

*Conference Call*

**NATIONAL TREATMENT AND COORDINATION (E) WORKING GROUP**

**August 26, 2020**

**12:00 pm EST / 11:00 a.m. CST / 10:00 a.m. MST/ 9:00 a.m. PST**

**8:00 a.m. Alaska / 6:00 a.m. Hawaii**

**ROLL CALL**

Debbie Doggett, Co-Chair	Missouri	Victoria Baca/Ursula Almada	New Mexico
Linda Johnson, Co-Chair	Wyoming	Cameron Piatt	Ohio
Cindy Hathaway	Colorado	Greg Lathrop	Oregon
Kathy Belfi	Connecticut	Cressinda Bybee	Pennsylvania
Alisa Pritchard	Delaware	Robert Rudnai	Texas
Virginia Christy	Florida	Jay Sueoka	Utah
Stewart Guerin	Louisiana	Ron Pastuch	Washington
Michelle Scaccia	Montana	Michael Mancusi-Ungaro	Wisconsin

**AGENDA**

1. Receive Referral from Chief Financial Regulator Forum —*Debbie Doggett (MO)* Attachment One
2. Discuss and Expose Proposal 2020-01(Electronic Notary) — *Jennifer Milam (FL)* Attachment Two
3. Discuss and Expose Proposal 2020-02 (Primary Checklist- Redomestication Requirement)—*Debbie Doggett (MO)* Attachment Three
4. Discuss Any Other Matters— *Linda Johnson (WY)*

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**MEMORANDUM**

TO: National Treatment and Coordination (E) Working Group

FROM: Judy Weaver (MI), Facilitator of the Chief Financial Regulator Forum

DATE: March 19, 2020

RE: Authorization of Domestic Surplus Lines Insurers

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On its March 19 conference call, the Chief Financial Regulator Forum discussed how best to handle Domestic Surplus Lines Insurers (DSLIs) following the adoption of DSLI legislation. During these discussions, several questions were raised regarding the appropriate protocol to follow when approached by an insurer seeking DSLI authorization. Currently, 21 states have amended their statutes to allow for DSLIs. The states request guidance on the following:

- How to handle active or runoff admitted market premium written within the state of domicile post-DSLI authorization;
- How to address a DSLI that requests authorization to write both admitted and nonadmitted premiums in the state of domicile (unless prohibited in the legislation);
- The best approach for an analyst or examiner to review and test a sample of admitted policies that were subsequently converted to the nonadmitted market for a newly authorized DSLI;
- An understanding as to whether a DSLI with admitted premiums would continue to be eligible for guaranty fund protection;
- The best way for the state department of insurance to disclose authorized DSLIs; and
- The best method to be assured that the insurer is accurately reporting DSLI status, on its Schedule T, for its state of domicile.

The Chief Financial Regulator Forum recommends that additional guidance be developed for regulator use in this area. Although the topics raised on the call are highlighted above, there may be additional topics of interest to regulators in this area that could also be addressed. Given the specialized nature of these issues, it may be appropriate and helpful to seek the assistance of the Surplus Lines (C) Working Group in addressing these topics. If there are any questions regarding the proposed request, please contact either me or NAIC staff (Bruce Jenson at [bjenson@naic.org](mailto:bjenson@naic.org)) for clarification. Thank you in advance for your consideration of this referral.

**National Treatment and Coordination (E) Working Group**  
**Company Licensing Proposal Form**

<p align="right">DATE: <u>4/16/2020</u></p> <p>CONTACT PERSON: <u>Jennifer Milam</u></p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: <u>Jennifer.milam@floi.com</u></p> <p>ON BEHALF OF: <u>National Treatment &amp; Coordination (E) WG</u></p> <p>NAME: <u>Debbie Doggett &amp; Linda Johnson co-chairs</u></p> <p>TITLE: _____</p> <p>AFFILIATION: <u>MO DOI and WY DOI</u></p> <p>ADDRESS: _____</p>	<p align="center"><b><u>FOR NAIC USE ONLY</u></b></p> <p>Agenda Item # <u>2020-01</u></p> <p>Year <u>2020</u></p> <p align="center"><b><u>DISPOSITION</u></b></p> <p>[ ] ADOPTED _____</p> <p>[ ] REJECTED _____</p> <p>[ ] DEFERRED TO _____</p> <p>[ ] REFERRED TO OTHER NAIC GROUP _____</p> <p>[ ] EXPOSED _____</p> <p>[ ] OTHER (SPECIFY) _____</p>
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**IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED**

[X] UCAA Forms [ ] UCAA Instructions [ ] Enhancement to the Electronic Application Process  
 [ ] Company Licensing Best Practices HB

Forms:

[ ] Form 1 – Checklist [ ] Form 2 - Application [ ] Form 3 – Lines of Business  
 [ ] Form 6- Certificate of Compliance [ ] Form 7 – Certificate of Deposit [ ] Form 8 - Questionnaire  
 [ ] Form 8C- Corporate Amendment Questionnaire [X] Form 11-Biographical Affidavit [ ] Form 12-Uniform Consent to Service of Process [ ] Form 13- ProForma [ ] Form 14- Change of Address/Contact Notification  
 [X] Form 15 – Affidavit of Lost C of A [ ] Form 16 – Voluntary Dissolution [ ] Form 17 – Statement of Withdrawal

**DESCRIPTION OF CHANGE(S)**

To clarify the signature was either a wet signature or an electronic signature on Form 11 (Biographical Affidavit) and Form 15 (Affidavit of Lost C of A) by including the following verbiage within the notary section “foregoing instrument was acknowledged before me **by means of \_physical presence or \_online notarization,...**”. Each state’s requirements will be noted on the signature chart posted on the UCAA webpage. Form 15 will be added to this chart.

**REASON OR JUSTIFICATION FOR CHANGE \*\***

As more and more states move towards accepting electronic signatures and update their statutory requirements it is necessary to capture those requirements on these forms. This change will identify which avenue (physical or electronic) the notary used to verify the affiant’s signature. With the current climate of remote working due to Covid-19 it may be necessary to utilize electronic signatures and notaries going forward. This will also be a requirement when the biographical affidavit database is created.

**Additional Staff Comments:**

\*\* This section must be completed on all forms.

Revised 01-2019

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

**Specify Purpose for Completion:**

**Form A:** \_\_\_\_\_ **UCAA Type:** \_\_\_\_\_ **Other:** \_\_\_\_\_

↓  
↑ **====** **Detail Eliminated To Conserve Space** **====** ↓  
↑

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

\_\_\_\_\_  
(Signature of Affiant)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:  who is personally known to me, or  who produced the following identification: \_\_\_\_\_.

[SEAL]

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
Printed Notary Name  
\_\_\_\_\_  
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

**Specify Purpose for Completion:**

**Form A:** \_\_\_\_\_ **UCAA Type:** \_\_\_\_\_ **Other:** \_\_\_\_\_

↓  
↑ **====** **Detail Eliminated To Conserve Space** **====** ↓  
↑

Dated and signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

\_\_\_\_\_  
(Signature of Affiant)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:  who is personally known to me, or  who produced the following identification: \_\_\_\_\_.

[SEAL]

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
Printed Notary Name  
\_\_\_\_\_  
My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact \_\_\_\_\_ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

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

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:  who is personally known to me, or  who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
Printed Notary Name  
\_\_\_\_\_  
My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
**(Minnesota and Oklahoma)**

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

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

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:  who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
**(California)**

This Disclosure and Authorization is provided to you in connection with a pending application of \_\_\_\_\_ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through \_\_\_\_\_ [name of CRA, address] (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

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

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, 20 by \_\_\_\_\_, and:  who is personally known to me, or  who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires



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 \_\_\_\_\_

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

(SEAL) My commission expires:

**National Treatment and Coordination (E) Working Group**  
**Company Licensing Proposal Form**

<p align="right">DATE: <u>8/6/20</u></p> <p>CONTACT PERSON: <u>Jane Barr</u></p> <p>TELEPHONE: <u>816-783-8413</u></p> <p>EMAIL ADDRESS: <u>jbarr@naic.org</u></p> <p>ON BEHALF OF: <u>National Treatment and Coordination WG</u></p> <p>NAME: <u>Debbie Doggett</u></p> <p>TITLE: <u>Financial Analysis Supervisor</u></p> <p>AFFILIATION: <u>MO Dept of Commerce</u></p> <p>ADDRESS: _____</p> <p>_____</p>	<p align="center"><b><u>FOR NAIC USE ONLY</u></b></p> <p>Agenda Item # <u>2020-02</u></p> <p>Year <u>2020</u></p> <p align="center"><b><u>DISPOSITION</u></b></p> <p>[ <input type="checkbox"/> ] ADOPTED _____</p> <p>[ <input type="checkbox"/> ] REJECTED _____</p> <p>[ <input type="checkbox"/> ] DEFERRED TO _____</p> <p>[ <input type="checkbox"/> ] REFERRED TO OTHER NAIC GROUP _____</p> <p>[ <input type="checkbox"/> ] EXPOSED _____</p> <p>[ <input type="checkbox"/> ] OTHER (SPECIFY) _____</p>
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**IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED**

[X ] UCAA Forms    [ X ] UCAA Instructions    [ ] Enhancement to the Electronic Application Process  
 [ ] Company Licensing Best Practices HB

Forms:

[ X ] Form 1 – Checklist                                    [ ] Form 2 - Application                                    [ ] Form 3 – Lines of Business  
 [ ] Form 6- Certificate of Compliance    [ ] Form 7 – Certificate of Deposit    [ ] Form 8 - Questionnaire  
 [ ] Form 8C- Corporate Amendment Questionnaire    [ ] Form 11-Biographical Affidavit    [ ] Form 12-Uniform Consent to  
 Service of Process    [ ] Form 13- ProForma    [ ] Form 14- Change of Address/Contact Notification  
 [ ] Form 15 – Affidavit of Lost C of A    [ ] Form 16 – Voluntary Dissolution    [ ] Form 17 – Statement of Withdrawal

**DESCRIPTION OF CHANGE(S)**

Include the Applicant's corporate governance annual disclosure (CGAD) as a requirement to the checklist for primary redomestication application.

**REASON OR JUSTIFICATION FOR CHANGE \*\***

It is important for redomestications, as it is a document that explains how the Applicant is governed by management. The CGAD is just required to be updated and not restated each year. Because of that, we may need to require the original and all updates through the most recent filing if never restated.

**Additional Staff Comments:**

\*\* This section must be completed on all forms.

Revised 01-2019

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

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

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

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

The application checklist is intended to help guide the insurer (herein after referred to as “Applicant Company”) with the assembly of a complete Primary Uniform Certificate of Authority Application (UCAA). Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting the application for review. The completed checklist should be attached to the top of the application.

**Regulator Use Only**

- |     |   |                          |
|-----|---|--------------------------|
| 1.  | <b>Application Form, containing:</b>  | <input type="checkbox"/> |
|     | <input type="checkbox"/> Completed UCAA Primary Application Checklist (Form 1P)   |                          |
|     | <input type="checkbox"/> Original UCAA Primary Application executed and signed (Form 2P)  |                          |
|     | <input type="checkbox"/> Include all lines of insurance the Applicant Company is licensed to transact, currently transacting, and requesting authority to transact in all jurisdictions (Form 3). |                          |
| 2.  | <b>Filing Fee (pursuant to Section II Filing Requirements Item 2), containing:</b>  | <input type="checkbox"/> |
|     | <input type="checkbox"/> Payment of required filing fee   |                          |
|     | <input type="checkbox"/> Copy of check  |                          |
| 3.  | <b>Minimum Capital and Surplus Requirements (pursuant to Section II Filing Requirements Item 3)</b>   | <input type="checkbox"/> |
|     | <input type="checkbox"/> Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared  |                          |
| 4.  | <b>Statutory Deposit Requirements (pursuant to Section II Filing Requirements Item 4)</b>   | <input type="checkbox"/> |
|     | <input type="checkbox"/> An original Certificate of Deposit prepared by state of domicile (Form 7)  |                          |
| 5.  | <b>Name Approval (pursuant to Section II Filing Requirements Item 5)</b>  | <input type="checkbox"/> |
|     | <input type="checkbox"/> Evidence of name approval request  |                          |
| 6.  | <b>Plan of Operation (pursuant to Section II Filing Requirements Item 6)</b>  | <input type="checkbox"/> |
|     | <input type="checkbox"/> Completed questionnaire (Form 8)   |                          |
|     | <input type="checkbox"/> Pro Forma  |                          |
|     | <input type="checkbox"/> Narrative  |                          |
| 7.  | <b>Holding Company Act Filings (pursuant to Section II Filing Requirements Item 7)</b>  | <input type="checkbox"/> |
|     | <input type="checkbox"/> Include Holding Company Act Filings, including Form B, Form F or substantially similar Statement   |                          |
|     | <input type="checkbox"/> <b>Include Corporate Governance Annual Disclosure and any updates</b>  |                          |
| 8.  | <b>Statutory Memberships ((pursuant to Section II Filing Requirements Item 8)</b>   | <input type="checkbox"/> |
|     | <input type="checkbox"/> Submit documentation as listed in Section II Filing Requirements Item 8  |                          |
| 9.  | <b>SEC Filings or Consolidated GAAP Financial Statement</b>   | <input type="checkbox"/> |
|     | <input type="checkbox"/> Submit documentation as listed in Section II Filing Requirements Item 9  |                          |
| 10. | <b>Debt-to-Equity Ratio Statement</b>   | <input type="checkbox"/> |
|     | <input type="checkbox"/> Submit documentation as listed in Section II Filing Requirements Item 10   |                          |
| 11. | <b>Custody Agreements</b>   | <input type="checkbox"/> |
|     | <input type="checkbox"/> Submit documentation as listed in Section II Filing Requirements Item 11   |                          |

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

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

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

**Regulator Use Only**

12. **Public Records Package – Submit ALL items in chart in Section II Item 12, including:**
- a. Articles of Incorporation, including:**
- Original certification by domiciliary state
- b. Bylaws, including:**
- Original certification by the Applicant Company’s corporate assistant
- c. Statement with attachments, including:**
- Current year annual statement\*, verified and signed, including actuarial opinion
- Current year quarterly statements (one copy for each quarter), verified and signed
- \*1. Updated statements should be submitted on a timely basis while application is pending.
2. If annual statement for two preceding years has not been filed with the NAIC, one copy of each year must be submitted with the application.
- d. Independent CPA Audit Report**
13. **NAIC Biographical Affidavit (Form 11) for the following:**
- Officers (as listed on Jurat Page of most recent or upcoming financial statement)
- Directors (as listed on Jurat Page of most recent or upcoming financial statement)
- Key managerial personnel (including heads of risk management, compliance, internal audit or other individuals who will control the operations of the Applicant Company or have binding authority over the Applicant Company)
- Any individual (including management not represented of the Jurat Page or not in key managerial positions) with 10% or greater ownership of the Applicant Company and/or the Applicant Company’s ultimate controlling entity
- Affidavit originally signed and notarized within six months of application date
- Affidavit certified by independent third party
14. **State-Specific Information**
- Some jurisdictions may have additional requirements that must be met before a Certificate of Authority can be issued. Before completing a UCAA Primary Application, the Applicant Company should review a listing of requirements for the state to which it is applying.

**Filing Requirements – Redomestications Only**

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

15. **Annual Statement with Attachments**
- Submit documentation as listed in Section III Filing Requirements Item 1
16. **Quarterly Statements**
- Submit documentation as listed in Section III Filing Requirements Item 2
17. **Risk-Based Capital Report**
- Submit documentation as listed in Section III Filing Requirements Item 3

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

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

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

**Regulator Use Only**

- 18. **Independent CPA Audit Report**   
 Submit documentation as listed in Section III Filing Requirements Item 4
  
- 19. **Reports of Examination**   
 Includes a copy of the most recent Report of Financial Examination from its domiciliary state and a note of all more recent examinations, completed by any state, including market conduct examinations along with a description of each examination.
  
- 20. **Certificate of Compliance (pursuant to Section III Filing Requirements Item 6)**   
 Original certification of compliance (Form 6) completed by domiciliary state insurance regulatory agency

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

Incorporators\*

Titles:

Ownership Percentage:

Officers:

Directors:

Shareholders:

\* Primary Application Only

## **Primary Application Section II Filing Requirements (New Insurers and Redomestications)**

This section provides a guide to understanding the focus of each document of the Primary Application. However, the application typically uses the documents for multiple purposes. Therefore, it is important that applications be complete.

**All documents submitted in support of the application must be current. However, in certain instances, some states have limited latitude to accept older documents. Please contact states individually if you have questions about a specific document.**

All forms required for the Primary Application are available on the UCAA Web site and insurers can download these documents for printing and submission.

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1. Application Form and Attachments
2. Filing Fee
3. Minimum Capital and Surplus Requirements
4. Statutory Deposit Requirements
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7. Holding Company Form "B" Registration Statement
8. Statutory Membership(s)
9. SEC Filings or Consolidated GAAP Financial Statement
10. Debt-to-Equity Ratio Statement
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12. Public Records Package
13. NAIC Biographical Affidavits
14. State-Specific Information



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## 6. Plan of Operation

The plan of operation has three components, a brief narrative, pro-forma financial statements/projections and a completed Questionnaire (Form 8). The narrative should include significant information not captured as a part of the Questionnaire that the company submits in support of the application, such as the reason for redomestication. Provide a company-wide three-year pro-forma balance sheet and income statement. For the lines requested, provide three-year premium and loss projections by line for the state in which you have requested lines of business. Projections must 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. The Questionnaire is available on the UCAA website. Submit the completed Questionnaire and all attachments as Item 6 of the application.

## 7. Holding Company Form "B" Registration Statement

If the applicant is a member of a holding company system, the application must include either the most recent Annual Form B Registration Statement or a statement substantially similar to the NAIC model. The filing should include all attachments, exhibits and appendices referenced in the Form B. **Submit the most recent Corporate Governance Annual Disclosure, include any updates if the disclosure has not been restated. Submit the Registration Statement and Annual Disclosure as Item 7 of the application,** include all attachments and any amendments up to the date you file the application and include copies of all advisory, management and service agreements.

## 8. Statutory Memberships

In some states, applicants are required to join one or more rating, guarantee or other organizations before transacting insurance. Generally, the applicant's authorized lines of insurance govern statutorily mandated memberships. Please be sure to check with the state in which you are seeking licensure to inquire about any statutory memberships that the state may require before transacting insurance. Submit documentation supporting membership application(s) as indicated, in states where required, as Item 8 of the application.

## 9. SEC Filings or Consolidated GAAP Financial Statement

If the applicant, its parent or its ultimate holding company has made a filing or registration with the Securities and Exchange Commission (SEC) in connection with a public offering within the last three years, or filed an 8K, 10K or 10Q within the last 12 months, the application must note that the filing, including any supplements or amendments, is available electronically from the SEC. If the applicant, its parent or its ultimate holding company is not publicly traded, the application must include a copy of the applicant's most recent Consolidated GAAP financial statement. Submit the notice of SEC filings or copy of a Consolidated GAAP statement as Item 9 of your application.



Detail eliminated to conserve space

