

Draft date: 8/15/2023

Virtual Meeting

NATIONAL TREATMENT AND COORDINATION (E) WORKING GROUP

August 22, 2023

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

ROLL CALL

Debbie Doggett/Kelly		Ursula Almada	New Mexico
Hopper/Co-Chair	Missouri	Kirsten Anderson	Oregon
Cameron Piatt, Co-Chair	Ohio	Karen Feather	Pennsylvania
Cindy Hathaway	Colorado	Amy Garcia	Texas
William Mitchell	Connecticut	Jay Sueoka	Utah
Sherry Wilson	Delaware	Ron Pastuch	Washington
Carolyn Morgan/Virginia Christy	Florida	Amy Malm/Mark McNabb	Wisconsin
Stewart Guerin	Louisiana	Doug Melvin	Wyoming
Kari Leonard	Montana		

NAIC Support Staff: Jane Barr

AGENDA

1. Discuss Proposal 2023-01 (Modifications to Form 2R & 12, Redomestication Electronic Application)—*Debbie Doggett (MO)*
 - A. Application Form Template Attachment 1c
 - B. Certification and Attestation Template Attachment 1d
 - C. Uniform Consent to Service of Process Attachment 1e
2. Discuss Proposal 2023-02 (Primary and Redomestication Holding Company Questionnaire)—*Cameron Piatt (OH)*
 - A. Form 8R (Holding Company Questionnaire Template)—*Jane Barr (NAIC)* Attachment 2
3. Discuss Any Other Matters Brought Before the Working Group—*Debbie Doggett (MO)*
4. Adjournment

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

<p align="center">DATE: <u>8/22/23</u></p> <p>CONTACT PERSON: <u>Jane Barr</u></p> <p>TELEPHONE: <u>816-783-8413</u></p> <p>EMAIL ADDRESS: <u>jbarr@naic.org</u></p> <p>ON BEHALF OF:</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 # <u>2023-01</u></p> <p>Year <u>2023</u></p> <p align="center"><u>DISPOSITION</u></p> <p><input type="checkbox"/> ADOPTED</p> <p><input type="checkbox"/> REJECTED</p> <p><input type="checkbox"/> DEFERRED TO</p> <p><input type="checkbox"/> REFERRED TO OTHER NAIC GROUP</p> <p><input type="checkbox"/> EXPOSED</p> <p><input type="checkbox"/> OTHER (SPECIFY)</p>
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IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

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

Forms:

Form 2 - Application Form 3 – Lines of Business Form 4 – Management Information
 Form 5 – Debt to Equity Ratio Form 8M – Main Questionnaire Form 8HC- Holding Company Questionnaire
 Form 8L – Life 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)

The data input screen for the general information page will include the data input for Form 2 application form and Form 12, the consent to service of process, The final template of the Redomestication Form 2 and Form 12 appears different from the previous forms, the certification and attestation will be included at the end of the application pdf. and tied to the management information form as possible options for signature. Options to include are President, Secretary or Treasurer.

REASON OR JUSTIFICATION FOR CHANGE **

The flow of the data needed for forwarding information is relevant to the address information already captured in the general information section, certification and attestation signature page was moved to the end of the pdf application package for officer signature and is available once all required forms are completed in the electronic application.

Additional Staff Comments:

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

Revised 08-2023

Data Input screen of General Information section of the Redomestication Application.

Consent to Service of Process

Forwarding Address Information

[Copy Statutory Office Address](#)

Street Address *

City *

Jurisdiction *

--- Select a jurisdiction ---

Postal Code *

[Copy Statutory Office Contact](#)

Email *

Country

(eg. 1)

Phone *

Resident Agent Information

Street Address

Mailing Address

City

Jurisdiction

--- Select a jurisdiction ---

Postal Code

Email

Country Code

(eg. 1)

Phone

Consent to Service of Process on a Statutory Office

Organized under the Laws of Alabama

Resolution Authorizing Appointment of Attorney

Application Jurisdiction: New Mexico

Board of Directors Meeting Date *

mm/dd/yyyy

Written Consent Date *

mm/dd/yyyy

For Reference Purposes Only

Applicant Company Name: ###ApplicantCompanyNameHeader###

FEIN: ###fein###

Tracking Number: ###trackingNumber###



REDOMESTICATION APPLICATION

To the Insurance Commissioner/Director/Superintendent of ###jurisdiction###,
 The undersigned Applicant Company hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3R, are the lines of business which the Applicant Company is applying to transact.

CONTACTS

Authorized Individual

Full Legal Name: ###authorizedIndvName###

Title: ###authorizedIndvTitle###

Address: ###authIndvaddress###

Email: ###authIndvEmail###

Phone: ###authIndvPhone###

Is the authorized representative an employee of the applicant company: ###isAuthorizedRepEmployee###

Financial Information

Full Legal Name: ###financialContactName###

Title: ###financialContactTitle###

Address: ###financialContactAddress###

Email: ###financialContactEmail###

Phone: ###financialContactPhone###

Designee

Full Legal Name: ###designeeName###

APPLICATION

Applicant Company Name: ###ApplicantCompanyNameHeader###

FEIN: ###fein###

Tracking Number: ###trackingNumber###



Company Information

Name: ###companyName###

NAIC Cocode:

Doing Business As:

Previous Name:

Group Code:

Group Name:

Proposed Effective Date:

Licensed in Application Jurisdiction:

Expansion Tracking Number:

Statutory Office Address: ###StatutoryAddress###

Email: ###StatutoryEmail###

Phone: ###StatutoryPhone###

Additional Address Information

Administrative Office

Address: ###adminAddress###

Email: ###adminEmail###

Phone: ###adminPhone###

Mailing Office

Address: ###mailingAddress###

Email: ###mailingEmail###

Phone: ###mailingPhone###

Billing Office

Address: ###billingAddress###

Email: ###billingEmail###

Phone: ###billingPhone###

Premium Tax Office

Address: ###premiumTaxAddress###

Email: ###premiumTaxEmail###

Phone: ###premiumTaxPhone###

Applicant Company Name: ###ApplicantCompanyNameHeader###

FEIN: ###fein###

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Producer Licensing Office

Address: ###producerLicensingAddress###

Email: ###producerLicensingEmail###

Phone: ###producerLicensingPhone###

Rate/Form Office

Address: ###rateFormAddress###

Email: ###rateFormEmail###

Phone: ###rateFormPhone###

Consumer Affairs Office

Address: ###consumerAffairsAddress###

Email: ###consumerAffairsEmail###

Phone: ###consumerAffairsPhone###

**Are these addresses the same as those shown on the Applicant Company's Annual Statement? Yes or No
If not, explain why:**

Proposed Applicant Company Name: ###proposedApplicantCompanyNameHeader###

FEIN: ###fein###

Tracking Number: ###trackingNumber###



REDOMESTICATION APPLICATION – CERTIFICATION AND ATTESTATION

The ###officerTitle### 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 foregoing is true and correct, executed at the following location: _____.

Electronic Signature

Full Legal Name

Date Signed

Applicant Company Name:
NAIC CoCode:
FEIN:
Tracking Number:




REDOMESTICATION APPLICATION – UNIFORM CONSENT TO SERVICE OF PROCESS

_____ Original Designation _____ Amended Designation

Applicant Company Name:
Previous Name (if applicable):

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

Applicant Company Officers’ Certification and Attestation

 _____ officerTitle of the Applicant Company must read the following very carefully and sign:

- 1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant Company.
- 2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at docusign, location .

###electronicSignature1###
###fullLegalName1###, ###role1###

###dateSignedLabel1###

(Applicable for states requiring two signatures)

###electronicSignature2###
###fullLegalName2### ###comma### ###role2###

###dateSignedLabel2###

Applicant Company Name:
NAIC CoCode:
FEIN:
Tracking Number:



REDOMESTICATION APPLICATION – UNIFORM CONSENT TO SERVICE OF PROCESS

Exhibit A

Application Jurisdiction:

Forwarding Address Information:

Applicant Company Name:
Mailing Address:
Email:
Phone:

(If Applicable)

Resident Agent:

Name of Entity:
Resident Agent Address:
Mailing Address:
Email:
Phone:

Applicant Company Name:
 NAIC CoCode:
 FEIN:
 Tracking Number:

Resolution Authorizing Appointment of Attorney

BE IT RESOLVED by the Board of Directors or other governing body of: ###companyName###, this ###raaAuthorizedDate###, that the President, Secretary or Treasurer of said entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Consent to Service of Process to give irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction in the state(s) of ###applicationJurisdiction###, in which the action shall arise, or in which plaintiff may reside, by service of process in the state(s) indicated above and irrevocably appoints the officer(s) of the state(s) and their successors in such offices or appoints the agent(s) so designated in the Uniform Consent to Service of Process and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said entity according to the laws of said state.

CERTIFICATION:

I, Officer name and title, of companyName, state that this is a true and accurate copy of the resolution adopted effective the AdoptedEffectiveDate by the Board of Directors or governing board authorizedDate

###electronicSignature1###
###fullLegalName1###, ###role1###

###dateSignedLabel1###

(Applicable for states requiring two signatures)

###electronicSignature2###
###fullLegalName2### ###comma### ###role2###

###dateSignedLabel2###

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

<p align="center">DATE: <u>8/22/23</u></p> <p>CONTACT PERSON: <u>Jane Barr</u></p> <p>TELEPHONE: <u>816-783-8413</u></p> <p>EMAIL ADDRESS: <u>jbarr@naic.org</u></p> <p>ON BEHALF OF:</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 # <u>2023-02</u></p> <p>Year <u>2023</u></p> <p align="center"><u>DISPOSITION</u></p> <p>[<input type="checkbox"/>] ADOPTED</p> <p>[<input type="checkbox"/>] REJECTED</p> <p>[<input type="checkbox"/>] DEFERRED TO</p> <p>[<input type="checkbox"/>] REFERRED TO OTHER NAIC GROUP</p> <p>[<input type="checkbox"/>] EXPOSED</p> <p>[<input type="checkbox"/>] OTHER (SPECIFY)</p>
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IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

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

Forms:

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 [] Form 16 – Voluntary Dissolution [] Form 17 – Statement of Withdrawal

DESCRIPTION OF CHANGE(S)

The holding company questionnaire is only available if the applicant company is part of a holding company system, so the need to ask if they are part of a holding company system is not relevant. The question will ask them to provide relevant information for question 1a and b.

REASON OR JUSTIFICATION FOR CHANGE **

The electronic application provides a means for the applicant company to indicate whether they are part of a holding company system or has an ultimate controlling party. If they do, then that question is already answered and the holding company forms, Debt to Equity and the Holding Company Questionnaire become a requirement of the application.

Additional Staff Comments:

** This section must be completed on all forms.

Revised 08-2023

Applicant Company Name: ###proposedApplicantCompanyNameHeader###

FEIN: ###fein###

Tracking Number: ###trackingNumber###



###applicationType### APPLICATION – HOLDING COMPANY QUESTIONNAIRE

1. Holding Company Information

A. 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.

Attachments:

B. Attach the following: Holding Company Files such as 10Q, Ultimate Controlling party information (Annual Form B/C registration statement and Form F), SEC Filings, consolidated GAAP Financial Statement, CPA Audit Report, CPA Reviewed Personal Financial Statements.

Attachments:

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: ###isControlledByGovernmentYesNo###

Explanation:

Attachments:

3. 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

Applicant Company Name: ###proposedApplicantCompanyNameHeader###

FEIN: ###fein###

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summary of any attached contract.

Attachments:

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).

Answer:

Explanation:

Attachments: