 500.620)			
Legal Expense (MCL 500.618)			
Casualty–Steam Boiler, Flywheel and Machinery (MCL 500.624(1)a)			
Casualty–Liability (MCL 500.624(1)b)			
Casualty–Automobile, including Section 500.625, disability coverage supplemental to automobile insurance (MCL 500.624(1)b)			
Casualty–Workers’ Compensation (MCL 500.624(1)b)			
Casualty–Plate Glass (MCL 500.624(1)c)			
Casualty–Sprinkler and Water Damage (MCL 500.624(1)d)			
<b>MICHIGAN (continued)</b>	<b>Authorized to</b>	<b>Currently</b>	<b>Applying</b>

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

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

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

	<b>Transact</b>	<b>Transacting</b>	<b>for</b>
Casualty–Credit (MCL 500.624(1)e)			
Casualty–Burglary and Theft (MCL 500.624(1)f)			
Casualty–Livestock (MCL 500.624(1)g)			
Casualty–Malpractice (MCL 500.624(1)h)			
Casualty–Miscellaneous (MCL 500.624(1)i)			
Surety and Fidelity (MCL 500.628)			
Limited Liability (MCL 500 Chapter 65)			
Title (MCL 500 Chapter 73)			
Life and Annuity - Other than Variable Contracts (MCL 500.602)			
Separate Account - Variable Annuities (MCL 500.925)			
Separate Account - Variable Life (MCL 500.925)			
Separate Accounts - Modified Guaranteed Annuities (MCL 500.4101)			
Fraternal (MCL 500 Chapter 81a)			
Disability (MCL 500.606)			

<b>MINNESOTA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Fire (1) (MS 60A.06, Subd.1)			
Inland Marine (2a) (MS 60A.06, Subd.1)			
Ocean Marine (2a) (MS 60A.06, Subd.1)			
Personal Property Floater (2b) (MS 60A.06, Subd.1)			
Boiler and Machinery (3) (MS 60A.06, Subd.1)			
Workers' Compensation (5b) (MS 60A.06, Subd.1)			
Fidelity (6) (MS 60A.06, Subd.1)			
Surety (6) (MS 60A.06, Subd.1)			
Glass (8) (MS 60A.06, Subd.1)			
Burglary & Theft (9a) (MS 60A.06, Subd.1)			
Security and Drafts (9b) (MS 60A.06, Subd.1)			
Personal Property Floater - Casualty (9c) (MS 60A.06, Subd.1)			
Water (9d) (MS 60A.06, Subd.1)			
Livestock (10) (MS 60A.06, Subd.1)			
Credit (11) (MS 60A.06, Subd.1)			
Automobile (12) (MS 60A.06, Subd.1)			
General Liability (13) (MS 60A.06, Subd.1)			
Elevator (14) (MS 60A.06, Subd.1)			
Legal Expense (15) (MS 60A.06, Subd.1)			
Title (7) (MS 60A.06, Subd.1)			
Life (4) (MS 60A.06, Subd.1)			
Variable Contract Authority (4) (MS 60A.06, Subd.1)			
Accident and Health (5a) (MS 60A.06, Subd.1)			

<b>MISSISSIPPI</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Class 1 (a) Fire and Allied Lines (MCA 83-19-1)			
Class 1 (b) Industrial Fire (MCA 83-19-1)			
Class 1 (c) Casualty/Liability (MCA 83-19-1)			
Class 1 (d) Fidelity (MCA 83-19-1)			
Class 1 (e) Surety (MCA 83-19-1)			
Class 1 (f) Workers' Compensation (MCA 83-19-1)			
Class 1 (g) Boiler and Machinery (MCA 83-19-1)			
Class 1 (h) Plate Glass (MCA 83-19-1)			
<b>MISSISSIPPI (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>

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

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

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

Class 1 (i) Aircraft (MCA 83-19-1)			
Class 1 (j) Inland Marine (MCA 83-19-1)			
Class 1 (k) Ocean Marine (MCA 83-19-1)			
Class 1 (l) Automobile Physical Damage/Automobile Liability (MCA 83-19-1)			
Class 1 (m) Homeowners/Farmowners (MCA 83-19-1)			
Class 1 (n) Guaranty (MCA 83-19-1)			
Class 1 (o) Mortgage Guaranty (MCA 83-19-1)			
Class 1 (q) Trip Accident and Baggage (MCA 83-19-1)			
Class 1 (r) Legal (MCA 83-19-1)			
Class 1 (s) Credit Property (MCA 83-19-1)			
Class 1 (p) Title (MCA 83-19-1)			
Class 2 (a) Life (MCA 83-19-1)			
Class 2 (c) Credit Life, Credit Accident and Health (MCA 83-19-1)			
Class 2 (d) Industrial Life, Industrial Accident and Health (MCA 83-19-1)			
Class 2 (e) Variable Contracts (MCA 83-19-1)			
Class 2 (f) Life (Burial) (MCA 83-19-1)			
Class 3 (a) Fraternal (MCA 83-19-1)			
Class 3 (b) Larger Fraternal (MCA 83-19-1)			
Class 2 (b) Accident and Health (MCA 83-19-1)			
(MCA 83-41-303) Health Maintenance Organization (HMO)			

<b>MISSOURI</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
B1 – Property (379.010.1(1))			
B2 – Liability (379.010.1(2))*			
B3 – Fidelity and Surety (379.010.1(3))			
B4 – Accident and Health (379.010.1(4))			
B5 – Miscellaneous (379.010.1(5))			
Title (RSMo 381)			
A1 – Life, Annuities and Endowments (376.010)			
A3 – Variable contracts (376.309)			
Fraternal Benefit (378) RSMo			
A2 – Accident and Health (376.010)			
Health Services Corporation (RSMo 354.010)			
Health Maintenance Organization (354.400)			
Prepaid Dental Plan (354.700)			
Other			

\*(includes Workers' Compensation)

<b>MONTANA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property §33-1-210, MCA			
Casualty (including Workers' Comp) §33-1-206, MCA			
Casualty (excluding Workers' Comp) §33-1-206, MCA			
Surety §33-1-211, MCA			
Marine §33-1-209, MCA			
Title §33-1-212, MCA			
Life (including variable contract authority) § 33-1-208 and 33-20-605, MCA			
Life (excluding variable contract authority) § 33-1-208, MCA			
Disability §33-1-207, MCA			

<b>NEBRASKA</b>	<b>Authorized to</b>	<b>Currently</b>	<b>Applying</b>
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Applicant Company Name: \_\_\_\_\_

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

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

	<b>Transact</b>	<b>Transacting</b>	<b>for</b>
Property (5)			
Credit Property (6)			
Glass (7)			
Burglary & Theft (8)			
Boiler & Machinery (9)			
Liability (10)			
Workers' Compensation & Employers Liability (11)			
Vehicle (12)			
Fidelity (13)			
Surety (14)			
Credit (16)			
Mortgage Guaranty (17)			
Marine (18)			
Financial Guaranty (19)			
Miscellaneous (20)			
Title (15)			
Life (1)			
Variable Life (2)			
Variable Annuities (3)			
Sickness & Accident (4)			

<b>NEVADA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property (681A.060)			
Casualty (681A.020) (Including Workers' Comp)			
Casualty (681A.020) (Excluding Workers' Comp)			
Surety (681A.070)			
Marine and Transportation (681A.050)			
Title (681A.080)			
Life (681A.040)			
Variable (688A)			
Health (681A.030)			
Health Maintenance Organization (695C)			
Prepaid Ltd. Health Service Organization (695F)			
Surplus Lines (685A)			
Risk Retention Group (695E)			
Funeral/Cemetery Sellers (689)			
Premium Finance Company (686A)			
Motor Clubs (696A)			
Home Protection (690B.100)			

<b>NEW HAMPSHIRE</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Fire and Allied Lines (RSA 401.1, I)			
Marine Coverages (RSA 401.1, II)			
Liability/Casualty Coverages, Including Workers' Compensation (RSA 401.1, V)			
Casualty Coverages (RSA 401.1, VI)			
Fidelity, Surety, Credit Insurance, Mortgage Guaranty, Bonds, and Financial Guaranty (RSA 401.1, VII)			
Other Casualty Risks. Insurance against any other casualty risk not otherwise specified under paragraph V. (RSA 401.1, VIII)			
Title (RSA 416-A)			
<b>NEW HAMPSHIRE (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>



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

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

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

Life and Annuities (RSA 401.1, III)			
Variable Annuities Require a Separate License (RSA 401.1, III)			
Fraternal (RSA 418:16)			
Accident and/or Health Coverages (401.1, IV)			
Health Maintenance Organization (RSA 402-B)			

<b>NEW JERSEY</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
(1) Fire (N.J.S.A. 17:17-1a)			
(2) Earthquake (N.J.S.A. 17:17-1a)			
(3) Growing Crops (N.J.S.A. 17:17-1a)			
(4) Ocean Marine (N.J.S.A. 17:17-1b)			
(5) Inland Marine (N.J.S.A. 17:17-1b)			
(6) Workers' Compensation and Employers Liability (N.J.S.A. 17:17-1e)			
(7) Automobile Liability (BI) (N.J.S.A. 17:17-1e)			
(8) Automobile Liability (PD) (N.J.S.A. 17:17-1e)			
(9) Automobile Physical Damage (N.J.S.A. 17:17-1b)			
(10) Aircraft Physical Damage (N.J.S.A. 17:17-1b)			
(11) Other Liability (N.J.S.A. 17:17-1e)			
(12) Boiler & Machinery (N.J.S.A. 17:17-1f)			
(13) Fidelity & Surety (N.J.S.A. 17:17-1g)			
(14) Credit (N.J.S.A. 17:17-1i)			
(15) Burglary & Theft (N.J.S.A. 17:17-1j)			
(16) Glass (N.J.S.A. 17:17-1k)			
(17) Sprinkler Leakage (N.J.S.A. 17:17-1l)			
(18) Livestock (N.J.S.A. 17:17-1m)			
(19) Smoke & Smudge (N.J.S.A. 17:17-1n)			
(20) Physical Loss to Buildings (N.J.S.A. 17:17-1o)			
(21) Radioactive Contamination (N.J.S.A. 17:17-1o)			
(22) Mechanical Breakdown/Power Failure (N.J.S.A. 17:17-1o)			
(23) Other (must be pre-approved by the Commissioner) (N.J.S.A. 17:17-1o)			
(26) Accident and Health (Property/Casualty Companies) (N.J.S.A. 17B:17-4)			
(27) Municipal Bond (N.J.A.C. 11:7)			
(35) Residential Mortgage Guaranty (N.J.S.A. 46A-3)			
(36) Commercial Mortgage Guaranty (N.J.S.A. 46A-3)			
(33) Title (N.J.S.A. 17:46B-7)			
(28) Life (N.J.S.A. 17B:17-3)			
(30) Annuities (N.J.S.A. 17B:17-5)			
(31) Variable Contracts (N.J.S.A. 17B:28-1 et seq.)			
(34) Fraternal Benefit Society (N.J.S.A. 17:44B)			
(29) Accident and Health (Life/Health Companies) (N.J.S.A. 17B:17-4)			

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

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

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

<b>NEW MEXICO</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property (NMSA Section 59A-7-4)			
Casualty (NMSA Section 59A-7-6)^			
Life and Annuities (NMSA Section 59A-7-2)			
Variable Life and Annuity (NMSA Section 59A-7-7)			
Accident and Health (NMSA Section 59A-7-3)*			

\*If applying as an HMO, contact the NM OSI for application requirements.

^If applying for a services only contract under Warranty, contact the NM OSI for application requirements.

<b>NEW YORK</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
(4) Fire (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(5) Miscellaneous Property (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(6) Water Damage (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(7) Burglary & Theft (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(8) Glass (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(9) Boiler and Machinery (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(10) Elevator (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(11) Animal (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(12) Collision (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(13) Personal Injury Liability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(14) Property Damage Liability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(15) Workers' Compensation and Employers' Liability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(16) Fidelity and Surety (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(17) Credit (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(19) Motor Vehicle and Aircraft Physical Damage (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(20) Marine and Inland Marine (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(21) Marine Protection and Indemnity (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(22) Residual Value (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(24) Credit Unemployment (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(26) Gap (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(27) Prize Indemnification (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(28) Service Contract Reimbursement (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			

<b>NEW YORK (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
(29) Legal Services (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(30) Involuntary Unemployment (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(31) Salary Protection (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(32) Donor Medical Expense Insurance (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(33) Excess Business Disability Insurance (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(34) Substantially Similar Kind of Insurance (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
Mortgage Guaranty Section 1113(a)(23) & Article 65 of the N.Y. Ins. Law (Monoline Only)			
Financial Guaranty Section 1113(a)(25) & Article 69 of the N.Y. Ins. Law (Monoline Only)			
Title Section 1113(a)(18) & Article 64 of the N.Y. Ins. Law (Monoline Only)			
(1) Life (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(2) Annuities (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(3)(i) – A&H – Other than Non-Cancellable Disability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			
(3)(ii) – A&H – Non-Cancellable Disability (Section 1113(a) of the N.Y. Ins. Law) (Notes 1 and 2)			

**Note 1:** A company may only apply for the lines of insurance for which it is authorized in its state of domicile.

**Note 2:** The company must have transacted business for a minimum of three (3) years prior to seeking admission. If the company was recently acquired, at least three (3) years of operating experience under the new management is required. An affiliated insurer admitted in New York and operating under the same ownership/management team for at least three (3) years may satisfy this requirement. If the aforementioned situation applies, a written request for approval of a waiver must be submitted with the application.

<b>NORTH CAROLINA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
(04) Fire (NCGS 58-7-15)*			
(05a) Miscellaneous Property - Extended Coverage (NCGS 58-7-15)*			
(05b) Miscellaneous Property - Growing Crops (NCGS 58-7-15)*			
(06a) Water Damage – Commercial (NCGS 58-7-15)*			
(06b) Water Damage – Residence (NCGS 58-7-15)*			
(07) Burglary and Theft (NCGS 58-7-15)*			
(08) Glass (NCGS 58-7-15)*			
(09) Boiler and Machinery (NCGS 58-7-15)*			
(10) Elevator (NCGS 58-7-15)*			
(11) Animal (Livestock) (NCGS 58-7-15)*			
(12a) Collision – Automobile (NCGS 58-7-15)*			
(12b) Collision – Other (NCGS 58-7-15)*			
(13a) Personal Injury Liability – Automobile (NCGS 58-7-15)*			
(13b) Personal Injury Liability – Other (NCGS 58-7-15)*			
(14a) Property Damage Liability – Automobile (NCGS 58-7-15)*			
(14b) Property Damage Liability – Other (NCGS 58-7-15)*			

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

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

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

<b>NORTH CAROLINA (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
(15) Workers' Compensation and Employer's Liability (NCGS 58-7-15)*			
(16) Fidelity and Surety (NCGS 58-7-15)*			
(17) Credit** (NCGS 58-7-15)*			
(19a) Motor Vehicle and Aircraft - Property Damage (NCGS 58-7-15)*			
(19b) Motor Vehicle and Aircraft – Fire (NCGS 58-7-15)*			
(19c) Motor Vehicle and Aircraft – Theft (NCGS 58-7-15)*			
(19d) Motor Vehicle and Aircraft – Comprehensive (NCGS 58-7-15)*			
(19e) Motor Vehicle and Aircraft – Collision (NCGS 58-7-15)*			
(20a) Marine – Inland*** (NCGS 58-7-15)*			
(20b) Marine – Ocean (NCGS 58-7-15)*			
(21) Marine Protection and Indemnity (NCGS 58-7-15)*			
(22a) Aircraft Voluntary Settlement (NCGS 58-7-15)*			
(22b) Hole-in-One (NCGS 58-7-15)*			
(22c) Other **** (NCGS 58-7-15)*			
(23) Mortgage Guaranty (Monoline) (NCGS 58-7-15)*			
(18) Title (Monoline) (NCGS 58-7-15)*			
(01) Life, Including Industrial and Credit Life (NCGS 58-7-15)			
(02a) Annuities (NCGS 58-7-15)			
(02b) Variable Annuities (NCGS 58-7-15)			
(02c) Variable Life (NCGS 58-7-15)			
(03a) Accident and Health – Cancelable (NCGS 58-7-15)			
(03b) Accident and Health - Non-Cancelable (NCGS 58-7-15)			
(03c) Accident and Health – Credit (Small Loans) (NCGS 58-7-15)			
(03d) Accident and Health – Credit (Other than Small Loans) (NCGS 58-7-15)			

\* The statutory reference for each line is listed as it appears on the Certificate of Authority.

\*\*Credit includes GAP Insurance.

\*\*\* Inland Marine includes Pet Insurance and Travel Insurance.

\*\*\*\* Other includes Prepaid Legal and Contractual Liability.

<b>NORTH DAKOTA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property			
Casualty			
Life & Annuity			
Variable Life and Annuity			
Accident & Health			

<b>OHIO</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
(1) Fire (O.R.C. 3929.01(A))			
(2) Allied Lines (O.R.C. 3929.01(A))			
(3) Farmowners Multiple Peril (O.R.C. 3929.01(A))			
(4) Homeowners Multiple Peril (O.R.C. 3929.01(A))			
(5) Commercial Multiple Peril (O.R.C. 3929.01(A))			
(6) Ocean Marine (O.R.C. 3929.01(A))			
(7) Inland Marine (O.R.C. 3929.01(A))			
(8) Financial Guarantee (O.R.C. 3929.01(A))			

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

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

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

<b>OHIO (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
(9) Medical Malpractice (O.R.C. 3929.01(A))			
(10) Earthquake (O.R.C. 3929.01(A))			
(11) Group A&H (O.R.C. 3929.01(A))			
(12) Credit A&H (Group and Individual) (O.R.C. 3929.01(A))			
(13a) Collectively Renewable A&H (O.R.C. 3929.01(A))			
(13b) Noncancellable A&H (O.R.C. 3929.01(A))			
(13c) Guaranteed Renewable A&H (O.R.C. 3929.01(A))			
(13d) Nonrenewable for Stated Reasons Only (O.R.C. 3929.01(A))			
(13e) Other Accident Only (O.R.C. 3929.01(A))			
(13f) All Other A&H (O.R.C. 3929.01(A))			
(14) Workers' Compensation (to the extent permitted by law) (O.R.C. 3929.01(A))			
(15) Other Liability (O.R.C. 3929.01(A))			
(16a) Private Passenger Auto No-Fault (personal injury protection to the extent permitted by law) (O.R.C. 3929.01(A))			
(16b) Other Private Passenger Auto Liability (O.R.C. 3929.01(A))			
(16c) Commercial Auto No-Fault (personal injury protection to the extent permitted by law) (O.R.C. 3929.01(A))			
(16d) Other Commercial Auto Liability (O.R.C. 3929.01(A))			
(17a) Private Passenger Auto Physical Damage (O.R.C. 3929.01(A))			
(17b) Commercial Auto Physical Damage (O.R.C. 3929.01(A))			
(18) Aircraft (all perils) (O.R.C. 3929.01(A))			
(19) Fidelity (O.R.C. 3929.01(A))			
(20) Surety (O.R.C. 3929.01(A))			
(22) Burglary and Theft (O.R.C. 3929.01(A))			
(23) Boiler and Machinery (O.R.C. 3929.01(A))			
(24) Credit (O.R.C. 3929.01(A))			
(25) Reinsurance Only (O.R.C. 3929.01(A))			
(26) Other (list)* (O.R.C. 3929.01(A))			
Title Insurance (O.R.C. 3953)			
Life (O.R.C. 3911.01)			
Annuities (O.R.C. 3911.01)			
Variable Authority (if licensed under O.R.C. 3911.01 for both Life and Annuities lines of business, such company may apply for Variable Annuity) (O.R.C. 3911.011)			
Accident and Health (Including Disability) (O.R.C. 3911.01)			

\*If mortgage guaranty may not be licensed for any other products (monoline only) see Ohio Admin Code 3901-1-13

<b>OKLAHOMA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Surety (including bail) (OAC 365:25-5-41)			
Surety (excluding bail) (O.S. 36 §708)			
Marine (O.S. 36 §705)			
Property (O.S. 36 §704)			
Vehicle (O.S. 36 §706)			
Casualty (O.S. 36 §707)			
Workers' Compensation (O.S. 36 §608, §612.2)			
Title (O.S. 36 §709)			
	<b>Authorized to</b>	<b>Currently</b>	<b>Applying</b>

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

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

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

<b>OKLAHOMA (continued)</b>	<b>Transact</b>	<b>Transacting</b>	<b>for</b>
Life (O.S. 36 §702)			
Variable Annuity (O.S. 36 §6061, §6062, OAC 365:10.9.10)			
Variable Life (O.S. 36 §6061, §6062)			
Accident & Health (O.S. 36 §703)			
Health Maintenance Organizations (O.S.36 §6901)			

<b>OREGON</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property (ORS 731.182)			
Casualty, Excluding Workers' Comp (ORS 731.158)			
Casualty, Including Workers' Comp (ORS 731.158)			
Marine & Transportation (ORS 731.174)			
Wet Marine and Transportation (ORS 731.194)			
Surety (ORS 731.186)			
Home Protection (only) (ORS 731.164)			
Mortgage (only) (ORS 731.178)			
Title (only) (ORS 731.190)			
Life (ORS 731.170)			
Annuity (ORS 731.154)			
Variable Life Insurance, Variable Annuity (ORS 731.156)			
Credit Life and Credit Health (ORS 743.371)			
Industrial Life Insurance (ORS 731.166)			
Health (ORS 731.162)			
Health Care Service Contractor (ORS 750.005)			
Health Care Service Contractor (Complementary Health Services) (ORS 750.005)			

<b>PENNSYLVANIA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Fire and Allied Lines (40 P.S. § 382(b)(1)) – Property (Notes 1 and 2)			
Inland Marine & Auto Physical (40 P.S. § 382(b)(2)) – Property (Notes 1 and 2)			
Ocean Marine (40 P.S. § 382(b)(3)) – Property (Notes 1 and 2)			
Fidelity and Surety (40 P.S. § 382(c)(1)) – Casualty (Notes 1 and 2)			
Accident and Health (40 P.S. § 382(c)(2)) – Casualty (Notes 1 and 2)			
Glass (40 P.S. § 382 (c)(3)) – Casualty (Notes 1 and 2)			
Other Liability (40 P.S. § 382 (c)(4)) – Casualty (Notes 1 and 2)			
Steam Boiler & Machinery (40 P.S. § 382 (c)(5)) – Casualty (Notes 1 and 2)			
Burglary-Theft (40 P.S. § 382 (c)(6)) – Casualty (Notes 1 and 2)			
Credit (40 P.S. § 382 (c)(7)) – Casualty (Notes 1 and 2)			
Water (40 P.S. § 382 (c)(8)) – Casualty (Notes 1 and 2)			
Elevator (40 P.S. § 382 (c)(9)) – Casualty (Notes 1 and 2)			
Livestock (40 P.S. § 382 (c)(10)) – Casualty (Notes 1 and 2)			
Auto Liability (40 P.S. § 382 (c)(11)) – Casualty (Notes 1 and 2)			
Mine & Machinery (40 P.S. § 382 (c)(12)) – Casualty (Notes 1 and 2)			

<b>PENNSYLVANIA (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Personal Property Floater (40 P.S. § 382 (c)(13)) – Casualty (Notes 1 and 2)			
Workers' Compensation (40 P.S. § 382 (c)(14)) (Note 3) – Casualty (Notes 1 and 2)			
Title (40 P.S. § 910-1) – Casualty (Notes 1 and 2)			
Life and Annuities (40 P.S. § 382(a)(1)) (Notes 1 and 2)			
Separate Account – Variable Life (40 P.S. § 382 (a)(1)) (Notes 1 and 2)			
Separate Account – Variable Annuities (40 P.S. § 382 (a)(1)) (Notes 1 and 2)			
Accident and Health (40 P.S. § 382(a)(2)) (Notes 1 and 2)			

**Note 1:** A company may only apply for the lines of insurance for which it is authorized in its state of domicile.

**Note 2:** The company must have transacted business for a minimum of one (1) year prior to seeking admission. If the company was recently acquired, at least one (1) year of operating experience under the new management is required. An affiliated insurer admitted in Pennsylvania and operating under the same ownership/management team for at least one year may satisfy this requirement. If the aforementioned situation applies, a written request for approval of a waiver must be submitted with the application.

**Note 3:** The Department of Labor and Industry requires all insurers that are applying to write workers' compensation to complete and file an Initial Report of Accident and Illness Prevention Services. The Insurance Department will not issue a Certificate of Authority to an insurer to write workers' compensation insurance until the Department of Labor and Industry has indicated the company has made the necessary filing as required by the Workers' Compensation Act. The necessary form with instructions can be obtained at: [http://www.insurance.pa.gov/Companies/DoingBusiness/Documents/LIBC\\_211I.pdf](http://www.insurance.pa.gov/Companies/DoingBusiness/Documents/LIBC_211I.pdf).

**Note 4:** Reinsurance is authorized under standard lines; e.g., if a company is authorized to insure fire, it is also authorized to reinsure fire.

<b>PUERTO RICO</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Agricultural (Section 4.060)			
Casualty (Section 4.080)			
Marine & Transportation (Section 4.050)			
Mortgage Loans (Chapter 23)			
Surety (Section 4.090)			
Property (Section 4.040)			
Vehicle (Section 4.070)			
Reinsurance (Chapter 46)			
Title (Section 4.100)			
Fraternal Life (Chapter 36)			
Life (Section 4.020)			
Variable Life (Section 4.020)			
Variable Annuities (Section 4.020)			
Disability (Section 4.030)			

<b>RHODE ISLAND</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Fire (Note 3)			
Allied Lines (Note 3)			
Multi-Peril Crop (Note 3)			
Federal Flood (Note 3)			
Farmowners Multi-Peril (Note 3)			
Homeowners Multi-Peril (Note 3)			
Commercial Multi-Peril (Note 3)			
Ocean Marine (Note 3)			
Inland Marine (Note 3)			
Medical Malpractice/Medical Liability (Note 3)			
Earthquake (Note 3)			

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

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

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

<b>RHODE ISLAND (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Accident & Health (Property & Casualty – Note 3)			
Workers' Compensation (Note 3)			
Other Liability (Note 3)			
Products Liability (Note 3)			
Automobile (Full Coverage) (Note 3)			
Aircraft (All Perils) (Note 3)			
Fidelity (Note 3)			
Surety (Note 3)			
Glass (Note 3)			
Burglary and Theft (Note 3)			
Boiler and Machinery (Note 3)			
Credit (Note 3)			
Warranty (Note 3)			
Financial Guaranty or Mortgage Guaranty			
Title			
Life (Note 1)			
Annuities (Note 1)			
Variable Life (Note 1)			
Variable Annuity (Note 1)			
Variable Contracts (Notes 1 and 2)			
Accident and Health (Note 1)			

A company will be granted authority for a line of business in Rhode Island only on the condition that the company already has authority to sell that line in its state of domicile.

Note 1: Includes individual and group, and credit and non-credit.

Note 2: Variable Contracts includes Variable Life and Variable Annuity.

Note 3: Or alternatively: All lines except Life, Annuities, Title, Mortgage Guaranty and Financial Guaranty.

<b>SOUTH CAROLINA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property (SC 38-5-30)			
Casualty (SC 38-5-30)			
Surety (SC 38-5-30)			
Marine (SC 38-5-30)			
Title (SC 38-5-30)			
Life and Annuities (SC 38-5-30)			
Variable Contracts (SC 38-67-10, et seq.)			
Accident and Health (SC 38-5-30)			

<b>SOUTH DAKOTA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
(3) Fire & Allied Lines			
(4) Inland & Ocean Marine			
(5) Workers' Compensation			
(6) Bodily Injury (No Auto)			
(7) Property Damage (No Auto)			
(8) Bodily Injury (Auto)			
(9) Property Damage (Auto)			
(10) Physical Damage (Auto)			
(11) Fidelity & Surety Bonds			
(12) Glass			
(13) Burglary & Theft			
(14) Boiler & Machinery			
(15) Aircraft			



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

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

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

<b>SOUTH DAKOTA (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
(16) Credit (includes Credit Life; Credit Health; Credit Mortgage Guaranty and GAP (Guaranteed Auto Protection))			
(17) Crop - Hail			
(18) Livestock			
(22) Reinsurance			
(23A) Travel			
(23C) Bail Bonds			
(24) SD Farm Mutual (County)			
(25) SD Farm Mutual (State)			
(27) Personal			
(19) Title			
(1) Life			
(20) Variable Annuity			
(21) Variable Life			
(2) Health			

<b>TENNESSEE</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Casualty (TCA 56-2-201) (a)			
Property (TCA 56-2-201)(b)			
Surety (TCA 56-2-201) (c)			
Title (TCA 56-35-112)			
Credit [borrower] (TCA 56-2-201)			
Life (TCA 56-2-201)			
Variable Contracts (TCA 56-2-201)			
Accident and Health (TCA 56-2-201)			

a) Includes Disability, General Liability, Workers' Compensation, Burglary and Theft, Personal Property Floater, Glass, Boiler, Water Damage, Credit [lender], Elevator, Livestock, Collision, Malpractice, Miscellaneous, Vehicle [physical damage and liability].

(b) Includes Fire and Extended Coverage, Other Allied Lines, Homeowners Multiple Peril, Commercial Multiple Peril, Earthquake, Growing Crops, Water Damage – Sprinkler Leakage, Ocean Marine and Inland Marine, Vehicle [physical damage and liability].

(c) Includes Credit [lender], Fidelity, Performance Contracts and Bonds, Indemnification Insurance and Mortgage Guaranty.

<b>TEXAS</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Fire			
Allied Coverages (a)			
Hail, growing crops only			
Rain			
Inland Marine (b)			
Ocean Marine			
Aircraft Liability			
Aircraft Physical Damage			
Workers' Comp & Emp. Liability			
Employer's Liability			
Automobile Liability (c)			
Automobile Physical Damage (d)			
Liability other than Automobile (e)			
Fidelity and Surety			
Glass			
Burglary and Theft			
Forgery			
Boiler and Machinery			
Credit (f)			

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

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

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

<b>TEXAS (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Livestock (g)			
Mortgage Guaranty			
Title (h)			
Life (includes Annuity)			
Variable Life			
Variable Annuity			
Accident			
Health			

When one of the above coverages includes more than one kind or sub-line of insurance, the selection of that coverage authorizes the company to write one or more of the specified kinds of insurance included in that coverage.

(a) Includes, but not limited to, Extended Coverage, Windstorm, Lightning, Hurricane, Hail (except growing crops), Explosion, Riot, Civil Commotion, Smoke, Aircraft, Land Vehicles, Physical Loss Form, Additional Extended Coverage, Vandalism, Malicious Misc

(b) Includes Personal Property Floater.

(c) Includes Bodily Injury, Medical Payments, Property Damage, and other Automobile Liability.

(d) Includes Fire, Theft, Collision, Comprehensive and other Automobile Physical Damage.

(e) Includes Bodily Injury, Medical Payments and Property Damage with regards to Comprehensive Personal Liability, Owners, Landlords and Tenants, Manufacturers and Contractors, Product, Contractual, Elevator (including Elevator Collision), Employers' Liability, Professional Liability for Physicians, Podiatrists, Certified Anesthetists, and Hospitals, and other Liability other than Automobile.

(f) Includes Credit Involuntary Unemployment; excludes Mortgage Guaranty.

(g) Mortality.

(h) May be written only by Title insurance companies except those companies transacting title insurance prior to October 1, 1967. Includes Attorney's Title insurance companies as authorized by Texas Insurance Code, Chapter 2551.

<b>UTAH</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Bail Bond Surety (Utah Code Ann. § 31A-1-301(12))			
Credit Guarantee (Utah Code Ann. § 31A-1-301(37)(a))			
Legal Expense (Utah Code Ann. § 31A-1-301(107)(a))			
Liability Insurance (Utah Code Ann. § 31A-1-301(108)(a))			
Marine & Transportation (Utah Code Ann. § 31A-1-301(90) & 31A-1-301 (130))			
Motor Club (Utah Code Ann. § 31A-1-301(125))			
Professional Liability, excluding medical malpractice (Utah Code Ann. § 31A-1-301(108))			
Professional Liability, including medical malpractice (Utah Code Ann. § 31A-1-301(119) & 31A-1-301(151))			
Property Insurance (Utah Code Ann. § 31A-1-301(152)(a)(b))			
Surety Insurance (Utah Code Ann. § 31A-1-301(176))			
Vehicle Liability Insurance (Utah Code Ann. § 31A-1-301(188))			
Workers' Compensation Insurance (Utah Code Ann. § 31A-1-301(187))			
Title Insurance (Utah Code Ann. § 31A-1-301(179))			
Life Insurance (Utah Code Ann. § 31A-1-301(110))			
Annuity (Utah Code Ann. § 31A-1-301(9))			
Variable Contract (Utah Code Ann. § 31A-20-106)			
Health Maintenance Organization (Utah Code Ann. § 31A-8-101(5))			
Limited Health Plan – Dental (Utah Code Ann. § 31A-8-101(3)(a))			
Limited Health Plan – Vision (Utah Code Ann. § 31A-8-101(3)(a))			
Nonprofit Health Plan (Utah Code Ann. § 31A-7-102)			
	<b>Authorized to</b>	<b>Currently</b>	<b>Applying</b>

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

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

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

<b>UTAH (continued)</b>	<b>Transact</b>	<b>Transacting</b>	<b>for</b>
Accident & Health (Utah Code Ann. §31A-1-301(1)(a))			

<b>VERMONT</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Casualty (Section 3301(a)(3))			
Marine and Transportation (Section 3301(a)(4))			
Marine Protection and Indemnity (Section 3301(a)(5))			
Wet Marine and Transportation (Section 3301(a)(6))			
Property (Section 3301(a)(7))			
Surety (Section 3301(a)(8))			
Multiple Line (Section 3301(a)(10))			
Title (Section 3301(a)(9))			
Life (Section 3301(a)(1))			
Variable Annuity (Section 3301(a)(1)) and (Section 3857)			
Variable Life (Section 3301(a)(1)) and (Section 3857)			
Health (Section 3301(a)(2))			

<b>VIRGINIA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
09 Fire			
10 Miscellaneous Property and Casualty			
11 Farmowners MultiPeril			
12 Homeowners MultiPeril			
13 Commercial MultiPeril			
14 Ocean Marine			
15 Inland Marine			
16 Workers' Comp-Emp Liability			
17 Liability Other Than Auto			
18 Auto Liability			
19 Auto Physical Damage			
20 Aircraft Liability			
21 Aircraft Physical Damage			
23 Fidelity			
24 Surety			
25 Glass			
26 Burglary and Theft			
27 Boiler and Machinery			
28 Credit			
29 Animal			
30 Water Damage			
32 Legal Services Insurance			
55 Home Protection			
56 Mortgage Guaranty			
74 Credit Involuntary Unemployment			
75 Credit Property			
33 Title			
01 Life (§ 38.2 101 through 134)			
71 Modified Guaranteed Life Insurance (§ 38.2 101 through 134)			
02 Industrial Life (§ 38.2 101 through 134)			
03 Credit Life (§ 38.2 101 through 134)			
04 Variable Life (§ 38.2 101 through 134)			
05 Annuities (§ 38.2 101 through 134)			
72 Modified Guaranteed Annuities (§ 38.2 101 through 134)			

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

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

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

<b>VIRGINIA (continued)</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
06 Variable Annuities (§ 38.2 101 through 134)			
07 Accident and Sickness (§ 38.2 101 through 134)			
08 Credit Accident and Sickness (§ 38.2 101 through 134)			
76 Family Leave (§ 38.2 101 through 134)			
99 Managed Care Health Insurance Plan* (§ 38.2 101 through 134)			

\*Companies applying to operate a Managed Care Health Insurance Plan (MCHIP) will be required to obtain a Certificate of Quality Assurance (Certificate) from the Virginia Department of Health pursuant to § 38.2-5800 et seq. of the Code of Virginia. Upon receipt of an application to operate an MCHIP, the Bureau of Insurance will send a letter to the applicant describing the requirements for operating an MCHIP that includes the requirement to obtain a Certificate of Quality Assurance from the Virginia Department of Health.

<b>WASHINGTON</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property (RCW 48.11.040)			
Marine and Transportation (RCW 48.11.050)			
Vehicle (RCW 48.11.060)			
General Casualty (RCW 48.11.070)			
Surety (RCW 48.11.080)			
Ocean Marine (RCW 48.11.105)			
Title (RCW 48.11.100)			
Life (RCW 48.11.020)			
Disability (RCW 48.11.030)			
Health Maintenance Organization (RCW 48.46)			
Health Care Service Contractor (RCW 48.44)			
Limited Health Care Service Contractor (RCW 48.44)			

<b>WEST VIRGINIA</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Fire (WV Code §33-1-10(c))			
Marine (WV Code §33-1-10(d))			
Casualty without Workers' Compensation (WV Code §33-1-10(e))			
Casualty (WV Code §33-1-10(e)(14)) Workers' Compensation			
Surety (WV Code §33-1-10(f)(1)) Fidelity			
Surety (WV Code §33-1-10(f)(2)) Performance			
Surety (WV Code §33-1-10(f)(3)) Financial Guaranty			
Surety (WV Code §33-1-10(f)(3)) Mortgage Guaranty (monoline)			
Reinsurance (WV Code §33-1-11)*			
Surety (WV Code §33-1-10(f)(4)) Title			
Life (WV Code §33-1-10(a))			
Variable Annuity (WV Code §33-13A)			
Variable Life (WV Code §33-13A)			
Fraternal (WV Code §33-23)			
Accident & Sickness (WV Code §33-1-10(b))			
Hospital Service Corporation (WV Code §33-24)			
Medical Service Corporation (WV §33-24)			
Health Service Corporation (WV §33-24)			
Dental Service Corporation (WV §33-24)			
Reciprocal (WV Code §33-21) **			
Farmers Mutual Fire (WV Code §33-22)			

\* Indicate above the kinds of insurance to be reinsured, if application is for authority to transact reinsurance only.

\*\* Indicate above the kinds of insurance to be written by the reciprocal insurer

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

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

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

<b>WISCONSIN</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
(2) (a) Fire, Inland Marine and Other Property (s. Ins 6.75, Wis. Adm. Code)			
(2) (b) Ocean Marine (s. Ins 6.75, Wis. Adm. Code)			
(2) (c) Disability (includes health) (s. Ins 6.75, Wis. Adm. Code)			
(2) (d) Liability and Incidental Medical Expense (s. Ins 6.75, Wis. Adm. Code)			
(2) (e) Automobile (s. Ins 6.75, Wis. Adm. Code)			
(2) (f) Fidelity Insurance (s. Ins 6.75, Wis. Adm. Code)			
(2) (g) Surety Insurance (s. Ins 6.75, Wis. Adm. Code)			
(2) (i) Mortgage Guaranty (s. Ins 6.75, Wis. Adm. Code)			
(2) (j) Credit Insurance (s. Ins 6.75, Wis. Adm. Code)			
(2) (k) Workers' Compensation Insurance (s. Ins 6.75, Wis. Adm. Code)			
(2) (l) Legal Expense Insurance (s. Ins 6.75, Wis. Adm. Code)			
(2) (m) Credit Unemployment Insurance (s. Ins 6.75, Wis. Adm. Code)			
(2) (n) Miscellaneous (s. Ins 6.75, Wis. Adm. Code)			
(2) (o) Aircraft (s. Ins 6.75, Wis. Adm. Code)			
(2) (h) Title (s. Ins 6.75, Wis. Adm. Code)			
(1) (a) Life and Insurance Annuities – Nonparticipating (s. Ins 6.75, Wis. Adm. Code)			
(1) (a) Life and Insurance Annuities -Participating (s. Ins 6.75, Wis. Adm. Code)			
(1) (b) Variable Life and Variable Annuities (s. Ins 6.75, Wis. Adm. Code)			
(1) (c) Disability (includes health) (s. Ins 6.75, Wis. Adm. Code)			

<b>WYOMING</b>	<b>Authorized to Transact</b>	<b>Currently Transacting</b>	<b>Applying for</b>
Property (WS 26-5-104)			
Surety (WS 26-5-105)			
Casualty (WS 26-5-106)			
Marine and Transportation (WS 26-5-107)			
Multiple Lines (WS 26-5-108)			
Title (WS 26-5-109)			
Life, including annuities (WS 26-5-102)			
Variable Contracts (WS 26-5-102)			
Disability (WS 26-5-103)			

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

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

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

**Uniform Certificate of Authority Application (UCAA)**  
**Uniform Consent to Service of Process**

\_\_\_\_\_ Original Designation

\_\_\_\_\_ Amended Designation

(must be submitted directly to states)

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

Previous Name (if applicable): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ NAIC CoCode: \_\_\_\_\_

The Applicant Company named above, organized under the laws of \_\_\_\_\_, and regulated under the laws of \_\_\_\_\_ for purposes of complying with the laws of the State(s) designate hereunder relating to the holding of a certificate of authority or the conduct of an insurance business within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding against it in the State(s) so designated; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State(s) so designated; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the entity outstanding in the State. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

**Applicant Company Officers' Certification and Attestation**

One of the two Officers (listed below) of the Applicant Company must read the following very carefully and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant Company.
2. 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

**Uniform Certificate of Authority (UCAA)**  
**Uniform Consent to Service of Process**  
**Exhibit A**

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process:

<input type="checkbox"/> AL	Commissioner of Insurance # and Resident Agent*	<input type="checkbox"/> MO	Director of Insurance #
<input type="checkbox"/> AK	Director of Insurance #	<input type="checkbox"/> MT	Resident Agent*
<input type="checkbox"/> AZ	Director of Insurance # ^	<input type="checkbox"/> NE	Officer of Company* or Resident Agent* (circle one)
<input type="checkbox"/> AR	Resident Agent *	<input type="checkbox"/> NH	Commissioner of Insurance #
<input type="checkbox"/> AS	Commissioner of Insurance #	<input type="checkbox"/> NV	Commissioner of Insurance Commission # ^
<input type="checkbox"/> CO	Commissioner of Insurance # or Resident Agent*	<input type="checkbox"/> NJ	Commissioner of Banking and Insurance #^
<input type="checkbox"/> CT	Commissioner of Insurance #	<input type="checkbox"/> NM	Superintendent of Insurance #
<input type="checkbox"/> DE	Commissioner of Insurance #	<input type="checkbox"/> NY	Superintendent of Financial Services #
<input type="checkbox"/> DC	Commissioner of Insurance and Securities Regulation # or Local Agent* (circle one)	<input type="checkbox"/> NC	Commissioner of Insurance
<input type="checkbox"/> FL	Chief Financial Officer # ^	<input type="checkbox"/> ND	Commissioner of Insurance # ^
<input type="checkbox"/> GA	Commissioner of Insurance and Safety Fire # and Resident Agent*	<input type="checkbox"/> OH	Resident Agent*
<input type="checkbox"/> GU	Commissioner of Insurance #	<input type="checkbox"/> OR	Resident Agent*
<input type="checkbox"/> HI	Insurance Commissioner # and Resident Agent*	<input type="checkbox"/> OK	Commissioner of Insurance #
<input type="checkbox"/> ID	Director of Insurance # ^	<input type="checkbox"/> PR	Commissioner of Insurance #
<input type="checkbox"/> IL	Director of Insurance #	<input type="checkbox"/> RI	Superintendent of Insurance ^
<input type="checkbox"/> IN	Resident Agent* ^	<input type="checkbox"/> SC	Director of Insurance #
<input type="checkbox"/> IA	Commissioner of Insurance #	<input type="checkbox"/> SD	Director of Insurance # ^
<input type="checkbox"/> KS	Commissioner of Insurance ^	<input type="checkbox"/> TN	Commissioner of Insurance #
<input type="checkbox"/> KY	Secretary of State #	<input type="checkbox"/> TX	Resident Agent*
<input type="checkbox"/> LA	Secretary of State #	<input type="checkbox"/> UT	Resident Agent* ^
<input type="checkbox"/> MD	Insurance Commissioner #	<input type="checkbox"/> VT	Resident Agent*
<input type="checkbox"/> ME	Resident Agent* ^	<input type="checkbox"/> VI	Lieutenant Governor/Commissioner#
<input type="checkbox"/> MI	Resident Agent *	<input type="checkbox"/> WA	Insurance Commissioner #
<input type="checkbox"/> MN	Commissioner of Commerce ~	<input type="checkbox"/> WV	Secretary of State # @
<input type="checkbox"/> MS	Commissioner of Insurance and Resident Agent* BOTH are required.	<input type="checkbox"/> WY	Commissioner of Insurance #

# For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with **full name and address where service of process is to be forwarded**. Use additional pages as necessary. Colorado will forward Service of Process to the Secretary of the Applicant Company and requires a resident agent for foreign entities. Exhibit not required for New Jersey, and North Carolina. Florida accepts only an individual as the entity and requires an email address. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit B. SC will not forward to an individual by name; however, it will forward to a position, e.g., Attention: President (or Compliance Officer, etc.). Washington requires an email address on Exhibit B.

\* Attach a completed Exhibit B listing the Resident Agent for the Applicant Company (one per state). Include state name, Resident Agent's **full name and street address**. Use additional pages as necessary. (DC\* requires an agent within a ten-mile radius of the District), (MT requires an agent to reside or maintain a business in MT).

^ Initial pleadings only.

@ Form accepted only as part of a Uniform Certificate of Authority application.

MA will send the required form to the Applicant Company when the approval process reaches that point.

~ Minnesota does not forward Service of Process. To effectively serve the Commissioner of Commerce, use the process under Minn. Stat. § 45.028. Applicant Company may complete Exhibit B to provide a Service of Process address that Commerce may keep on file.

**Exhibit A**

**Uniform Certificate of Authority (UCAA)**  
**Uniform Consent to Service of Process**  
**Exhibit B**

Complete for each state indicated in Exhibit A:

State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

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

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

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

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

---

State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

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

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

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

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

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

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

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

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

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

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

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

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

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

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

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

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

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

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

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

**Exhibit B**



## Resolution Authorizing Appointment of Attorney

BE IT RESOLVED by the Board of Directors or other governing body of

\_\_\_\_\_  
(Applicant Company Name)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that the President or Secretary of said entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Consent to Service of Process to give irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction in the state(s) of

\_\_\_\_\_  
\_\_\_\_\_  
in which the action shall arise, or in which plaintiff may reside, by service of process in the state(s) indicated above and irrevocably appoints the officer(s) of the state(s) and their successors in such offices or appoints the agent(s) so designated in the Uniform Consent to Service of Process and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said entity according to the laws of said state.

### CERTIFICATION:

I, \_\_\_\_\_, Secretary of

\_\_\_\_\_  
(Applicant Company Name)

state that this is a true and accurate copy of the resolution adopted effective the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the Board of Directors or governing board at a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ or by written consent dated \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Date \_\_\_\_\_

\_\_\_\_\_  
Secretary