



Date: 5/31/22

NATIONAL TREATMENT AND COORDINATION (E) WORKING GROUP

Monday, June 13, 2022

1:00 – 2:00 p.m. ET / 12:00 – 1:00 p.m. CT / 11:00 – 12:00 p.m. MT / 10:00 a.m. – 11:00 p.m. PT

ROLL CALL

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

NAIC Support Staff: Jane Barr

AGENDA

1. Receive Comments on Proposal 2022-01 (Biographical Affidavit Addendum Pages) Attachment 1
—Cameron Piatt (OH)
 - a. Liberty Mutual Comments—*Gina Hudson (Liberty Mutual)* Attachment 2
2. Receive Referrals—*Debbie Doggett (MO)*
 - a. Form A Referral (*Chief Financial Regulator Forum*) Attachment 3
 - b. Enhanced Guidance Referral (Financial Analysis (E) Working Group) Attachment 4
3. Expose Proposal 2022-02 (Primary and Redomestication Form Revisions)—*NAIC Staff* Attachment 5
4. Discuss Letter of Good Standing—*Debbie Doggett (MO)* Attachment 6
5. Discuss Any Other Matters Brought Before the Working Group—*Cameron Piatt (OH)*
6. Adjournment

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

DATE: <u>02/24/22</u>	FOR NAIC USE ONLY
CONTACT PERSON: <u>Jane Barr</u>	Agenda Item # <u>2022-01</u>
TELEPHONE: <u>816-783-8413</u>	Year <u>2022</u>
EMAIL ADDRESS: <u>jbarr@naic.org</u>	DISPOSITION
ON BEHALF OF: <u>National Treatment & Coordination WG</u>	<input type="checkbox"/> ADOPTED _____
NAME: _____	<input type="checkbox"/> REJECTED _____
TITLE: _____	<input type="checkbox"/> DEFERRED TO _____
AFFILIATION: _____	<input type="checkbox"/> REFERRED TO OTHER NAIC GROUP _____
ADDRESS: _____	<input type="checkbox"/> EXPOSED _____
_____	<input type="checkbox"/> OTHER (SPECIFY) _____

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

- 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 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)

Addendum pages were removed from the Biographical Affidavit (Form 11). No changes were made to the revision date of Form 11.

Addendum templates were created for Employment History, Education, Licenses, Professional Memberships/Associations, General and Blank. These templates were developed as Form 11b.

FAQs have been updated to reflect the addendum pages.

REASON OR JUSTIFICATION FOR CHANGE **

The templates were 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.

Any changes to the addendum pages will have an impact on the background reports including the Best Practices and Guidelines.

Each template will be posted to the webpage separately to allow users flexibility and utilize only those templates needed for the affiant.

Additional Staff Comments:

Employment Addendum Page – two separate options are provided for the structure of the Employment Addendum page. When providing comments please indicate a preference for Option 1 or Option 2.

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

Revised 01-2019

Frequently Asked Questions:



The formatting of the NAIC biographical affidavit, addendum templates and accompanying cover letter should **NOT** be altered, for lengthy or detailed responses refer to Question 22 below.



Q5: Can the Applicant Company use the same biographical affidavit previously submitted by an affiliate within the same group for a new UCAA application filing?

A5: Yes, if the [NAIC biographical affidavit group cover letter](#) is submitted with biographical affidavits for officer/director changes and for expansion and corporate amendment applications. The affidavit and addendum templates can be reused for companies listed on the NAIC biographical affidavit group cover letter and are under the same group code if the affiant and notary signatures on the biographical affidavit and addendum templates are within 6 months of the date of submission and no information on the affidavit or addendum templates have been altered, amended or changed for any reason. Only the NAIC forms can be submitted, individual company cover letters will not be accepted. Refer to the [Fingerprint and Biographical Affidavit Requirements chart](#) for state specific requirements.

Q6: Can a biographical affidavit, addendum templates and third-party background report more than six months old be used in a new application?

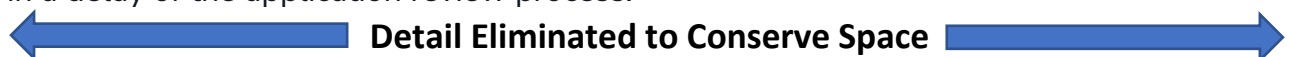
A6: No, affidavits, addendum templates and background reports more than six (6) months old are not acceptable. A newly completed biographical affidavit and addendum templates (if needed) with a current date must be submitted. A new background report would be required for the newly completed affidavit. Biographical affidavits signed within six months of the application submission date may be used for new applications for the same Applicant Company and/or affiliated companies that are under the same group code accompanied with a group cover letter.



Completing the Biographical Affidavit

Q20: Is it acceptable to leave a question or item blank if I don't know the answer, or if the question or item does not apply, or that the answer is none?

A20: No, you must answer **each** and **every** question or item. If the answer is no or none, state "No" or "None". By not responding to each question or item, the various State Insurance Departments may request an updated affidavit regarding the missing question or item. A deficient or incomplete biographical affidavit submitted for a Background Report could result in a delay of the application review process.



Q22: The form does not allow enough space to respond to the questions or items. What should I do?

A22: Addendum pages are available as Form 11b and are to be used for additional responses carried over from the affidavit. There are six addendum templates: Employment History, Education, Licenses, Professional Societies, General and Blank. Cross-reference and label your responses to the biographical affidavit question or item number when utilizing the General or Blank addendum templates. Addendum pages should be signed by the affiant. Addendum pages are not required to be submitted with the affidavit if they are not utilized.

Biographical Affidavit Questions:

 **Detail Eliminated to Conserve Space**

Item 5

Q32: I do not recall the exact dates that I attended college. Can I just guess?

A32: No, because if you guess and are wrong, when the state department of insurance or independent third-party vendor completing the background report, verifies the information and submits their findings to the State Insurance Departments, a discrepancy will be noted. You may be required by the various State Insurance Departments to submit a notarized affidavit explaining the discrepancy; an unnecessary request had you researched the matter before guessing. If there is not enough space to list all colleges/universities attended on the affidavit, you may add the additional schools to the addendum Form 11b – Education.

NEW QUESTION:

Q: How are multiple schools listed in the Education and Training section for: undergraduate, graduate, and other training?

A: If the affiant has attended more than one school, additional information should be provided on Form 11b – Education. The affiant can enter “See Form 11b-Education” on question 5 of the biographical affidavit.

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

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

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

Specify Purpose for Completion:

Form A: _____ **UCAA Type:** _____ **Other:** _____

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: _____

Address: _____ City: _____

State/Province: _____ Postal Code: _____ Phone: _____

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: _____ Middle: _____ Last: _____

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: _____

4. Affiant's business address: _____

Business telephone: _____ Business Email: _____

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

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

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

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

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

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

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

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

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

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

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

 (Printed Full Name and Residence Address)

 (Signature)

 (Date)

State of: _____ County of _____

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

[SEAL]

 Notary Public

 Printed Notary Name

 My Commission Expires

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

The Education Addendum pages are used for additional responses carried over from the biographical affidavit question 5. Responses must be completed in the format provided below (unused sections may be left blank). The Education Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Affiant Signature: _____ Date: _____

Page ___ of ___

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Education Addendum pages are used for additional responses carried over from the biographical affidavit question 5. Responses must be completed in the format provided below (unused sections may be left blank). The Education Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Education Addendum pages are used for additional responses carried over from the biographical affidavit question 5. Responses must be completed in the format provided below (unused sections may be left blank). The Education Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Professional Societies and Associations Addendum pages are used for additional responses carried over from the biographical affidavit question 6. Responses must be completed in the format provided below (unused sections may be left blank). The Professional Societies and Associations Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

List of memberships in professional societies and associations:

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/Association	

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Licenses Addendum pages are used for additional responses carried over from the biographical affidavit question 10. Responses must be completed in the format provided below (unused sections may be left blank). The Licenses Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired (MM/YY)	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired (MM/YY)	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired (MM/YY)	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Licenses Addendum pages are used for additional responses carried over from the biographical affidavit question 10. Responses must be completed in the format provided below (unused sections may be left blank). The Licenses Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired (MM/YY)	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired (MM/YY)	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired (MM/YY)	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired (MM/YY)	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions. The question number and response should be provided in the format below. Responses must be labeled and signed by the affiant (unused sections may be left blank). Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Question #:
Response:

Question #:
Response:

Question #:
Response:

Question #:
Response:

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions. The question number and response should be provided in the format below. Responses must be labeled and signed by the affiant (unused sections may be left blank). Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Question #:
Response:

Question #:
Response:

Question #:
Response:

Question #:
Response:

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions. The question number and response should be provided in the format below. Responses must be labeled and signed by the affiant (unused sections may be left blank). Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Question #:
Response:

Question #:
Response:

Question #:
Response:

Question #:
Response:

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

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Affiant Signature: _____ Date: _____

Page ____ of ____

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

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page ____ of ____

From: [Hudson, Gina](#)
To: [Brown, Crystal](#); [Barr, Jane](#)
Cc: [Lopez, Amy](#)
Subject: Exposure Draft Notice: National Treatment and Coordination (E) Working Group due 4/20/22
Date: Wednesday, April 6, 2022 1:00:11 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

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Good Afternoon,

As far as the addendums to Biographical Affidavits I would highly prefer and recommend Option 1. I feel that Option 2 requiring Date Biographical Affidavit Signed in the body of the form is excessive and mirrors the date on the bottom of the form; therefore unnecessary.

I file hundreds of Biographical Affidavits per year and feel that Option 1 is more concise and the better option.

Thank you for my consideration.

Gina Hudson

Sr. Corporate Regulatory and Licensing Specialist
Corporate Administration
Liberty Mutual Insurance
175 Berkeley Street
Boston, MA 02116
gina.hudson@libertymutual.com
(617) 654-4825

From: Brown, Crystal <CBrown@naic.org>
Sent: Monday, March 21, 2022 6:32 PM
To: Brown, Crystal <CBrown@naic.org>; Barr, Jane <JBarr@naic.org>
Cc: Lopez, Amy <alopez@naic.org>
Subject: {EXTERNAL} Exposure Draft Notice: National Treatment and Coordination (E) Working Group due 4/20/22

Distributed National Treatment and Coordination (E) Working Group Members, Interested Regulators and Interested Parties

The National Treatment and Coordination (E) Working Group is exposing the following proposal for a 30-day comment period. Please submit comments to [Jane Barr](#) by COB April

20, 2022.

- 2022-01

NAIC Staff Contact:

Jane Barr

jbarr@naic.org

816.783.8413

Crystal Brown

Sr. Health RBC Analyst & Education Coordinator

Financial Regulatory Affairs



O: 816-783-8146

W: www.naic.org

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From: [Hudson, Gina](#)
To: [Brown, Crystal](#); [Barr, Jane](#)
Cc: [Lopez, Amy](#)
Subject: RE: Exposure Draft Notice: National Treatment and Coordination (E) Working Group due 4/20/22
Date: Thursday, April 7, 2022 10:44:46 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

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Good morning,

Also I do not see a need for Page ____ of ____ on the bottom of the addendum as it will be attached to the biographical affidavit.

I believe completing the blanks will entail counting the pages each time and filling in the numbers manually on the page. I feel that will bring an unnecessary “room for error situation”.

Thank you again for your consideration.

Gina Hudson

From: Hudson, Gina
Sent: Wednesday, April 6, 2022 2:00 PM
To: Brown, Crystal <CBrown@naic.org>; Barr, Jane <JBarr@naic.org>
Cc: Lopez, Amy <alopez@naic.org>
Subject: Exposure Draft Notice: National Treatment and Coordination (E) Working Group due 4/20/22

Good Afternoon,

As far as the addendums to Biographical Affidavits I would highly prefer and recommend Option 1. I feel that Option 2 requiring Date Biographical Affidavit Signed in the body of the form is excessive and mirrors the date on the bottom of the form; therefore unnecessary.

I file hundreds of Biographical Affidavits per year and feel that Option 1 is more concise and the better option.

Thank you for my consideration.

Gina Hudson
Sr. Corporate Regulatory and Licensing Specialist

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(617) 654-4825

From: Brown, Crystal <CBrown@naic.org>
Sent: Monday, March 21, 2022 6:32 PM
To: Brown, Crystal <CBrown@naic.org>; Barr, Jane <JBarr@naic.org>
Cc: Lopez, Amy <alopez@naic.org>
Subject: {EXTERNAL} Exposure Draft Notice: National Treatment and Coordination (E) Working Group due 4/20/22

Distributed National Treatment and Coordination (E) Working Group Members, Interested Regulators and Interested Parties

The National Treatment and Coordination (E) Working Group is exposing the following proposal for a 30-day comment period. Please submit comments to [Jane Barr](mailto:JBarr@naic.org) by COB April 20, 2022.

- 2022-01

NAIC Staff Contact:

Jane Barr
jbarr@naic.org
816.783.8413

Crystal Brown
Sr. Health RBC Analyst & Education Coordinator
Financial Regulatory Affairs



O: 816-783-8146
W: www.naic.org

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the sender of the delivery error by e-mail or by forwarding it to the NAIC Service Desk at help@naic.org.

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MEMORANDUM

TO: Debbie Doggett and Cameron Piatt, Co-Chairs of the National Treatment and Coordination (E) Working Group

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

DATE: April 4, 2022

RE: Referral on Non-Traditional Form A Applicants

During its April 4, 2022 meeting, the Chief Financial Regulator Forum discussed the experience of states receiving Form A (change of control) applications that propose non-traditional ownership structures including, but not necessarily limited to, trusts and limited liability corporations (LLCs). These non-traditional structures can make it difficult to determine the Ultimate Controlling Party (UCP) of the insurer and the potential impact that such a structure could have on future parental support and oversight. In addition, such structures can make it difficult to determine what financial information and reporting is necessary at the group/UCP level to evaluate the solvency of the group both initially and on an ongoing basis.

As the National Treatment and Coordination (E) Working Group is charged with maintaining the NAIC's *Company Licensing Best Practices Handbook* (Handbook) and overseeing the Form A application form, the forum would like to refer this topic to the Working Group for its consideration. For example, the Working Group might consider updating the Form A application and instructions to collect additional information from applicants proposing non-traditional ownership structures. In addition, the Working Group might consider developing additional guidance for the Handbook on this topic. If additional guidance is developed for inclusion in the Handbook, we'd encourage you to coordinate such efforts with the Financial Analysis Solvency Tools (E) Working Group so that relevant guidance can also be incorporated into the NAIC's *Financial Analysis Handbook*, as appropriate.

If there are any questions regarding the referral, please contact either me or NAIC staff (Bruce Jensen at bjensen@naic.org) for clarification. Thank you for your consideration of this important issue.

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MEMORANDUM

TO: Debbie Doggett and Cameron Piatt, Co-Chairs, National Treatment and Coordination (E) Working Group

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

DATE: May 3, 2022

RE: Enhanced Regulatory Guidance

As you may be aware, the Financial Analysis (E) Working Group (FAWG) meets annually in Kansas City to discuss among other things, potentially troubled insurers and insurance groups. During this meeting, FAWG also discusses issues and industry trends, including identifying any that are potentially adverse or might warrant communication and coordination with other NAIC groups. As a result of the issues and trends discussed, FAWG would like to refer the following items to the attention of your group.

1. **Redomestication Communication** – FAWG discussed recent troubled company situations where licensed states were not notified of plans to redomesticate a troubled insurer prior to the redomestication being finalized. Given the importance of communication in these instances, it is recommended that best practice guidance be developed for the Company Licensing Best Practices Handbook to encourage information sharing with all licensed states before a priority (i.e., NAIC 1 or 2) insurer is approved for redomestication to a new jurisdiction.
2. **Redomestication Tools** – As noted above, FAWG has discussed the need for additional communication and coordination with licensed states around the redomestication process. As the Working Group moves forward with its project to redesign UCAA processes and tools, we'd encourage consideration of what additional tools and functionality can be provided to support states in communication and coordination around redomestication applications.

In considering these issues, FAWG recommends consideration of additional guidance for the NAIC's *Financial Analysis Handbook* to ensure these concerns are adequately addressed, if necessary. Please note that topic 1 is also being referred to Financial Analysis Solvency Tools (E) Working Group, for its consideration. If there are any questions regarding the proposed recommendation, please contact me or NAIC staff (Bruce Jensen at bjensen@naic.org) for clarification.

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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>[] 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 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:

** This section must be completed on all forms.

Revised 01-2019

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: [BJ1][BJ2]	
--	--

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

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

Phone: [BJ3]	
Fax:	
Date Incorporated:	
Form of Organization:	
Date Organized: [BJ4]	

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

(If Applicable)

Par Value of Issued Stock:	\$	
Surplus as regards policyholders: [BJ5]	\$	

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

Applicant Company Formed [BJ6][BJ7] 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: [BJ8]	
--	--

[BJ9]

Company Type:

Stock	Limited Liability Corporation	Partnership (all types)
-------	-------------------------------	-------------------------

Reciprocal	U.S. Branch of Alien Insurer	Proprietorship
Fraternal	Cooperative	Syndicate
Mutual	Charitable Gift Annuity	Other

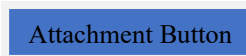
If Available:

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:			

Proposed Applicant Company Name: _____ FEIN: _____ Attachment 5

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

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 [BJ10]

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 ___

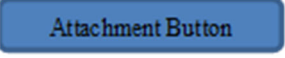
If the answer to either question is yes, attach explanation.



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 ___

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

~~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

~~4410.~~ 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

~~4511.~~ 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

~~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.

Attachment Button

~~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.

Attachment Button

~~4~~15. 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.

Attachment Button

~~5~~16. 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;

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.

Attachment Button

~~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).

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 [BJ1] or No

If the response is Yes, attach the following:

- A. Statement of the investment policy of the separate account.
- 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
- 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. 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

21. Is the Applicant Company is 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

- 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~~ ~~[B]2~~

If yes, attach the details.

Attachment Button

**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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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 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

_____, 20____

Dear Superintendency/Superintendence/_____:

For submission to the insurance supervisory authority in _____, regarding _____, _____.
(Country) (Company Name) (NAIC Cocode)

I, _____, Insurance Commissioner/Superintendent/Director of the State/Commonwealth
(Name)
of _____, do hereby certify that _____, domiciled in the State/Commonwealth
(State) (Company Name)
of _____ with a statutory home office address in _____, _____, has
(State) (City) (State)
complied with the laws of this State/Commonwealth, and is authorized to transact the business of:

_____ is supervised by the _____ which is a member of the National Association of
(Company Name) (Department Name)
Insurance Commissioners (NAIC) and is accredited in accordance with the standards established by the NAIC.

_____ was organized as a _____ and received its Certificate of Authority on
(Company Name) (stock, mutual, etc.)

_____, and has transacted the lines of business identified above for the past _____ years
(Date) (Number of Years)

or more. Domestic stock and mutual insurance companies, other than life, may transact outside of the United States, its territories and possessions, may pursue insurance and reinsurance activities, other than life insurance or annuities, in other state jurisdictions and foreign countries and become licensed or authorized in such jurisdictions as required, provided that any such company shall maintain a statutory minimum policyholders' surplus of (\$ _____). By virtue of the _____ statute and express authority _____ is
(Amount USD) (State) (Company Name)

currently in compliance and in good standing with the rules and solvency requirements of the Insurance Code of _____ applicable to property and casualty insurance companies conducting business in
(State)

_____. _____ does not have limitations to pay obligations in freely convertible currency.
(State) (Company Name)

_____ as of _____, has common capital stock of \$ _____ and gross paid in and
(Company Name) (Date) (Amount USD)
contributed surplus of \$ _____.
(Amount USD)

In Witness Whereof, I have hereunto set my hand
And caused my official seal to be affixed this
____ day of _____, 20__.

Insurance Commissioner/Superintendent/Director

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the
(Commissioner/Superintendent/Director)
person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed to same.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this ____ day of _____, 20__.

Notary Public in and for

Printed Name

_____ County, STATE/COMMONWEALTH

Commission Expires:

_____, 20____

Dear Superintendency/Superintendence/_____:

For submission to the insurance supervisory authority in _____, regarding _____, _____.
(Country) (Company Name) (NAIC Cocode)

I, _____, Insurance **Commissioner/Superintendent/Director** of the **State/Commonwealth**
(Name)
of _____, do hereby certify that _____, domiciled in the **State/Commonwealth**
(State) (Company Name)
of _____ with a statutory home office address in _____, _____, has
(State) (City) (State)
complied with the laws of this **State/Commonwealth**, and is authorized to transact the business of:

_____ is supervised by the _____ which is a member of the National Association of
(Company Name) (Department Name)
Insurance Commissioners (NAIC) and is accredited in accordance with the standards established by the NAIC.
_____ was organized as a _____ and received its Certificate of Authority on _____,
(Company Name) (stock, mutual, etc.) (Date)
and has transacted the lines of business identified above for the past _____ years or more. By virtue of
(Number of Years)
the _____ statute and express authority _____ is currently in compliance and in good standing
(State) (Company Name)
with the rules and solvency requirements of the Insurance Code of _____ and may pursue insurance
(State)
and reinsurance activities in other state jurisdictions and foreign countries and become licensed or authorized in
such jurisdictions as required. _____ does not have limitations to pay obligations in freely
(Company Name)
convertible currency. _____ as of _____, has common capital stock of \$ _____ and
(Company Name) (Date) (Amount USD)
capital and surplus of \$ _____.
(Amount USD)

In Witness Whereof, I have hereunto set my hand
And caused my official seal to be affixed this
____ day of _____, 20__.

Insurance Commissioner/Superintendent/Director

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the
(Commissioner/Superintendent/Director)
person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed to same.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this ____ day of _____, 20__.

Notary Public in and for

Printed Name

_____ County, **STATE/Commonwealth**

Commission Expires: