



Date: 08/01/2022

NATIONAL TREATMENT AND COORDINATION (E) WORKING GROUP

Wednesday, August 27, 2022

2:00 – 3:00 p.m. ET / 1:00 – 2:00 p.m. CT / 12:00 – 1:00 p.m. MT / 11:00 a.m. – 12:00 p.m. PT

ROLL CALL

Debbie Doggett, Co-Chair/Jay Buschmann		Ursula Almada	New Mexico
Cameron Piatt, Co-Chair	Missouri	Doug Hartz	Oregon
Cindy Hathaway	Ohio	Karen Feather	Pennsylvania
Bill Mitchell	Colorado	Amy Garcia	Texas
Alisa Pritchard	Connecticut	Jay Sueoka	Utah
Carolyn Morgan/Virginia Christy	Delaware	Ron Pastuch/Mark Durphy	Washington
Stewart Guerin	Florida	Amy Malm/Mark McNabb	Wisconsin
Kari Leonard	Louisiana	Linda Johnson/Doug Melvin	Wyoming
	Montana		

NAIC Support Staff: Jane Barr

AGENDA

1. Receive Comments on Proposal 2022-02 (Primary, Redomestication Application and Instructions)—*Cameron Piatt (OH)* Attachment 1
 - a. Texas Comments—*John Carter (TX)* Attachment 2
 - b. Missouri Comments — *Debbie Doggett (MO)* Attachment 3
 - c. Iowa Comments — *Shelby Hollett (IA)* Attachment 4
 - d. Final Template (Primary) — *Jane Barr (NAIC)* Attachment 5
2. Discuss Enhanced Guidance Referral (Financial Analysis (E) Working Group Referrals)—*Debbie Doggett (MO)* Attachment 6
3. Discuss Proposal 2022-03 (Domestic Corporate Amendment Application and Instructions) —*Debbie Doggett (MO)* Attachment 7
4. Discuss Proposal 2022-04 (Biographical Affidavit Addendum Page for Residence) —*Cameron Piatt (OH)* Attachment 8
5. Discuss Any Other Matters Brought Before the Working Group—*Cameron Piatt (OH)*
6. Adjournment

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

<p align="center">DATE: 5/23/22</p> <p>CONTACT PERSON: Jane Barr</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: jbarr@naic.org</p> <p>ON BEHALF OF: National Treatment & Coordination WG</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>AFFILIATION: _____</p> <p>ADDRESS: _____</p> <p>_____</p>	<p align="center"><u>FOR NAIC USE ONLY</u></p> <p>Agenda Item # 2022-02</p> <p>Year 2022</p> <p align="center"><u>DISPOSITION</u></p> <p>[] ADOPTED _____</p> <p>[] REJECTED _____</p> <p>[] DEFERRED TO _____</p> <p>[] REFERRED TO OTHER NAIC GROUP</p> <p>[X] EXPOSED 7/29/22_____</p> <p>[] OTHER (SPECIFY) _____</p>
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IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

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

Forms:

[] Form 1 – Checklist [X] Form 2 - Application [] Form 3 – Lines of Business
 [] Form 6- Certificate of Compliance [] Form 7 – Certificate of Deposit [X] Form 8 - Questionnaire
 [] Form 8C- Corporate Amendment Questionnaire [] Form 11-Biographical Affidavit [X] 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)

Remove the request for FAX number on the application form, remove the request for notary from the Certification and Attestation Page and the request for name of person designated to appoint agents Form 2P. Reorder the Questions on the Questionnaire so that all questions pertaining to the Holding Company Structure are grouped together on Form 8P. And remove the request for notary on the resolution page of Form 12P.

REASON OR JUSTIFICATION FOR CHANGE **

It was determined that a FAX number may no longer be necessary for policyholders to contact the insurance company. With the enhancements to the electronic application and the use of docusign, it's the applicant company who is identifying who the company officers is for the company, therefore the position is identified by a witness and a notary is no longer required for both forms that require "attestation", Form 2P (Application Form) and Form 12 (for all company licensing applications).

Additional Staff Comments:

6/27/22 – Modified Form 8P Questionnaire wording for question 20, modified wording on #20a and b and deleted duplicative wording for E, F & H.

** This section must be completed on all forms.

Revised 01-2019

Proposed Applicant Company Name: _____ FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
Primary Application**

To the Insurance Commissioner/Director/Superintendent of the State of:
(Select the appropriate state in which the Applicant Company is applying.)

Drop-down menu with the state list.

The undersigned Applicant Company hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are the lines of business which the Applicant Company is applying to transact.

Proposed Name of Applicant Company:	
Group Code (If Applicable)	
Ultimate Owner/Holding Company:	

Registered Office Address:	
----------------------------	--

Administrative Office Address:	
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Mailing Address:	
------------------	--

Phone:	
Fax:	
Date Incorporated:	
Form of Organization:	
Date Organized:	

Country of Domicile:	
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(If Applicable)

Par Value of Issued Stock:	\$
Surplus as regards policyholders:	\$

Type of Business: (drop down selection to include Property/Casualty, Health, Title, or Life and Health)

Applicant Company Formed as:

Residual Market Mechanisms	Captive – Pure	City, Town, County, State, Parish, Township
Risk Retention Group – Captive	Captive- Other	State Insurance Fund/Program
Risk Retention Group - Traditional	Captive – Special Purpose Financial Insurer	
Special Purpose Vehicle	Manager Managed Limited Liability Co	Surplus Lines Insurer
Health Maintenance Organization	Reinsurance	

Date of Charter, Bylaws or Subscriber's Agreement:	
--	--

Company Type:

Stock	Limited Liability Corporation	Partnership (all types)
Reciprocal	U.S. Branch of Alien Insurer	Proprietorship
Fraternal	Cooperative	Syndicate

Proposed Applicant Company Name: _____ FEIN: _____

Mutual	Charitable Gift Annuity	Other
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If Available:

Billing Address / Contact Information:			
E-Mail Address:	Phone:	Fax:	
Premium Tax Statement Address: Contact Information:			
E-Mail Address:	Phone:	Fax:	
Producer Licensing Address: Contact Information:			
E-Mail Address:	Phone:	Fax:	
Rate/Form Filing Address: Contact Information:			
E-Mail Address:	Phone:	Fax:	
Consumer Affairs Address: Contact Information:			
E-Mail Address:	Phone:	Fax:	

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

Yes No

If yes, give full explanation in an attached letter.



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

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

The following information is required of the individual 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:			

Applicant Company Name: _____ NAIC Cocode: _____
 FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
 Redomestication Application**

To the Insurance Commissioner/Director/Superintendent of the State of:
 (Select the appropriate state in which the Applicant Company is applying.)

Drop-down menu with the state list.

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

Applicant Company Name:			
NAIC Cocode:		Group Code: (If Applicable)	

Home Office Address:	
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Administrative Office Address:	
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Mailing Address:	
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Are these addresses the same as those shown on the Applicant Company's Annual Statement?

Yes No

If not, indicate why:

Attachment Button

Phone:	
Fax:	
Date Incorporated:	
Form of Organization:	
Date Organized:	

Country of Domicile:	
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(If Applicable)

	Original	Last Amendment
Date of Charter		
Date of Bylaws		
Date of Subscriber's Agreement		
Date of Last Market Conduct Examination:		
Date of Last Financial Examination:		

Par Value of Issued Stock:	\$
Surplus as regards policyholders:	\$
Certificate of Deposit (Prior State)	

Ultimate Owner/Holding Company:	
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Applicant Company Name: _____ NAIC Cocode: _____
 FEIN: _____

Billing Address:			
E-Mail Address:	Phone:	Fax:	

Premium Tax Statement Address:			
E-Mail Address:	Phone:	Fax:	

Producer Licensing Address:			
E-Mail Address:	Phone:	Fax:	

Rate/Form Filing Address:			
E-Mail Address:	Phone:	Fax:	

Consumer Affairs Address:			
E-Mail Address:	Phone:	Fax:	

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

Yes No

If yes, give full explanation in an attached letter.

[Attachment Button](#)

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

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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:	

Applicant Company Name: _____ NAIC Cocode: _____
FEIN: _____

Applicant Company Incorporators' Certification and Attestation

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

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant Company, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant Company is licensed or to which the Applicant Company is applying for licensure.
3. I acknowledge that I am the _____ of the Applicant Company, am authorized to execute and am executing this document on behalf of the Applicant Company.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this _____ at _____.

Date	Electronic Signature of President
	Full Legal Name of President
Date	Electronic Signature of Secretary
	Full Legal Name of Secretary
Date	Electronic Signature of Treasurer
	Full Legal Name of Treasurer
	Electronic Name of Applicant Company

Date	Electronic Signature of Witness
	Full Legal Name of Witness

Applicant Company Name: _____ FEIN: _____

Holding Company Questions
Lines of Business: Life

Uniform Certificate of Authority Application
QUESTIONNAIRE

All questions must be answered. Directions: Each "Yes" or "No" question is to be answered. Other answers and additional explanations or details should be attached to the questionnaire.

1. I hold the following position(s) with the Applicant Company _____.

2. Has the Applicant Company transferred or encumbered any portion of its assets or business, or has its outstanding capital stock been directly or indirectly pledged?

Yes ___ No ___

If the answer is yes, attach explanation.



3. A. Will the Applicant Company be negotiating or inviting negotiations for any transaction that would transfer or encumber any portion of its assets or business or result in a merger or consolidation with another company in the foreseeable future?

Yes ___ No ___

B. Does the Applicant Company contemplate a change in management or any transaction that would normally result in a change of management within the reasonably foreseeable future?

Yes ___ No ___

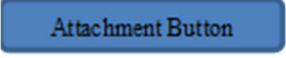
If the answer to either question is yes, attach explanation.



74. Does the Applicant Company intend to purchase investment securities through any investment banking or brokerage house or firm from whom any of Applicant Company's officers, directors, trustees, investment committee members or controlling stockholders receive a commission on such purchases?

Yes ___ No ___

If yes, provide the details and attach.



85. Is the Applicant Company a,

A. Bank

Yes ___ No ___

B. Bank holding company, subsidiary or affiliate

Yes ___ No ___

C. Financial holding company

Yes ___ No ___

Applicant Company Name: _____

FEIN: _____

D. Other financial institution

Yes ___ No ___

If yes, identify the bank(s), bank holding company(ies) or financial institution and the affiliation of the Applicant Company. Provide the details and attach.

Attachment Button

96. Has the Applicant Company, since its inception, done any of the following:

A. Made a loan to an entity owned or controlled directly or through a holding corporation by one or more of Applicant Company's officers, directors, trustees or investment committee members, or to any such person?

Yes ___ No ___

B. Sold or transferred any of its assets or property, real or personal, to any such entity or person?

Yes ___ No ___

C. Had its outstanding capital stock directly or indirectly pledged for the debt of an affiliate?

Yes ___ No ___

D. Purchased securities, assets or property of any kind from an entity owned or controlled by one or more of the Applicant Company's officers, directors, trustees, or any persons who have authority in the management of the Applicant Company's funds (including a controlling stockholder)?

Yes ___ No ___

If the answer to any of the last four questions is affirmative, did any officer, director, trustee or any person who had authority in the management of the Applicant Company's funds (including a controlling stockholder) receive any money or valuable thing for negotiating, procuring, recommending or aiding in such transaction?

Yes ___ No ___

If yes, provide the details and attach.

Attachment Button

107. Attach an organizational depiction (in the format of a flow chart) showing the various executive management, directors and officers and related material functions that require internal control oversight of the Applicant Company, with the name and official title of those responsible for those offices/functions and the portions of the organization they oversee. Material functions should include, but are not limited to, underwriting, claims adjustment/payments, premium accounting, claims accounting, marketing, financial reporting, and investment management. Note any executive or key staff that has access to funds or bank accounts. Submit a map or narrative explaining where offices are/ or will be geographically located and the approximate number of employees at each location.

A. Designate any common facilities and/or any of the above functions that are shared with affiliates.

B. Designate any of the above office/functions that are delegated to third parties.

C. Attach copies of signed agreements for office functions delegated to either affiliates or third parties.

D. As applicable, attach a separate chart reflecting any other management positions (if different than what was noted above) that exercise control over insurance operations in other jurisdiction where the Applicant Company is seeking admission.

E. Attach any similar information that was submitted to lenders or investment partners.

F. Attach a copy of the Applicant Company's investment policy (required for primary and redomestication applications only).

Attachment Button

Applicant Company Name: _____

FEIN: _____

~~418.~~ Provide a detailed description of the Applicant Company's sales techniques. The description attached 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. Sample copies of any agreements entered into between the Applicant Company and its agents or brokers.
- E. If the Applicant Company will use a specific agency or managing general agent, identification of the agency or managing general agent and a copy of the agreement for this arrangement.
- F. Sample contract forms of all types used and remuneration schedule, including those for general agents, if any.

Attachment Button

~~439.~~ Attach a detailed description of the advertising that will be used by the Applicant Company to market its products in this state. Include a detailed explanation as to how the Applicant Company will develop, purchase, control and supervise its advertising.

Attachment Button

~~440.~~ Attach a detailed explanation of the following:

- A. How the Applicant Company's policies will be underwritten, including the issuance of policies and endorsements,
- B. How policies will be cancelled,
- C. How premiums and other funds will be handled, and
- D. How personnel will be trained, supervised, and compensated.

Attachment Button

~~451.~~ Attach a detailed explanation how the Applicant Company will adjust and pay claims, include the following;

- A. Describe how the Applicant Company will train, supervise and compensate the personnel handling claims adjusting and claims payment.
- B. Provide detailed information as to how and by whom claim reserves will be set and modified.
- C. Will the Applicant Company pay any representative given discretion as to the settlement or adjustment of claims 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 ___

Attachment Button

~~4712.~~ Will the Applicant Company be party to any reinsurance contracts which contracts that in effect provide that Applicant Company will reimburse or indemnify the Reinsurer for losses payable there under?

Yes ___ No ___

If yes, provide the details and attach.

Attachment Button

Applicant Company Name: _____

FEIN: _____

~~18~~13. Does any salaried employee or officer, exclusive of a director, presently have in force a license as an insurance broker issued by this Department of Insurance?

Yes ___ No ___

If yes, attach a copy of his/her license and indicate position held with applicant.



~~19~~14. Will any of the Applicant Company's policies being sold in connection with a mutual fund or investment in securities?

Yes ___ No ___ Not Applicable ___

If yes, attach detailed explanation, including all sales literature which refers to the insurance and mutual fund or other investment literature that refers to the insurance and mutual fund or other investment plan connection.



415. Is the Applicant Company owned or controlled by a holding corporation?

Yes ___ No ___

If yes, attach and make a part hereof an affidavit by an executive officer of the Applicant Company who knows the facts listing the principal owners (10% or more of the outstanding shares) of such holding corporation by name and residence address, business occupation and business affiliations.



516. Is the Applicant Company owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?

Yes ___ No ___

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

617. Has any person who is presently an officer or director of Applicant Company or an individual who directly or indirectly controls 10% or more of the Applicant Company;

A. Been convicted on, or pleaded guilty or nolo contendere to, an indictment or information in any jurisdiction charging a felony for theft, larceny or mail fraud or, of violating any corporate securities statute or any insurance statute?

Yes ___ No ___

B. Presently engaged in a dispute with any state of federal regulatory agency?

Yes ___ No ___

C. 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 an estimate of the probable liability, if any, and attach.



~~12~~18. If a parent, subsidiary and/or affiliated insurer is admitted for the classes of insurance requested in the pending application, please differentiate the products and/or markets of the Applicant Company from those of the admitted insurer(s).

Applicant Company Name: _____

FEIN: _____

1619. 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 ___

C. Or, is a party to a tax allocation agreement in common with another company

Yes ___ No ___

If the answer to any of the above is yes, explain the division of costs between participants. If costs are pro-rated, what is the basis for division? Attach a copy of relevant contracts and include a summary of any attached contract.

Attachment Button

20. Is the Applicant Company applying for authority for separate account? Yes ___ or No ___

If the response is Yes, attach the following:

~~A. Statement of the investment policy of the separate account, and the procedures for changing such policy.~~

~~B. Copy of the variable annuity/ life prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law~~

~~C. A description of any investment advisory services contemplated relating to Separate Accounts~~

~~D. Board of Directors resolution authorizing the creation of the separate account~~

~~E. Copy of the variable life prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law~~

~~F. Statement of the investment policy of any separate account, and the procedures for changing such policy.~~

~~G-E. Statement specifying the standards of conduct with respect to the purchase or sale of investments of separate accounts (i.e. Board resolution)~~

~~H. Board of Directors resolution authorizing the creation of the separate account~~

Attachment Button

21. Is the Applicant Company applying for authority to write Variable Annuities _____ Yes ___ or No ___ ,

If the response is Yes, attach the following:

A. Copy(ies) 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-G.~~ Copies of the variable annuity laws and regulations of the state of domicile

~~F-H.~~ Copy(ies) of the variable annuity contract(s) and application(s)

Attachment Button

22. ~~Is~~If the Applicant Company is applying for authority to write Variable Life Insurance Yes ___ or No ___ ,

If the response is Yes, attach the following:

A. Copy(ies) of variable life policy(ies) the Applicant Company intends to issue

Applicant Company Name: _____

FEIN: _____

- 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 i) is registered under the Investment Advisers Act of 1940, or ii) is an investment manager under the Employee Retirement Income Security Act of 1974, or iii) whether the Applicant Company will annually file required information and statements concerning each investment advisor as required by its domiciliary state
- ~~D.~~ _____
- ~~E.~~ _____
- ~~FD.~~ Copies of the variable life insurance laws and regulations of the state of domicile
- ~~GE.~~ 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
- ~~HF.~~ Standards of suitability or conduct regarding sales to policyholders
- ~~I.~~ _____

Attachment Button

23. Will the Applicant Company pay, directly or indirectly, any commission to any officer, director, actuary, medical director or any other physician charged with the duty of examining risks or applications?

Yes _____ No _____ ~~Not Applicable~~ _____

If yes, attach the details.

Attachment Button

From: [John Carter](#)
To: [Barr, Jane](#)
Subject: RE: Primary Questionnaire regarding Separate Accounts, Variable Annuities and Variable Life
Date: Friday, July 22, 2022 5:15:30 PM
Attachments: [image001.png](#)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Jane,

My apologies, I never replied to your email. I'm sure by now the draft has been exposed, and I'm fine with it; however, I'm curious why we are requesting copies of variable life policies and variable annuity contracts, when it's possible the company has not developed? I'm not sure of the value since companies will have to file those after the separate account(s) and variable license is approved. My only other comment is regarding the prospectus. As state regulators, we do not have authority to review or comment on.

Just a few thoughts but do not want to hold up moving forward.

Thanks,

John Carter

John Carter, MBA, APIR

Director

Company Licensing and Registration

512-676-6659

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From: Barr, Jane <JBarr@naic.org>

Sent: Wednesday, June 22, 2022 1:45 PM

To: Boutwell, Mike <mike.boutwell@ldi.la.gov>; Piatt, Cameron <Cameron.Piatt@insurance.ohio.gov>; Doggett, Debbie <debbie.doggett@insurance.mo.gov>; Amy Garcia <Amy.Garcia@tdi.texas.gov>; John Carter <John.Carter@tdi.texas.gov>; Johnson, Stacy <sjohnson@doi.sc.gov>; Bidon, Ramona <rbidon@mt.gov>; Reaves, Ann <anreaves@pa.gov>; Munoz, Michele <michele.munoz@doi.idaho.gov>; Charlton, Toni <toni.charlton@insurance.mo.gov>

Subject: Primary Questionnaire regarding Separate Accounts, Variable Annuities and Variable Life

Importance: High

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown or unexpected emails.

All,

Attached are the questions regarding Separate Accounts, Variable Annuities and Variable Life and how the responses relate to the information that must be attached to the questionnaire.

Option 1 in the attached, are the questions in the current exposure and Option 2 is how I think they should have been worded. But if there is a better way to pose those questions please let me know so I can re-expose the changes to the working group members, IRs and IPs tomorrow. If you need more time please let me know. I was hoping to have this answered before the Ad Hoc group meets on Monday so we can view a demonstration of the questionnaire.

Jane

----- CONFIDENTIALITY NOTICE

This message and any attachments are from the NAIC and are intended only for the addressee. Information contained herein is confidential, and may be privileged or exempt from disclosure pursuant to applicable federal or state law. This message is not intended as a waiver of the confidential, privileged or exempted status of the information transmitted. Unauthorized forwarding, printing, copying, distribution or use of such information is strictly prohibited and may be unlawful. If you are not the addressee, please promptly delete this message and notify the sender of the delivery error by e-mail or by forwarding it to the NAIC Service Desk at help@naic.org.

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

<p align="center">DATE: 5/23/22</p> <p>CONTACT PERSON: Jane Barr</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: jbarr@naic.org</p> <p>ON BEHALF OF: National Treatment & Coordination WG</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>AFFILIATION: _____</p> <p>ADDRESS: _____</p> <p>_____</p>	<p align="center"><u>FOR NAIC USE ONLY</u></p> <p>Agenda Item # 2022-02</p> <p>Year 2022</p> <p align="center"><u>DISPOSITION</u></p> <p>[] ADOPTED _____</p> <p>[] REJECTED _____</p> <p>[] DEFERRED TO _____</p> <p>[] REFERRED TO OTHER NAIC GROUP</p> <p>[X] EXPOSED 7/29/22_____</p> <p>[] OTHER (SPECIFY) _____</p>
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IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

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

Forms:

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 [] Form 15 – Affidavit of Lost C of A [] Form 16 – Voluntary Dissolution [] Form 17 – Statement of Withdrawal

DESCRIPTION OF CHANGE(S)

Remove the request for FAX number on the application form, remove the request for notary from the Certification and Attestation Page and the request for name of person designated to appoint agents Form 2P. Reorder the Questions on the Questionnaire so that all questions pertaining to the Holding Company Structure are grouped together on Form 8P. And remove the request for notary on the resolution page of Form 12P.

REASON OR JUSTIFICATION FOR CHANGE **

It was determined that a FAX number may no longer be necessary for policyholders to contact the insurance company. With the enhancements to the electronic application and the use of docusign, it's the applicant company who is identifying who the company officers is for the company, therefore the position is identified by a witness and a notary is no longer required for both forms that require "attestation", Form 2P (Application Form) and Form 12 (for all company licensing applications).

Additional Staff Comments:

6/27/22 – Modified Form 8P Questionnaire wording for question 20, modified wording on #20a and b and deleted duplicative wording for E, F & H.

** This section must be completed on all forms.

Revised 01-2019

Proposed Applicant Company Name: _____ FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
Primary Application**

To the Insurance Commissioner/Director/Superintendent of the State of:
(Select the appropriate state in which the Applicant Company is applying.)

Drop-down menu with the state list.

The undersigned Applicant Company hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are the lines of business which the Applicant Company is applying to transact.

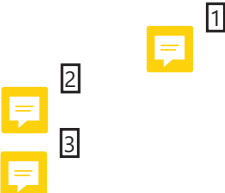
Proposed Name of Applicant Company:	
Group Code (If Applicable)	
Ultimate Owner/Holding Company:	

Registered Office Address:	
----------------------------	--

Administrative Office Address:	
--------------------------------	--

Mailing Address:	
------------------	--

Phone:	
Fax:	
Date Incorporated:	
Form of Organization:	
Date Organized:	



Country of Domicile:	
----------------------	--

(If Applicable)

Par Value of Issued Stock:	\$
Surplus as regards policyholders:	\$

Type of Business: (drop down selection to include Property/Casualty, Health, Title, or Life and Health)

Applicant Company Formed as:

Residual Market Mechanisms	Captive – Pure	City, Town, County, State, Parish, Township
Risk Retention Group – Captive	Captive- Other	State Insurance Fund/Program
Risk Retention Group - Traditional	Captive – Special Purpose Financial Insurer	
Special Purpose Vehicle	Manager Managed Limited Liability Co	Surplus Lines Insurer
Health Maintenance Organization	Reinsurance	





Date of Charter, Bylaws or Subscriber's Agreement:	
--	--

Company Type: 4

Stock	Limited Liability Corporation	Partnership (all types)
Reciprocal	U.S. Branch of Alien Insurer	Proprietorship
Fraternal	Cooperative	Syndicate

Summary of Comments on Att3_MO Comments.pdf

Page: 2

-  Number: 1 Author: dogged Subject: Sticky Note Date: 6/28/2022 9:31:26 AM
Should we add an email address?
-  Number: 2 Author: dogged Subject: Sticky Note Date: 6/28/2022 9:53:14 AM
For Missouri, an applicant may not yet be incorporated so perhaps "not yet incorporated" should be made an acceptable answer in addition to a date?
-  Number: 3 Author: dogged Subject: Sticky Note Date: 6/28/2022 9:54:30 AM
A company cannot organize until it is incorporated so again this may not have occurred yet and suggest "not yet organized" as an optional acceptable answer.
-  Number: 4 Author: dogged Subject: Sticky Note Date: 6/28/2022 9:33:00 AM
Suggest changing this from Company Type to Organizational Type. This is how companies are organized - as an LLC, as a stock company, etc. The Company Type in SBS refers more to the license type.

Proposed Applicant Company Name: _____ FEIN: _____

Mutual	Charitable Gift Annuity	Other
--------	-------------------------	-------

If Available:

Billing Address / Contact Information:			
E-Mail Address:	Phone:	Fax:	
Premium Tax Statement Address: Contact Information:			
E-Mail Address:	Phone:	Fax:	
Producer Licensing Address: Contact Information:			
E-Mail Address:	Phone:	Fax:	
Rate/Form Filing Address: Contact Information:			
E-Mail Address:	Phone:	Fax:	
Consumer Affairs Address: Contact Information:			
E-Mail Address:	Phone:	Fax:	

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

Yes No

If yes, give full explanation in an attached letter.



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

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

The following information is required of the individual 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:			

Proposed Applicant Company Name: _____ FEIN: _____

E-Mail Address:		Phone: / Fax :	
-----------------	--	---------------------------	--

Proposed Applicant Company Name: _____ FEIN: _____

Applicant Company Incorporators' Certification and Attestation

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

- 1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant Company, or both, to civil or criminal penalties.
- 2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant Company is licensed or to which the Applicant Company is applying for licensure.
- 3. I acknowledge that I am the _____ of the Applicant Company, am authorized to execute and am executing this document on behalf of the Applicant Company.
- 4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this _____ at _____.

_____ Date	_____ Electronic Signature of President
---------------	--

	_____ Full Legal Name of President
--	---------------------------------------

_____ Date	_____ Electronic Signature of Secretary
---------------	--

	_____ Full Legal Name of Secretary
--	---------------------------------------

_____ Date	_____ Electronic Signature of Treasurer
---------------	--

	_____ Full Legal Name of Treasurer
--	---------------------------------------

_____ Date	_____ Electronic Signature of Director
---------------	---

	_____ Full Legal Name of Director
--	--------------------------------------

	_____ Proposed Name of Applicant Company
--	---

_____ Date	_____ Electronic Signature of Witness
---------------	--

	_____ Full Legal Name of Witness
--	-------------------------------------

Applicant Company Name: _____ NAIC Cocode: _____
 FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
 Redomestication Application**

To the Insurance Commissioner/Director/Superintendent of the State of:
 (Select the appropriate state in which the Applicant Company is applying.)

Drop-down menu with the state list.

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

Applicant Company Name:			
NAIC Cocode:		Group Code: (If Applicable)	

Home Office Address:	
----------------------	--

Administrative Office Address:	
--------------------------------	--


Mailing Address:	
------------------	--

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

Yes No

If not, indicate why:

Attachment Button

Phone:		
Fax:		
Date Incorporated:		
Form of Organization:		
Date Organized:		

Country of Domicile:	
----------------------	--

(If Applicable)

	Original	Last Amendment
Date of Charter		
Date of Bylaws		
Date of Subscriber's Agreement		
Date of Last Market Conduct Examination:		
Date of Last Financial Examination:		

Par Value of Issued Stock:	\$
Surplus as regards policyholders:	\$
Certificate of Deposit (Prior State)	

Ultimate Owner/Holding Company:	
---------------------------------	--

Page: 6

 Number: 1 Author: dogged Subject: Sticky Note Date: 6/28/2022 9:38:19 AM
Email address needed?

Applicant Company Name: _____ NAIC Cocode: _____
 FEIN: _____

Billing Address:			
E-Mail Address:	Phone:	Fax:	

Premium Tax Statement Address:			
E-Mail Address:	Phone:	Fax:	

Producer Licensing Address:			
E-Mail Address:	Phone:	Fax:	

Rate/Form Filing Address:			
E-Mail Address:	Phone:	Fax:	

Consumer Affairs Address:			
E-Mail Address:	Phone:	Fax:	

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

Yes No

If yes, give full explanation in an attached letter.



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

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

The following information is required of the individual 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:	

Applicant Company Name: _____ FEIN: _____

Holding Company Questions
Lines of Business: Life

Uniform Certificate of Authority Application
QUESTIONNAIRE

All questions must be answered. Directions: Each "Yes" or "No" question is to be answered. Other answers and additional explanations or details should be attached to the questionnaire.

1. I hold the following position(s) with the Applicant Company _____.

2. Has the Applicant Company transferred or encumbered any portion of its assets or business, or has its outstanding capital stock been directly or indirectly pledged?

Yes ___ No ___

If the answer is yes, attach explanation.



3. A. Will the Applicant Company be negotiating or inviting negotiations for any transaction that would transfer or encumber any portion of its assets or business or result in a merger or consolidation with another company in the foreseeable future?

Yes ___ No ___

B. Does the Applicant Company contemplate a change in management or any transaction that would normally result in a change of management within the reasonably foreseeable future?

Yes ___ No ___

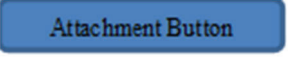
If the answer to either question is yes, attach explanation.



74. Does the Applicant Company intend to purchase investment securities through any investment banking or brokerage house or firm from whom any of Applicant Company's officers, directors, trustees, investment committee members or controlling stockholders receive a commission on such purchases?

Yes ___ No ___

If yes, provide the details and attach.



85. Is the Applicant Company a,

A. Bank

Yes ___ No ___

B. Bank holding company, subsidiary or affiliate

Yes ___ No ___

C. Financial holding company

Yes ___ No ___

Applicant Company Name: _____

FEIN: _____

D. Other financial institution

Yes ___ No ___

If yes, identify the bank(s), bank holding company(ies) or financial institution and the affiliation of the Applicant Company. Provide the details and attach.

Attachment Button

96. Has the Applicant Company, since its inception, done any of the following:

A. Made a loan to an entity owned or controlled directly or through a holding corporation by one or more of Applicant Company's officers, directors, trustees or investment committee members, or to any such person?

Yes ___ No ___

B. Sold or transferred any of its assets or property, real or personal, to any such entity or person?

Yes ___ No ___

C. Had its outstanding capital stock directly or indirectly pledged for the debt of an affiliate?

Yes ___ No ___

D. Purchased securities, assets or property of any kind from an entity owned or controlled by one or more of the Applicant Company's officers, directors, trustees, or any persons who have authority in the management of the Applicant Company's funds (including a controlling stockholder)?

Yes ___ No ___

If the answer to any of the last four questions is affirmative, did any officer, director, trustee or any person who had authority in the management of the Applicant Company's funds (including a controlling stockholder) receive any money or valuable thing for negotiating, procuring, recommending or aiding in such transaction?

Yes ___ No ___

If yes, provide the details and attach.

Attachment Button

107. Attach an organizational depiction (in the format of a flow chart) showing the various executive management, directors and officers and related material functions that require internal control oversight of the Applicant Company, with the name and official title of those responsible for those offices/functions and the portions of the organization they oversee. Material functions should include, but are not limited to, underwriting, claims adjustment/payments, premium accounting, claims accounting, marketing, financial reporting, and investment management. Note any executive or key staff that has access to funds or bank accounts. Submit a map or narrative explaining where offices are/ or will be geographically located and the approximate number of employees at each location.

A. Designate any common facilities and/or any of the above functions that are shared with affiliates.

B. Designate any of the above office/functions that are delegated to third parties.

C. Attach copies of signed agreements for office functions delegated to either affiliates or third parties.

D. As applicable, attach a separate chart reflecting any other management positions (if different than what was noted above) that exercise control over insurance operations in other jurisdiction where the Applicant Company is seeking admission.

E. Attach any similar information that was submitted to lenders or investment partners.

F. Attach a copy of the Applicant Company's investment policy (required for primary and redomestication applications only).

Attachment Button

Applicant Company Name: _____

FEIN: _____

~~418.~~ Provide a detailed description of the Applicant Company's sales techniques. The description attached 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. Sample copies of any agreements entered into between the Applicant Company and its agents or brokers.
- E. If the Applicant Company will use a specific agency or managing general agent, identification of the agency or managing general agent and a copy of the agreement for this arrangement.
- F. Sample contract forms of all types used and remuneration schedule, including those for general agents, if any.

Attachment Button

~~439.~~ Attach a detailed description of the advertising that will be used by the Applicant Company to market its products in this state. Include a detailed explanation as to how the Applicant Company will develop, purchase, control and supervise its advertising.

Attachment Button

~~440.~~ Attach a detailed explanation of the following:

- A. How the Applicant Company's policies will be underwritten, including the issuance of policies and endorsements,
- B. How policies will be cancelled,
- C. How premiums and other funds will be handled, and
- D. How personnel will be trained, supervised, and compensated.

Attachment Button

~~451.~~ Attach a detailed explanation how the Applicant Company will adjust and pay claims, include the following;

- A. Describe how the Applicant Company will train, supervise and compensate the personnel handling claims adjusting and claims payment.
- B. Provide detailed information as to how and by whom claim reserves will be set and modified.
- C. Will the Applicant Company pay any representative given discretion as to the settlement or adjustment of claims 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 ____

Attachment Button

~~4712.~~ Will the Applicant Company be party to any reinsurance contracts which contracts that in effect provide that Applicant Company will reimburse or indemnify the Reinsurer for losses payable there under?

Yes ____ No ____

If yes, provide the details and attach.

Attachment Button

Applicant Company Name: _____

FEIN: _____

~~48~~13. Does any salaried employee or officer, exclusive of a director, presently have in force a license as an insurance broker issued by this Department of Insurance?

Yes ___ No ___

If yes, attach a copy of his/her license and indicate position held with applicant.



~~49~~14. Will any of the Applicant Company's policies being sold in connection with a mutual fund or investment in securities?

Yes ___ No ___ Not Applicable ___

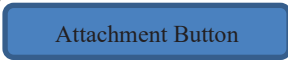
If yes, attach detailed explanation, including all sales literature which refers to the insurance and mutual fund or other investment literature that refers to the insurance and mutual fund or other investment plan connection.



415. Is the Applicant Company owned or controlled by a holding corporation?

Yes ___ No ___

If yes, attach and make a part hereof an affidavit by an executive officer of the Applicant Company who knows the facts listing the principal owners (10% or more of the outstanding shares) of such holding corporation by name and residence address, business occupation and business affiliations.



516. Is the Applicant Company owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?

Yes ___ No ___

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

~~6~~17. Has any person who is presently an officer or director of Applicant Company or an individual who directly or indirectly controls 10% or more of the Applicant Company; ¹

A. Been convicted on, or pleaded guilty or nolo contendere to, an indictment or information in any jurisdiction charging a felony for theft, larceny or mail fraud or, of violating any corporate securities statute or any insurance statute?

Yes ___ No ___

B. Presently engaged in a dispute with any state of federal regulatory agency?

Yes ___ No ___

C. 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 an estimate of the probable liability, if any, and attach.



~~42~~18. If a parent, subsidiary and/or affiliated insurer is admitted for the classes of insurance requested in the pending application, please differentiate the products and/or markets of the Applicant Company from those of the admitted insurer(s).

Page: 12

 Number: 1 Author: dogged Subject: Sticky Note Date: 6/28/2022 9:43:22 AM
Should be 10%, not 10\$.

Applicant Company Name: _____

FEIN: _____

1619. 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 ___

C. Or, is a party to a tax allocation agreement in common with another company
 Yes ___ No ___

If the answer to any of the above is yes, explain the division of costs between participants. If costs are pro-rated, what is the basis for division? Attach a copy of relevant contracts and include a summary of any attached contract.

[Attachment Button](#)

20. Is the Applicant Company applying for authority for separate account? Yes ___ or No ___
 If the response is Yes, attach the following:

A. Statement of the investment policy of the separate account, and the procedures for changing such policy.
B. Copy of the variable annuity/ life prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law
 C. A description of any investment advisory services contemplated relating to Separate Accounts
 D. Board of Directors resolution authorizing the creation of the separate account
~~E. Copy of the variable life prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law~~
~~F. Statement of the investment policy of any separate account, and the procedures for changing such policy.~~
~~G-E. Statement specifying the standards of conduct with respect to the purchase or sale of investments of separate accounts (i.e. Board resolution)~~
~~H. Board of Directors resolution authorizing the creation of the separate account~~

[Attachment Button](#)

21. Is the Applicant Company is applying for authority to write Variable Annuities _____ Yes ___ or No ___,
 If the response is Yes, attach the following: 1

A. Copy(ies) 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-G.~~ Copies of the variable annuity laws and regulations of the state of domicile 2

~~F-H.~~ Copy(ies) of the variable annuity contract(s) and application(s)

[Attachment Button](#)

22. ~~Is~~If the Applicant Company is applying for authority to write Variable Life Insurance Yes ___ or No ___,
 If the response is Yes, attach the following: 3

A. Copy(ies) of variable life policy(ies) the Applicant Company intends to issue

Page: 13


Number: 1 Author: dogged Subject: Sticky Note Date: 6/28/2022 9:47:01 AM
Remove the second "is".

Number: 2 Author: dogged Subject: Sticky Note Date: 6/28/2022 9:48:44 AM
This seems appropriate for an expansion application but for a primary, is it necessary for the state to receive a copy of its own laws?

Number: 3 Author: dogged Subject: Sticky Note Date: 6/28/2022 9:49:11 AM
Remove the second "is".

Applicant Company Name: _____

FEIN: _____

- 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 i) is registered under the Investment Advisers Act of 1940, or ii) is an investment manager under the Employee Retirement Income Security Act of 1974, or iii) whether the Applicant Company will annually file required information and statements concerning each investment advisor as required by its domiciliary state
- ~~D.~~ _____
- ~~E.~~ _____
- ~~FD.~~ Copies of the variable life insurance laws and regulations of the state of domicile  ¹
- ~~GE.~~ 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
- ~~HF.~~ Standards of suitability or conduct regarding sales to policyholders
- ~~I.~~ _____

Attachment Button


23. Will the Applicant Company pay, directly or indirectly, any commission to any officer, director, actuary, medical director or any other physician charged with the duty of examining risks or applications?

Yes _____ No _____ ~~Not Applicable~~ _____

If yes, attach the details.

Attachment Button

Page: 14

 Number: 1 Author: dogged Subject: Sticky Note Date: 6/28/2022 9:50:08 AM
For a primary application is it necessary for the state to receive a copy of its own laws?



STATE OF IOWA

KIM REYNOLDS
GOVERNOR

DOUG OMMEN
COMMISSIONER OF INSURANCE

ADAM GREGG
LT. GOVERNOR

DRAFT FOR INTERNAL DISCUSSION

July 27, 2022

Sent to JBarr@naic.org

Debbie Doggett, Co-Chair
Cameron Piatt, Co-Chair
c/o Jane Barr
National Association of Insurance Commissioners
1100 Walnut Street, Suite 1500
Kansas City, MO 64106

Re: Exposure Draft Notice: National Treatment and Coordination (E) Working Group due 7/29/22
Primary and Redomestication Application Forms

Dear Co-Chairs Doggett and Piatt:

The Iowa Insurance Division (“Division”) appreciates the opportunity to comment on the above-captioned exposure draft. Below are the Division’s comments and questions regarding the applications attached to the June 14 email distributed by Amy Lopez.

1. Primary Application Form 2P. It is recommended that a new line be included on the applications (primary, redomestication, and expansion) identifying the third-party verifier retained by the applicant.
2. Exiting Form 8 (Application & Questionnaire) is applicable to primary and expansion applications. It is recommended that the working group break down the forms more discretely as to usage (example: Form 8P Primary Application; Form 8R Redomestication Application; Form 8E Expansion Application).
 - a) It is recommended that a checklist be included with the redomestication application consistent with the checklist currently provided with the primary application, expansion application, and corporate amendments.

3. UCAA Questionnaire (Form 8P). New Form 8P applies to primary applications only.
 - a) It is recommended that the working group consider the creation of a separate questionnaire for redomestications (ex. Form 8R).
 - b) We suggest that Form 8P, questions 15 through 17, are more appropriate for a biographical affidavit.
 - c) Question 21(E) of Form 8P (UCAA Questionnaire-primary application), requests a copy of the variable annuity laws and regulations of the applicants' state of domicile. Likewise, Question 22(D) of Form 8P, requests copies of the variable life insurance laws and regulations of the state of domicile. If 8P Questionnaire is applicable only to Primary Applications, it would appear that the applicants state of domicile already would readily have this information.

If you have any questions, please feel free to contact me at Shelby.Hollett@iid.iowa.gov.

Best Regards,

A handwritten signature in black ink that reads "Shelby Hollett". The signature is written in a cursive, flowing style.

Shelby Hollett
Company Licensing Coordinator

Proposed Applicant Company Name:
FEIN:
Tracking No.:



To the Insurance Commissioner/Director/Superintendent of

The undersigned Applicant Company hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3P, are the lines of business which the Applicant Company is applying to transact.

CONTACTS

Authorized Individual

Legal Name:

Address:

Email:

Phone:

Financial Information Contact

Legal Name:

Address:

Email:

Phone:

Designee

Legal Name:

Address:

Email:

Phone:

APPLICATION

Proposed Company

Company Name:

Company Name Approval Proof, if applicable:

NAIC Company No or Group Code:

Registered Office Address:

Email:

Phone:

Proposed Applicant Company Name:
FEIN:
Tracking No.:

Web Address:
Holding Company:
Cover Letter, if applicable:

Type of Business:
License Applying for:
Organizational Type:
Par Value of Stock, if applicable: \$
Surplus as Regards Policyholders, if applicable: \$

Important Dates

Date of Charter:

Date of Subscriber Agreement:

Date of Bylaws:

Date Incorporated:

Date Organized:

Alien Company Information, if applicable

Alien Company Name:
Address:
Email:
Phone:
Organizational Documents:

Additional Address Information

Administrative Office
Address:
Email:
Phone:

Proposed Applicant Company Name:
FEIN:
Tracking No.:

Billing Office

Address:
Email:
Phone:

Producer Licensing Office

Address:
Email:
Phone:

Consumer Affairs

Address:
Email:
Phone:

Mailing

Address:
Email:
Phone:

Premium Tax

Address:
Email:
Phone:

Administrative

Address:
Email:
Phone:

Previous Admission History

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

Answer: Yes or No

If yes, give full explanation:

Explanation:

Proposed Applicant Company Name:
FEIN:
Tracking No.:



PRIMARY APPLICATION – MANAGEMENT INFORMATION

Management Role	Name	Title	UCP	Owner %	Bio / Disclaimer	Fingerprints Sent

Proposed Applicant Company Name:
FEIN:
Tracking No.:



PRIMARY APPLICATION – DEBT TO EQUITY RATIO STATEMENT

1. Consolidated outside debt to consolidated equity ratio on a GAAP basis for the holding company.

Debt Duration	Debt Amount	Debt to Consolidated Equity Ratio
Up to 5 years		
Up to 10 years		
Up to 20 years		

2. Provide the most recent consolidated holding company financial statement.

Explanation:

3. State if the holding company, on a consolidated basis, has a tangible net worth:
 - for the past three years;
 - at present; and
 - provide projections with assumptions for a three-year period.

Explanation:

4. The Applicant Company must clearly substantiate the sources of repayment of any debt, including, but not limited to, whether the source of repayment is independent from the future income of the insurers.

Explanation:

5. Calculate the debt service (as reported in #4 above) required of each insurer as a percentage of the Applicant Company’s capital and surplus.

Explanation:

6. List the assets of the holding company, if any, that are pledged to fund the debt service or debt repayment of an affiliate or parent (include the assets or stock of any insurer subsidiaries)

Explanation:

7. List any guarantees (personal or otherwise) from the shareholders for repayment of the debt. Note: Some states may require re-statement based upon statutory equity.

Explanation:

Applicant Company Name:
FEIN:
Tracking No.:



PRIMARY APPLICATION – MAIN QUESTIONNAIRE

1. I hold the following position(s) with the Applicant Company _____.
2. Has the Applicant Company transferred or encumbered any portion of its assets or business, or has its outstanding capital stock been directly or indirectly pledged?

Answer:

Explanation:

3.
 - A. Will the Applicant Company be negotiating or inviting negotiations for any transaction that would transfer or encumber any portion of its assets or business or result in a merger or consolidation with another company in the foreseeable future?

Answer:

- B. Does the Applicant Company contemplate a change in management or any transaction that would normally result in a change of management within the reasonably foreseeable future?

Answer:

Explanation:

4. Does the Applicant Company intend to purchase investment securities through any investment banking or brokerage house or firm from whom any of Applicant Company's officers, directors, trustees, investment committee members or controlling stockholders receive a commission on such purchases?

Answer:

Explanation:

5. Is the Applicant Company a:

- A. Bank

Answer:

- B. Bank holding company, subsidiary, or affiliate

Answer:

Applicant Company Name:
FEIN:
Tracking No.:

- C. Financial holding company

Answer:

- D. Other financial institution

Answer:

Explanation:

- 6. Has the Applicant Company, since its inception, done any of the following:

- A. Made a loan to an entity owned or controlled directly or through a holding corporation by one or more of Applicant Company's officers, directors, trustees, or investment committee members, or to any such person?

Answer:

- B. Sold or transferred any of its assets or property, real or personal, to any such entity or person?

Answer:

- C. Had its outstanding capital stock directly or indirectly pledged for the debt of an affiliate?

Answer:

- D. Purchased securities, assets, or property of any kind from an entity owned or controlled by one or more of the Applicant Company's officers, directors, trustees, or any persons who have authority in the management of the Applicant Company's funds (including a controlling stockholder)?

Answer:

- E. Did any officer, director, trustee, or any person who had authority in the management of the Applicant Company's funds (including a controlling stockholder) receive any money or valuable thing for negotiating, procuring, recommending, or aiding in such transaction?

Answer:

Explanation:

- 7. Organizational depiction

- A. Attach an organizational depiction (in the format of a flow chart) showing the various executive management, directors and officers and related material functions that require internal control oversight of the Applicant Company, with the name and official title of those responsible for those offices/functions and the portions of the organization they oversee.

Explanation:

- B. Material functions should include, but are not limited to, underwriting, claims adjustment/payments, premium accounting, claims accounting, marketing, financial reporting, and investment management. Note any executive or key staff that has access to funds or bank accounts. Submit a map or narrative explaining where offices are/ or will

Applicant Company Name:
FEIN:
Tracking No.:

be geographically located and the approximate number of employees at each location. The attachments should include the following information:

- Designate any common facilities and/or any of the above functions that are shared with affiliate
- Designate any of the above office/functions that are delegated to third parties
- Attach copies of signed agreements for office functions delegated to either affiliates or third parties
- As applicable, attach a separate chart reflecting any other management positions (if different than what was noted above) that exercise control over insurance operations in other jurisdiction where the Applicant Company is seeking admission
- Attach any similar information that was submitted to lenders or investment partners
- Attach a copy of the Applicant Company's investment policy (required for primary and redomestication applications only)

Explanation:

8. Provide a detailed description of the Applicant Company's sales techniques. The description attached should include the following information:

- Information regarding recruitment and training of sales representatives
- Identification as to whether the Applicant Company will be a direct writer or will use agents, brokers, or a combination thereof
- Explanation of the compensation and control to be provided by the Applicant Company to its agents, brokers, or sales personnel
- Sample copies of any agreements entered into between the Applicant Company and its agents or brokers
- If the Applicant Company will use a specific agency or managing general agent, identification of the agency or managing general agent and a copy of the agreement for this arrangement
- Sample contract forms of all types used and remuneration schedule, including those for general agents, if any

Explanation:

9. Attach a detailed description of the advertising that will be used by the Applicant Company to market its products in this state. Include a detailed explanation as to how the Applicant Company will develop, purchase, control and supervise its advertising.

Explanation:

10. Provide a detailed explanation of each of the following:

A. How the Applicant Company's policies will be underwritten, including the issuance of policies and endorsements

Explanation:

B. How policies will be canceled

Explanation:

C. How premiums and other funds will be handled

Explanation:

Applicant Company Name:
FEIN:
Tracking No.:

- D. How personnel will be trained, supervised, and compensated

Explanation:

11. Attach a detailed explanation how the Applicant Company will adjust and pay claims, include the following:

- A. Describe how the Applicant Company will train, supervise, and compensate the personnel handling claims adjusting and claims payment

Explanation:

- B. Provide detailed information as to how and by whom claim reserves will be set and modified

Explanation:

- C. Will the Applicant Company pay any representative given discretion as to the settlement or adjustment of claims 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?

Answer:

Explanation:

12. Will the Applicant Company be party to any reinsurance contracts which contracts that in effect provide that Applicant Company will reimburse or indemnify the Reinsurer for losses payable there under?

Answer:

Explanation:

13. Does any salaried employee or officer, exclusive of a director, presently have in force a license as an insurance broker issued by this Department of Insurance?

Answer:

If yes, attach a copy of his/her license and indicate position held with applicant.

Explanation:

14. Will any of the Applicant Company's policies being sold in connection with a mutual fund or investment in securities?

Answer:

If yes, please attach detailed explanation, including all sales literature which refers to the insurance and mutual fund or other investment literature that refers to the insurance and mutual fund or other investment plan connection.

Explanation:

15. Will the Applicant Company pay, directly or indirectly, any commission to any officer, director, actuary, medical director, or any other physician charged with the duty of examining risks or applications?

Applicant Company Name:
FEIN:
Tracking No.:

Answer:

Explanation:

Applicant Company Name:
FEIN:
Tracking No.:



PRIMARY APPLICATION – HOLDING COMPANY QUESTIONNAIRE

1. Is the Applicant Company owned or controlled by a holding corporation?

If yes, attach and make a part hereof an affidavit by an executive officer of the Applicant Company who knows the facts listing the principal owners (10% or more of the outstanding shares) of such holding corporation by name and residence address, business occupation and business affiliations.

Answer:

Explanation:

2. Is the Applicant Company owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?

Answer:

Explanation:

3. Has any person who is presently an officer or director of Applicant Company or an individual who directly or indirectly controls 10% or more of the Applicant Company;

A. Been convicted on, or pleaded guilty or nolo contendere to, an indictment or information in any jurisdiction charging a felony for theft, larceny or mail fraud or, of violating any corporate securities statute or any insurance statute?

Answer:

B. Presently engaged in a dispute with any state of federal regulatory agency?

Answer:

C. A plaintiff or defendant in any legal action other than one arising out of policy claims?

Answer:

Explanation:

4. If a parent, subsidiary and/or affiliated insurer is admitted for the classes of insurance requested in the pending application, please differentiate the products and/or markets of the Applicant Company from those of the admitted insurer(s).

Applicant Company Name:
FEIN:
Tracking No.:

Explanation:

5. 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

Answer:

B. Services (e.g. accounting personnel for financial statement preparation)

Answer:

C. Or, is a party to a tax allocation agreement in common with another company

Answer:

Provide supporting attachments to explain the division of costs between participants. If costs are prorated, what is the basis for division? Provide a copy of relevant contracts and include a summary of any attached contract.

Explanation:

Applicant Company Name:
FEIN:
Tracking No.:



PRIMARY APPLICATION – LIFE QUESTIONNAIRE

1. Is the Applicant Company applying for authority for a separate account?

Answer:

A. Statement of the investment policy of the separate account, and the procedures for changing such policy

Explanation:

B. Copy of the variable annuity prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law

Explanation:

C. A description of any investment advisory services contemplated relating to Separate Accounts

Explanation:

D. Board of Directors resolution authorizing the creation of the separate account

E. **Explanation:**

F. Statement specifying the standards of conduct with respect to the purchase or sale of investments of separate accounts (i.e. Board resolution)

Explanation:

2. Is the Applicant Company is applying for authority to write Variable Annuities?

Answer:

A. Copy(ies) of any third-party management or service contracts

Applicant Company Name:

FEIN:

Tracking No.:

Explanation:

B. Commission Schedules

Explanation:

C. Five-year sales and expense projections

Explanation:

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

Explanation:

E. Copies of the variable annuity laws and regulations of the state of domicile

Explanation:

F. Copy(ies) of the variable annuity contract(s) and application(s)

Explanation:

3. Is the Applicant Company is applying for authority to write Variable Life Insurance?

Answer:

A. Copy(ies) of variable life policy(ies) the Applicant Company intends to issue

Explanation:

B. Name and experience of person(s) or firm(s) proposed to supply consulting, investments, administrative, custodial or distribution services to the Applicant Company

Explanation:

C. Disclose whether each investment advisor i) is registered under the Investment Advisers Act of 1940, or ii) is an investment manager under the Employee Retirement Income Security Act of 1974, or iii) whether the Applicant Company will annually file required information and statements concerning each investment advisor as required by its domiciliary state

Applicant Company Name:
FEIN:
Tracking No.:

Explanation:

- D. Copies of the variable life insurance laws and regulations of the state of domicile

Explanation:

- E. 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

Explanation:

- F. Standards of suitability or conduct regarding sales to policyholders

Explanation:

Proposed Applicant Company Name:
FEIN:
Tracking No.:



PRIMARY APPLICATION – CERTIFICATION AND ATTESTATION

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

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant Company, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant Company is licensed or to which the Applicant Company is applying for licensure.
3. I acknowledge that I am the **###officerTitle###** 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 on the date of signature below.

Commented [TJ1]: @Barr, Jane Is this supposed to be location of signing?

Electronic Signature of **###officerTitle###**

Full Legal Name of **###officerTitle###**

Commented [TJ2]: The only ones who can sign are President, Secretary, Treasurer, or Director.

Date Signed

Commented [TJ3]: These lines are filled by DocuSign



NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

MEMORANDUM

TO: Debbie Doggett (MO) and Linda Johnson (WY), Co-Chairs of National Treatment and Coordination (E) Working Group

FROM: Judy Weaver (MI), Chair of Financial Analysis (E) Working Group

DATE: August 16, 2021

RE: Form A Database Enhancement Request

The Financial Analysis (E) Working Group (FAWG) recently evaluated ownership of insurance companies by firms that are categorized as “private equity”. State insurance departments have a good understanding of the ownership structures of their domestic insurance companies and the industry-wide scope of companies in these structures, currently. Acquisitions by private equity firms with either a controlling or non-controlling interest (i.e., 10% ownership or as defined by the state’s Holding Company law) appear to be an ongoing trend.

To assist state regulators on a going-forward basis, the FAWG requests an addition to the Form A Database to inform state insurance regulators when private equity firms are acquiring ownership of an insurer and to assist in maintaining a record of private equity owned insurers. The enhancement should request the following information, which should be available in future years to evaluate the trend:

1. *Are any of the acquiring parties a private equity firm, or a person associated with a private equity firm, not limited to controlling party(ies)? (Yes or No response)*
 - a. *If yes, name & percentage ownership of the private equity firm(s) or person(s), and a description of the firm/investor type (e.g., venture capital, leveraged buyout, individual investor partnerships, etc. (Text & numeric response in percent format)*
 - b. *Is the ownership via a portfolio investment or a strategic investment?*

Note: The state insurance department should determine “Private Equity” firm ownership based on the information received in the Form A application and communication with the acquiring party. The state insurance department may also utilize third-party resources such as rating agencies, or other industry/sector analysis. While third-party resources may have slightly varying definitions, private equity may be defined as an alternative form of private financing, typically away from public markets, in which funds and/or investors directly invest in companies or engage in buyouts of such companies. Private equity firms can be typically classified as venture capital, mezzanine, private credit and leveraged buyout (LBO) funds and are generally structured as partnerships with several limited partner investors. The companies they invest in may be deemed portfolio companies, which may include insurance companies. The companies may also be held on the firm’s balance sheet as a strategic investment.

Executive Office | 444 North Capitol Street NW | Suite 700 | Washington, DC 20001 | (202) 471-3990

Central Office | 1100 Walnut Street | Suite 1500 | Kansas City, MO 64106-2197 | (816) 842-3600

Capital Markets & Investment Analysis Office | One New York Plaza | Suite 4210 | New York, NY 10004 | (212) 398-9000

www.naic.com

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

<p align="right">DATE: 7/19/22</p> <p>CONTACT PERSON: <u>Jane Barr</u></p> <p>TELEPHONE: <u>816-783-8413</u></p> <p>EMAIL ADDRESS: jbarr@naic.org</p> <p>ON BEHALF OF: <u>Domestic Corp. Amend. Ad Hoc Group</u></p> <p>NAME: <u>Debbie Doggett and Cameron Piatt Co-Chairs</u></p> <p>TITLE: <u>National Treatment & Coordination (E) WG</u></p> <p>AFFILIATION: _____</p> <p>ADDRESS: _____ _____</p>	<p align="center"><u>FOR NAIC USE ONLY</u></p> <p>Agenda Item # 2022-03</p> <p>Year <u>2023</u></p> <p align="center"><u>DISPOSITION</u></p> <p>[] ADOPTED _____</p> <p>[] REJECTED _____</p> <p>[] DEFERRED TO _____</p> <p>[] REFERRED TO OTHER NAIC GROUP</p> <p>[X] EXPOSED _____</p> <p>[] OTHER (SPECIFY) _____</p>
--	---

IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

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

Forms:

[] Form 2 - Application [] Form 3 – Lines of Business [] Form 8D - Questionnaire
[] 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 [X] Form 14- Change of Address/Contact Notification
[] Form 15 – Affidavit of Lost C of A [X] Form 16 – Voluntary Dissolution [] Form 17 – Statement of Withdrawal

DESCRIPTION OF CHANGE(S)

Modified the foreign corporate amendment application forms and instructions specifically for domestic state submissions.

REASON OR JUSTIFICATION FOR CHANGE **

Create specific electronic application forms for domestic state corporate amendment filings.

Additional Staff Comments:

** This section must be completed on all forms.

Revised 07-2022

Applicant Company Name: _____

NAIC No. _____
FEIN: _____

Corporate Amendments Application
Application to Amend Domestic Certificate of Authority

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

Drop-down menu with the state list.

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

(Select 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: 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 delete.
- Change in Company (Corporate) Structure: The Applicant Company is requesting to change its corporate structure from reciprocal to mutual, or mutual to stock, etc. Or the Applicant Company is changing from a Life to Health company, Health to Life or Health to Property and Casualty, etc.**
-
- Change of Statutory Home Office Address
- Amended Articles of Incorporation
- Amended Bylaws

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 a Form A application was also submitted for the merger and/or ownership change transaction.

Effective Date of Change of Corporate Structure: _____**Statutory Reference for Conversion:** _____**Previous Company Type:** _____**New Company Type:** _____

Applicant Company Name: _____

NAIC No. _____
FEIN: _____

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): _____

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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: _____

Change in Contacts _____

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: _____

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:

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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 Name: _____

NAIC No. _____

FEIN: _____



QUESTIONNAIRE

For Adding 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 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?

Applicant Name: _____

NAIC No. _____

FEIN: _____

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. 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,

Applicant Name: _____

NAIC No. _____

FEIN: _____

- 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.

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

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?

Applicant Name: _____

NAIC No. _____

FEIN: _____

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)

Applicant Name: _____

NAIC No. _____

FEIN: _____

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.

Deleting Lines of Business 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. 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.

Applicant Company Name: _____

NAIC No. _____
FEIN: _____**CHANGE OF ADMINISTRATIVE/MAILING OFFICE ADDRESS/CONTACT NOTIFICATION FORM****ADMINISTRATIVE/MAILING OFFICE ADDRESS/CONTACT CHANGE**

If there has been an administrative office or mailing address and/ or contact person change, please complete the following:

This form will notify the domiciliary regulator of administrative/ mailing office address changes or contact person changes applicable to the Applicant Company.

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.
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.
Market Conduct Annual Statement (MCAS) Contact	A contact person responsible for answering questions related to the MCAS.
Market Conduct Annual Statement (MCAS) Attestation #1 Contact	The primary contact person responsible for attesting to the accuracy and completeness of the MCAS.
Market Conduct Annual Statement (MCAS) Attestation #2 Contact	The secondary contact person responsible for attesting to the accuracy and completeness of the MCAS.
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

Applicant Company Name: _____

NAIC No. _____
FEIN: _____

	completion of the annual statement.
Company Administrative Office Address	A change to the administrative office address of the company.
Mailing Address	A change to the mailing address of the company.

NEW CONTACT

Contact Name: _____

Title: _____

Address: _____

Phone #: _____ Toll Free/Instate Phone #: _____

E-MailAddress: _____

Previous Contact Name (if changed): _____

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

MGA email: _____

NEW ADMINISTRATIVE OFFICE ADDRESS

Address: _____

Suite/Mail Stop: _____

City: _____ State: _____ Postal Code: _____

Email: _____ TollFree/InstatePhone#: _____

Main Administrative Office Phone Number: _____

NEW MAILING ADDRESS

Address: _____

Suite/Mail Stop: _____

City: _____ State: _____ Postal Code: _____

Email: _____ Toll Free/Instate Phone #: _____

Mailing Office Phone Number: _____

Signature of Preparer

Date of Preparation

Typed or Printed Name

Title of Preparer

Phone Number of Preparer

Email Address of Preparer

Applicant Name _____ NAIC No. _____
FEIN: _____



**Statement of Voluntary Dissolution
Summary of License Status in Non-Domicile States**

This statement is submitted to the Company's domestic state regulator to summarize how the Company has addressed its licensure in other states. Limit the information to those states in which a Certificate of Authority has been held within the last 10 years.

Certificate of Authority has been held from the states selected:
(select all that apply)

1. Provide date of approval of surrender of Certificate of Authority for the selected state(s).
If surrender is not in effect, please explain. (states listed should match Sch T) (a surrender date or explanation is required)

(State)	Tracking	(Date of Surrender)	Explanation

2. Do any policyholder obligations or contingent liabilities of the dissolving company exist in the selected state?

If Yes, an explanation is required:

3. Have all premium taxes, fees and other monetary obligations owed to the selected state(s) been paid?

If no, an explanation is required:

4. Does a state regulatory deposit exist in the selected state(s)?

If Yes, provide the amount and explain its purpose.

Applicant Name _____ NAIC No. _____
FEIN: _____



Certification and Attestation

I acknowledge that I am an officer of the Company, am authorized to execute and am executing this document on behalf of the Company. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing, including attachments, is true and correct as of the date of signature below.

Executed at _____
Location

Date

Signature of Officer

Printed Name

Title of Office



DOMESTIC STATE CORPORATE AMENDMENTS

Existing insurers use the Uniform Certificate of Authority Corporate Amendment Application for requesting amendments to its Certificate of Authority. A Uniform State is one that is committed to using the Uniform Certificate of Authority (UCAA) review process for company licensing and admissions.

The Applicant Company can use the Corporate Amendment Application to file more than one change for the domiciliary state submission. The Applicant Company should select all applicable changes and submit all items required for those changes.

The following instructions contain a detailed explanation of the various requirements designed to assist in the completion and submission of the necessary documentation to obtain regulatory approval. The state's review process will be a comprehensive and detailed operational and financial review of the Applicant Company's business.

Corporate Amendments Application Review Process

The Corporate Amendment Application of the UCAA provides a uniform process for gaining the necessary regulatory approvals for modifications to an Applicant Company's Certificate of Authority. It is the goal of the Uniform State to process the Corporate Amendments Application within 60 calendar days of receipt.

Proprietary Information

Both regulators and the Applicant Company should note that the Applicant Company might deem confidential any communications with insurance regulatory agencies in conjunction with the Corporate Amendment Application concerning proprietary information about the Applicant Company. States may only share information determined to be confidential with other persons as authorized by law. By law, the state will not disclose to the public any information determined to be proprietary and trade secret. The Applicant Company needs to expressly identify all information in the application and in any subsequent correspondence that the Applicant Company considers proprietary or trade secret.

The [UCAA homepage](#) contains the requirements and filing process for the Corporate Amendment Application. Contact the appropriate state regulators with any questions before filing any Uniform Application. State contact information can be found on the [Addresses and Contact Information for Submission of Application chart](#).

Step One: Filing the Application **Processing Goal: 2 Weeks**

An Applicant Company may submit Corporate Amendment Applications anytime during the year. The state immediately reviews the application to ensure that it has been submitted in the required format as outlined in the instructions.

Generally, within two weeks from the date that the application is received, the state will notify the Applicant Company when it has accepted the application for filing by providing contact information of the reviewing regulator. If the state accepts the application for filing, the official filing date is the date the states select as the status of accepted as complete.

The state will contact the Applicant Company if it does not accept the application for filing due to a deficiency in the application's format. Depending upon the nature of the deficiency, the state may give the Applicant Company two weeks from the date of receipt of the notification from the department reviewing the application to correct the deficiency. Some states may notify the Applicant Company of any applications that are deficient and not accepted for filing. Electronic applications that are not accepted by the state should be withdrawn by the Applicant Company.

Step Two: Application Review

Processing Goal: 60 Days

A Corporate Amendment Application will undergo a rigorous financial and operational review in the application state. While the goal of each state is to complete this review in 60 days, the state cannot guarantee this time frame. Due to varying levels of resources available in each state or if the state needs additional information, the 60-day goal may not be attainable. The purpose of the Corporate Amendment Application is to streamline the application process and the states will make every effort to process a Corporate Amendment Application as quickly as possible.

At the conclusion of the substantive review the domiciliary state will grant the Applicant Company an amendment to the Certificate of Authority, allow the Applicant Company to withdraw the application, or will deny the application.

If the state deems the application incomplete, the Applicant Company will be automatically notified when the states provides a status and a detailed explanation. The Applicant Company can amend or withdrawal their application, a detailed explanation is required for either option. If withdrawn, the Applicant Company may wish to re-file a Corporate Amendment Application at a later date A new application and filing fee will be required for the new filing.

How to File

Refer to the [State-Specific Information](#). States that have provided their state specific requirements for domestic companies will be incorporated into the electronic application.

1. [Communication Between Applicant Company and Agency](#)
2. [Questions](#)
3. [Application and Supporting Documents](#)
4. [Updates/Changes](#)
5. [Filing Fee](#)
6. [State-Specific Information](#)

1. Communication Between Applicant Company and Agency



Once a state accepts a Corporate Amendment Application for filing, the filing will be forwarded to the assigned analyst.

Before receiving the name of the agency contact person, an Applicant Company may contact, via the UCAA Request for Information (RFI) link, the agency personnel listed on the [Addresses and Contact Information for Submission of Application](#) chart to obtain information regarding the status of a Corporate Amendment Application.

2. Questions

Section I through Section IX, Filing Requirements, provide detailed guidelines regarding the information required for the Corporate Amendment Application. For additional information, or clarification, the Applicant Company should review the [State Requirement charts](#) and [FAQs](#) prior to contacting the state.

3. Application and Supporting Documents

- All applicable forms are provided for the change type(s) selected.

4. Updates/Changes

The Applicant Company is responsible for informing states of any significant changes that occur or that the Applicant Company discovers during the application review period. Examples of significant changes include: changes in officers and directors, material acquisition or disposal of assets, changes in reinsurance, acquisition of the insurer, regulatory actions taken against the insurer, change in current business plan or corporate structure, etc.

The Applicant Company must supply amend forms promptly if any changes occur which materially affect the accuracy of the forms originally submitted in the application. The updated attachments can be submitted via the UCAA email or the application can be amended. Refer to the [Electronic Application User Guide for Corporate Amendment Applications](#).

5. Filing Fee

Please see [Filing Fees - Corporate Amendments chart](#) and [Filing Fees Matrix - Corporate Amendments chart](#), located on the UCAA website, to determine the correct fee and filing instructions for the application state. Where indicated, checks will need to be mailed directly to the application state. Refer to the appropriate state chart for mailing instructions. Include a copy of the completed Checklist for reference to the electronic application tracking number.

6. State-Specific Information

Some jurisdictions may have additional requirements that the Applicant Company must meet before the state can issue an amended Certificate of Authority. Before completing a UCAA Corporate Amendment Application the Applicant Company should be familiar with its domiciliary state requirements which are located under [State-Specific Requirements](#) on the UCAA website. Some states may have their state specific requirements incorporated into the electronic application.



Electronic Portal

The Applicant Company must first obtain a User ID and password. The individual completing the application on behalf of the Applicant Company must obtain approval from either the Corporate Secretary or General Counsel of the Applicant Company. If the Applicant Company is part of a Holding Company Structure, the User may associate multiple companies within the group to their User ID. Only one ID is allowed per individual.

A [User Guide](#) is provided as a step by step guide for utilizing the electronic application. Helpful hints are incorporated into the electronic application.

The UCAA Corporate Amendment Application has ten domiciliary change types (sections) designed to guide the Applicant Company through the licensing process.

- I. [Adding Lines of Business Filing Requirements](#)
- II. [Deleting Lines of Business Filing Requirements](#)
- III. [Name Change Filing Requirements](#)
- IV. Change of Company Structure
- V. [Change of Statutory Home Office Address Filing Requirements](#)
- VI. [Amended Articles of Incorporation](#)
- VII. [Amended Bylaws](#)
- VIII. [Change of Administrative Address/Contact Notification Filing Requirement](#)
- IX. Amended Uniform Consent to Service of Process
- X. Statement of Voluntary Dissolution

Corporate Amendments Application Section I Filing Requirements - Adding Lines of Business

This section provides a guide to understanding the focus of each change type of the Corporate Amendment Application. However, there typically are multiple purposes for documents. Therefore, it is important that applications be complete.

All required forms are provided for the application change type selected, therefore it is important to read the instructions prior to starting an electronic filing to ensure the necessary corporate amendment change type is selected and the appropriate forms are provided.

Table of Contents/ Application Requirements

1. [Application Form and Attachments](#)
2. [Filing Fee](#)
3. [Articles of Incorporation](#)
4. [Bylaws](#)
5. [Minimum Capital and Surplus Requirements](#)
6. [Plan of Operation](#)
7. [Statutory Membership\(s\)](#)
8. [State-Specific Information](#)



1. Application Form and Attachments

The application must identify all lines of insurance (Form 3) that the Applicant Company is currently authorized to transact and specify the lines of authority to add to an existing Certificate of Authority, as identified in the plan of operation (Form 8, Form 13 and Narrative).

2. Filing Fee

The application will generate an invoice based on the change type selected and state specific requirements provided and be submitted to the application state, unless specified that the state prefers to send a separate invoice. The payee name and the instructions for submitting the filing fee are included in the [Filing Fees - Corporate Amendments](#) chart. Upload a copy of the Applicant Company's check Include a copy of the completed Checklist for reference to the electronic application tracking number.

3. Articles of Incorporation

Indicate the location of the language within the Articles of Incorporation that allows the Applicant Company to write this line (e.g., page number, section number, etc., of the Articles of Incorporation). In addition:

- If the Articles of Incorporation have changed because of this application, file the amended Articles of Incorporation.
If the Articles of Incorporation most recently filed in the application state have not changed because of this application, do not file the Articles of Incorporation. Simply state that the current Articles of Incorporation are already on file in the application state.

4. Bylaws

The Applicant Company should have previously filed the most current version of their bylaws.

- If the bylaws have changed because of this application, file the amended bylaws.
- If the bylaws most recently filed in the application state have not changed because of this application, do not file the bylaws. Simply state that the current bylaws are already on file in the application state.

5. Minimum Capital and Surplus Requirements

The application will need to show that the Applicant Company meets the state's statutory minimum capital and surplus requirements for the requested amendment to its Certificate of Authority. In some states, the minimum capital and surplus requirements are determined by the classes of insurance that the Applicant Company is requesting authority to transact. The state will determine the level of surplus required after considering the Applicant Company's product line, operating record and financial condition. Compliance with the statutorily prescribed minimum surplus requirement may not be sufficient for all Applicant Companies. The [Minimum Capital and Surplus Requirements](#) chart identifies the minimum capital and surplus requirements for each Uniform State. This chart also provides a contact person or a link to a state-specific format or RBC requirements and instructions. Submit an explanation of the Applicant Company's compliance with the capital and surplus requirements.

6. Plan of Operation

The Plan of Operation has three components, a brief narrative, proforma financial statements/projections (Form 13) and a completed Questionnaire ([Form 8D](#)). The narrative should include significant information not captured as a part of the Questionnaire that the Applicant Company submits in support of the application. The proforma is one of three (3) components in the Plan of Operation. The forms are located under the Corporate Amendment tab. There is a proforma for Life, Property/Casualty, Health and Title companies. Provide a company-wide, three-year proforma balance sheet and income statement. The proforma workbook should be the same business type as the financial statement blank filed with the NAIC. For the lines requested, provide three-year premium and loss projections by line of business for the application state. 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 proforma when applied to the Corporate Amendment application is projected data. As such, the projected amounts need not balance with historical NAIC financial filings. The projected data, however, should be relevant to the Company's history of growth and losses as contemplated by the NAIC *Accounting Practices and Procedures Manual*.

The proforma should be completed by statutory accounting and financial reporting professionals that should be available to answer any questions or concerns from reviewing regulatory staff. The proforma is completed on an annual basis, typically for a three-year time period, however, some state may require five years. The proforma balance sheet should also include the authorized control level amount to calculate the Risk-Based Capital ratio for each projected year. The proforma should start with the first full year of operation that the Applicant Company anticipates actively writing business in the state receiving the application. When preparing a five-year projection, two proforma excel workbooks can be submitted.

The proforma (Form 13) is also located in the Forms Section under each application tab on the UCAA website. Submit the narrative and completed proforma and all attachments.

7. Statutory Memberships



In some states, the Applicant Company is required to join one or more rating, guarantee or other organizations before transacting insurance. Generally, the Applicant Company's authorized lines of insurance govern statutorily mandated memberships. The [Statutory Membership Requirements](#) chart provides the list of statutory memberships that may be required before transacting insurance. Submit documentation supporting membership application(s), in states where required.

8. State-Specific Information

Some jurisdictions may have additional requirements that the Applicant Company must meet before the state can amend a Certificate of Authority. Before completing a UCAA Corporate Amendment Application, the Applicant Company should review the listing of requirements on the [State-Specific requirements](#) for its state of domicile. Some states may include their state specific requirements into the electronic application. Statutory Deposit may be increased due to a change in the lines of business, the state will notify the Applicant Company if deposit adjustments are required.

Corporate Amendments Application Section II Filing Requirements Deleting Lines of Business

This section provides a guide to understanding the focus of each change type of the Corporate Amendment Application. However, there typically are multiple purposes for documents. Therefore, it is important that applications be complete.

All required forms are provided for the application change type selected, therefore it is important to read the instructions prior to starting an electronic filing to ensure the necessary corporate amendment change type is selected and the appropriate forms are provided.

Table of Contents/ Application Requirements

1. [Application Form and Attachments](#)
2. [Filing Fee](#)
3. [Articles of Incorporation](#)
4. [Bylaws](#)
5. [Minimum Capital and Surplus Requirements](#)
6. [Plan of Operation](#)
7. [Statutory Membership\(s\)](#)
8. [State-Specific Information](#)

Application Form and Attachments

The application must identify all lines of insurance that the Applicant Company is currently authorized to transact and specify the lines of authority to delete from an existing Certificate of Authority, as identified in the plan of operation.

2. Filing Fee

The application will generate an invoice based on the change type selected and state specific requirements submitted to the application state, unless specified that the state prefers to send a separate invoice. The payee name and the instructions for submitting the filing fee are included in the [Filing Fees - Corporate Amendments](#) chart. Upload a copy of the Applicant Company's check and reference the electronic application tracking number.

3. Articles of Incorporation

Indicate the location of the language within the Articles of Incorporation that allows the Applicant Company to write this line (e.g., page number, section number, etc., of the Articles of Incorporation). In addition:

- If the Articles of Incorporation have changed because of this application, file the amended Articles of Incorporation.

If the Articles of Incorporation most recently filed in the application state have not changed because of this application, do not file the Articles of Incorporation. Simply state that the current Articles of Incorporation are already on file in the application state.

4. Bylaws

The Applicant Company should have previously filed the most current version of their bylaws.

- If the bylaws have changed because of this application, file the amended bylaws.
- If the bylaws most recently filed in the application state have not changed because of this application, do not file the bylaws. Simply state that the current bylaws are already on file in the application state.

5. Minimum Capital and Surplus Requirements

The application will need to show that the Applicant Company meets the state's statutory minimum capital and surplus requirements for the requested amendment to its Certificate of Authority. In some states, the minimum capital and surplus requirements are determined by the classes of insurance that the Applicant Company is requesting authority to transact. The state will determine the level of surplus required after considering the Applicant Company's product line, operating record and financial condition. Compliance with the statutorily prescribed minimum surplus requirement may not be sufficient for all Applicant Companies. The [Minimum Capital and Surplus Requirements](#) chart identifies the minimum capital and surplus requirements for each Uniform State. This chart also provides a contact person or a link to a state-specific format or RBC requirements and instructions. Submit an explanation of the Applicant Company's compliance with the capital and surplus requirements.

6. Plan of Operation



The Plan of Operation has three components, a brief narrative, proforma financial statements/projections (Form 13) and a completed Questionnaire ([Form 8D](#)).

Complete [D](#) documenting the following:

- a. Utilizing the information contained in [Form 3](#), list all of the lines of business that the Applicant Company is requesting to delete from its Certificate of Authority.
- b. Provide a detailed explanation for the Applicant Company's request to delete these lines of business.
- c. For the state, indicate the number of policyholders by line of business that will be non-renewed or cancelled if the state approves the Applicant Company's request to delete lines of business.

The UCAA website contains a [Deleting Lines of Business Requirements](#) chart of individual state requirements. Provide documentation that complies with all requirements for removal of lines of business from the Certificate of Authority. The Applicant Company should notify the foreign state(s) if a line of business has been requested to be deleted from their domiciliary state's certificate of authority

The narrative should include significant information not captured as a part of the Questionnaire that the Applicant Company submits in support of the application. The proforma is one of three (3) components in the Plan of Operation. The forms are located under the Corporate Amendment tab. There is a proforma for Life, Property/Casualty, Health and Title companies. Provide a company-wide, three-year proforma balance sheet and income statement. The proforma workbook should be the same business type as the financial statement blank filed with the NAIC. For the lines requested, provide three-year premium and loss projections by line of business for the application state. 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 proforma when applied to the Corporate Amendment application is projected data. As such, the projected amounts need not balance with historical NAIC financial filings. The projected data, however, should be relevant to the Company's history of growth and losses as contemplated by the NAIC *Accounting Practices and Procedures Manual*.

The proforma should be completed by statutory accounting and financial reporting professionals that should be available to answer any questions or concerns from reviewing regulatory staff. The proforma is completed on an annual basis, typically for a three-year time period, however, some state may require five years. The proforma balance sheet should also include the authorized control level amount to calculate the Risk-Based Capital ratio for each projected year. The proforma should start with the first full year of operation that the Applicant Company anticipates actively writing business in the state receiving the application. When preparing a five-year projection, two proforma excel workbooks can be submitted.

The proforma (Form 13) is also located in the Forms Section under each application tab on the UCAA website. Submit the narrative and completed proforma and all attachments.

7. Statutory Memberships

In some states, the Applicant Company is required to join one or more rating, guarantee or other organizations before transacting insurance. Generally, the Applicant Company's authorized lines of insurance govern statutorily mandated memberships. The [Statutory Membership Requirements](#) chart provides the list of statutory memberships that may be required before transacting insurance. Submit documentation supporting membership application(s), in states where required.

8. State-Specific Information

Some jurisdictions may have additional requirements that the Applicant Company must meet before the state can amend a Certificate of Authority. Before completing a UCAA Corporate Amendment Application, the Applicant Company should review the listing of requirements on the [State-Specific requirements](#) for its state of domicile. Some states may include their state specific requirements into the electronic application.

Corporate Amendments Application Section III Filing Requirements (Name Change)

All required forms pertaining to a name change are automatically provided when this change type is selected.

Table of Contents/ Application Requirements

1. [Application Form and Attachments](#)
2. [Filing Fee](#)
3. [Articles of Incorporation](#)
4. [Bylaws](#)
5. [Service of Process](#)
6. [State-Specific Information](#)
7. [Name Approval](#)

1. Application Form and Attachments

The Checklist is automatically created in the electronic application. A cover letter may be included and if required, the Applicant Company's original Certificate of Authority or an Affidavit of Lost Certificate of Authority (Form 15),

2. Filing Fee

The application will generate an invoice based on the change type selected and state specific requirements provided and submit to the domiciliary state, unless the state prefers to send a separate invoice. . The payee name and the instructions for submitting the filing fee are included in the [Filing Fees - Corporate Amendments](#) chart. Attach a copy of the Applicant Company's check if the state does not accept electronic filing fees. Reference the electronic application tracking number with the payment.



3. Articles of Incorporation

Indicate the location of the language within the Articles of Incorporation that reflects the new name (e.g., page number, section number, etc., of the Articles of Incorporation). In addition:

- If the Articles of Incorporation have changed because of this application, file the amended Articles of Incorporation.
- If the Articles of Incorporation most recently filed in the application state have not changed because of this application, do not file the Articles of Incorporation. Simply state that the current Articles of Incorporation are already on file in the application state.

4. Bylaws

The Applicant Company should have previously filed the most current version of their bylaws.

- If the bylaws have changed because of this application, file the amended bylaws.
- If the bylaws most recently filed in the application state have not changed because of this application, do not file the bylaws. Simply state that the current bylaws are already on file in the application state.

5. Service of Process

An electronically executed UCAA Service of Process ([Form 12](#)) may be required for this change type or see [state-specific requirements](#).

6. State-Specific Information

Some jurisdictions may have additional requirements that the Applicant Company must meet before the state can amend a Certificate of Authority. Before completing a UCAA Corporate Amendment Application, the Applicant Company should review a listing of requirements for its domiciliary state.. [State-specific requirements](#) are located on the UCAA website. Some states may incorporate those state specific requirements into the electronic application.

8. Name Approval

Each state has different guidelines and procedures for name approval. The [Name Approval Requirements](#) chart is intended to serve as a guide for the various name approval requirements of each Uniform State. The Applicant Company should check with each state separately to ensure compliance with all applicable name approval requirements. Where applicable, submit evidence of the name approval request.

Automatic notification will be provided to the NAIC once the domiciliary state approves the name change. Verify that the NAIC has completed the name change prior to preparation of any foreign state(s) electronic application. Email confirmation to: jheinz@naic.org.

Corporate Amendments Application Section IV Filing Requirements (Change of Company Structure)

Table of Contents/ Filing Requirements

1. [Application Form and Attachments](#)
2. [Filing Fee](#)
3. [Articles of Incorporation](#)
4. [Bylaws](#)
- 5.
6. [State-Specific Information](#)

1. Application Form and Attachments

A cover letter may be included with the Applicant Company's original Certificate of Authority or an Affidavit of Lost Certificate of Authority ([Form 15](#)), if required. All required forms and attachment buttons will be provided in the electronic application for the change type selected.

2. Filing Fee

The application will need to include a filing fee for the application state. The payee name and the instructions for submitting the filing fee are included in the [Filing Fees - Corporate Amendments](#) chart. Checks will need to be mailed directly to the application state, if your domiciliary state does not accept electronic fees. Reference the electronic application tracking number with your payment.

3. Articles of Incorporation

Indicate the location of the language within the Articles of Incorporation that reflects the change to the corporate structure of the Applicant Company. (e.g., page number, section number, etc., of the Articles of Incorporation). In addition:

- If the Articles of Incorporation have changed because of this application, file the amended Articles of Incorporation.
- If the Articles of Incorporation most recently filed in the application state have not changed because of this application, do not file the Articles of Incorporation. Simply state that the current Articles of Incorporation are already on file in the application state.

4. Bylaws

The Applicant Company should have previously filed the most current version of their bylaws.

- If the bylaws have changed because of this application, file the amended bylaws.
- If the bylaws most recently filed in the application state have not changed because of this application, do not file the bylaws. Simply state that the current bylaws are already on file in the application state.



5.

6. State-Specific Information

Some jurisdictions may have [State-Specific Requirements](#) that the Applicant Company must meet before the state can amend a Certificate of Authority. Before completing a UCAA Corporate Amendment Application, the Applicant Company should review a listing of requirements for their domiciliary state. Completed the optional Form 14, if contact address information has changed because of this application.

Corporate Amendments Application Section V Filing Requirements (Change of Statutory Home Office Address)

Table of Contents/ Filing Requirements

1. [Application Form and Attachments](#)
2. [Filing Fee](#)
3. [Articles of Incorporation](#)
4. [Bylaws](#)
5. [Service of Process](#)
6. [State-Specific Information](#)

1. Application Form and Attachments

A cover letter may be included with the Applicant Company's original Certificate of Authority or an Affidavit of Lost Certificate of Authority ([Form 15](#)), if required. All required forms and attachment buttons are provided in the electronic application for the change type selected.

2. Filing Fee

The application will need to include a filing fee for the application state. The payee name and the instructions for submitting the filing fee are included in the [Filing Fees - Corporate Amendments](#) chart. Checks will need to be mailed directly to the application state, if your domiciliary state does not accept electronic fees. Reference the electronic application tracking number with your payment.

3. Articles of Incorporation

Indicate the location of the language within the Articles of Incorporation that reflects the change in corporate structure of the Applicant Company (e.g., page number, section number, etc., of the Articles of Incorporation). In addition:

- If the Articles of Incorporation have changed because of this application, file the amended Articles of Incorporation.

- If the Articles of Incorporation most recently filed in the application state have not changed because of this application, do not file the Articles of Incorporation. Simply state that the current Articles of Incorporation are already on file in the application state.

4. **Bylaws**

The Applicant Company should have previously filed the most current version of their bylaws.

- If the bylaws have changed because of this application, file the amended bylaws.
- If the bylaws most recently filed in the application state have not changed because of this application, do not file the bylaws. Simply state that the current bylaws are already on file in the application state.

5. **Service of Process**

An executed UCAA Service of Process form ([Form 12](#)) may be required or [State-Specific Requirements](#).

6. **State-Specific Information**

Some jurisdictions may have [State-Specific Requirements](#) that the Applicant Company must meet before the state can amend a Certificate of Authority. Before completing a UCAA Corporate Amendment Application, the Applicant Company should review a listing of requirements for their domiciliary state. Completed the optional Form 14, if contact address information has changed because of this application.

Corporate Amendments Application Section VI Filing Requirements (Amended Articles of Incorporation)

Table of Contents / Filing Requirements

1. [Application Form and Attachments](#)
2. [Filing Fee](#)
3. [Articles of Incorporation](#)
4. [Bylaws](#)
- 5.
6. [State-Specific Information](#)

1. Application Form and Attachments

A cover letter may be included with the Applicant Company's original Certificate of Authority or an Affidavit of Lost Certificate of Authority ([Form 15](#)), if required. All required forms and attachment buttons are provided in the electronic application for the change type selected.

2. Filing Fee

The application will need to include a filing fee for the state to which the Applicant Company is submitting. The payee name and the instructions for submitting the filing fee are included in the:



[Filing Fees - Corporate Amendments](#) chart on the UCAA website. Submit a copy of the Applicant Company's check, reference the electronic application tracking number with your payment.

3. **Articles of Incorporation**

Indicate the location of the language within the Articles of Incorporation that reflects the change (e.g., page number, section number, etc., of the Articles of Incorporation).

4. **Bylaws**

The Applicant Company should have previously filed the most current version of their bylaws.

- If the bylaws have changed as a result of this application, file the amended bylaws.
- If the most recently filed (in the state in which application is being made) bylaws have not changed as a result of this application, do not file the bylaws. Simply state that the current bylaws are already on file in the state to which this application relates.

6. **State-Specific Information**

Some jurisdictions may have additional requirements that must be met before a Certificate of Authority can be amended. Before completing a UCAA Corporate Amendment Application, the Applicant Company should review a listing of requirements for the state(s) in which application is being made.

Corporate Amendments Application Section VII Filing Requirements (Amended Bylaws)

Table of Contents /Filing Requirements

1. [Application Form and Attachments](#)
2. [Filing Fee](#)
3. [Bylaws](#)
4. [State of Domicile Approval](#)
5. [State-Specific Information](#)

1. **Application Form and Attachments**

A cover letter may be included with the Applicant Company's original Certificate of Authority or an Affidavit of Lost Certificate of Authority ([Form 15](#)), if required. All required forms and attachment buttons are provided in the electronic application for the change type selected.

2. Filing Fee

The application will need to include a filing fee for the state to which the Applicant Company is submitting. The payee name and the instructions for submitting the filing fee are included in the [Filing Fees - Corporate Amendments](#) chart on the UCAA website. For electronic filings, checks will need to be mailed directly to the application state, reference the electronic application tracking number with your payment.

3. Bylaws

Indicate the location of the language within the bylaws that reflects the change (e.g., page number, section number, etc., of the bylaws).

5. State-Specific Information

Some jurisdictions may have additional requirements that must be met before a Certificate of Authority can be amended. Before completing a UCAA Corporate Amendment Application, the Applicant Company should review a list of requirements for the state in which application is being made.

The following applications are considered stand-alone applications.

Corporate Amendments Application Section VII Filing Requirements (Change of Mailing/Administrative Office Address/Contact Notification)

Instructions

The Applicant Company should complete the Corporate Amendment Application Section VII as a courtesy filing in conjunction with other changes or to notify regulatory officials of an administrative office or mailing address changes or contact person changes applicable to the Applicant Company. For electronic filings, this change is submitted separately (stand-alone) or in conjunction with any other change type.

Table of Contents / Filing Requirements

1. [Application Form and Attachments](#)
2. [State-Specific Information](#)

1. Application Form and Attachments - Item 1 of Application

The Change of Administrative Office Address/Contact Notification is used to update contact information or administrative office address information and does not require an approval. Submit a completed Change of Mailing/Administrative Office Address/Contact Notification ([Form 14](#)).

2. State-Specific Information - Item 2 of Application

The Applicant Company should review the [State-specific requirements](#) for the application state.



Corporate Amendments Application Section IX Filing Requirements (Uniform Consent to Service of Process)

This section provides a guide to understanding the focus of a stand-alone Uniform Consent to Service of Process Application. It is important that the application be complete.

Please [contact the states individually](#) if there are questions about a specific document that is not noted under the state specific instructions on the UCAA website.

The electronic stand-alone application is located under the [Electronic Application](#) link on the UCAA web site and requires a user ID and password to access.

Please read the following Instructions before proceeding in completing Corporate Amendment Application Section IX.

Instructions

The Applicant Company can complete the Uniform Consent to Service of Process Application as a stand-alone filing or in conjunction with any other Corporate Amendment Application via the electronic application where a service of process form is required to notify regulatory officials of service of process changes to the Applicant Company.

Table of Contents /Filing Requirements

1. [Application Form and Attachments](#)
2. [Filing Fee](#)
3. [State-Specific Information](#)

1. Uniform Consent to Service of Process Form

The Uniform Consent to Service of Process is located on the UCAA website. Submit a completed Uniform Consent to Service of Process ([Form 12](#)) via the electronic stand-alone application process.

2. Filing Fee

The application will need to include a filing fee if required by the application state. Check the Corporate Amendment Filing Fee chart /Filing Fee Matrix on the UCAA website or contact the application state for filing requirements. If retaliatory, verify fee information via the [State Retaliatory Information](#) link. Submit a copy of the Applicant Company's check. For electronic filings, the fees should reference the electronic filing's tracking number.

3. State-Specific Information

Some jurisdictions may have additional requirements that the Applicant Company must meet before the state can accept the amended Consent to Service of Process form. Before completing a

UCAA Uniform Consent to Service of Process Application, the Applicant Company should review the listing of [State-Specific Requirements](#) for the application state.

Corporate Amendments Application Section X Filing Requirements (Statement of Voluntary Dissolution)

This section provides a guide to understanding the purpose of completing the statement of voluntary dissolution. This courtesy filing does not require approval but should be provided when the Applicant Company is exiting the marketplace. This form is also available for [Risk Retention Group registrations](#).

This form should be completed by those reporting entities that are ending their existence in all states. The Applicant Company should complete Form 16a or 16b and submit to the domicile state when requesting dissolution or cancellation of the Certificate of Authority and may also be requested by non-domiciliary states when requesting cancellation of the foreign Certificate of Authority (Form 17 Statement of Withdraw). The purpose of the form is to provide information about the status of all foreign Certificates of Authority and any obligations that are still present in those states.

Table of Contents /Filing Requirements/Columns

- [1. List state\(s\) where certificate of authority has been held.](#)
- [2. Approval date for the surrender of the Certificate of Authority.](#)
- [3. Policyholder obligations or contingent liabilities.](#)
- [4. Status of premium taxes, fees and other monetary obligations to the foreign state.](#)
- [5. State deposits, amount and purpose.](#)

1. Certificate of Authority has been held from the states listed below

List each state from which the entity has held a certificate of authority during the last 10 years. Include states where a certificate of authority had been issued and surrendered within the 10-year period. For Risk Retention Groups-list each state from which the entity has registered during the last 10 years. Include states where a registration had been issued and surrendered within the 10-year period.

2. Approval date of surrender of Certificate of Authority by state

Report the date that the state department of insurance approved the surrender or cancellation of the Certificate of Authority in that state. For Risk Retention Groups – report the date of registration cancellation by state.

3. Policyholder obligations or contingent liabilities

Report any kind of obligation that exists on the date of the signature on this form which is related to the policies or contracts issued by the entity or RRG. Include claim obligations, loss adjustment expenses, involuntary reinsurance pool obligations and any other unpaid charges that arise from policies or contracts written in that state or that are expected to arise from the policy or contract activities of the entity or RRG in that state. Estimate the amount if the actual amount is not known.

4. Premium taxes, fees and other monetary obligations owed to the foreign state

Report any other obligations that exist on the date of the signature on this form. Include taxes, fees, assessments, creditor obligations and any other unpaid charges that arise from that state or that are



expected to arise from the operations of the entity or RRG in that state. Estimate the amount if the actual amount is not known.

5. State Deposit

Report the amount of any statutory or regulatory deposit that exists in the state on the date of the signature on this form. Explain the reason for the deposit, if known.

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

DATE: <u>08/02/22</u>		<u>FOR NAIC USE ONLY</u>	
CONTACT PERSON:	<u>Jane Barr</u>	Agenda Item #	<u>2022-04</u>
TELEPHONE:	<u>816-783-8413</u>	Year	<u>2022</u>
EMAIL ADDRESS:	<u>jbarr@naic.org</u>	<u>DISPOSITION</u>	
ON BEHALF OF:	<u>National Treatment & Coordination WG</u>	[]	ADOPTED
NAME:	<u>Gina Hudson</u>	[]	REJECTED
TITLE:	<u>Sr. Corporate Regulatory and Licensing Specialist</u>	[]	DEFERRED TO
AFFILIATION:	<u>Liberty Mutual Insurance</u>	[]	REFERRED TO OTHER NAIC GROUP
ADDRESS:	<u>175 Berkeley Street</u>	[]	EXPOSED
	<u>Boston, MA 02116</u>	[]	OTHER (SPECIFY)

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
[] Form 15 – Affidavit of Lost C of A [] Form 16 – Voluntary Dissolution [] Form 17 – Statement of
Withdrawal

DESCRIPTION OF CHANGE(S)

An addendum page was created for question 8 – residences on the supplemental personal information page. The FAQs will be updated to reflect the new addendum page for residences.

REASON OR JUSTIFICATION FOR CHANGE **

The template was developed to provide a more uniform approach to provide carry over information from the biographical affidavit. These templates are optional and would only need to be utilized if there is not enough space on the biographical affidavit.

The Best Practices and Guidelines for background vendors will be updated to reflect the new addendum page. The new addendum will posted to the webpage separately with the other addendums as Form 11b – Residence.

Additional Staff Comments:

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

Revised 01-2019

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Residence Addendum pages are used for additional responses carried over from the biographical affidavit supplemental personal information question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Residence Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Beginning/Ending Dates (MM/YY)	
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Country	
Postal Code	

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Residence Addendum pages are used for additional responses carried over from the biographical affidavit supplemental personal information question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Residence Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

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City	
State/Province	
Country	
Postal Code	

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Country	
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Beginning/Ending Dates (MM/YY)	
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State/Province	
Country	
Postal Code	

Affiant Signature: _____ Date: _____

Page ____ of ____