**Uniform Certificate of Authority Application (UCAA)**
**BIOGRAPHICAL AFFIDAVIT COVER LETTER**
**HOLDING COMPANY STRUCTURE**

Affiant Name: _____

Group Name: _____

Group Code: _____

Purpose of Affidavit: Other (Specify Reason)

Applicant Company: _____

Insurers listed under group code:

| **Company Name and Address** | **NAIC Cocode** | **Position with the Company** | **Effective Date of Position** |
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Applicant Company Representative Contact Information:

Name: _____

Title: _____

Phone: _____

Email: _____

Signature: _____

Signature Date: _____


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Addendum Page for additional insurers listed under group code:

| Company Name and Address | NAIC Cocode | Position with the Company | Effective Date of Position |
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Addendum Page for additional insurers listed under group code:

| Company Name and Address | NAIC Cocode | Position with the Company | Effective Date of Position |
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