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

Affiant Name: _____

Group Name: _____

Group Code: _____

Purpose of Affidavit: _____

Applicant Company: _____

Insurers listed under group code:

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

Applicant Company Representative Contact Information:

Name: _____

Title: _____

Phone: _____

Email: _____

Signature: _____

Signature Date: _____

Addendum Page for additional insurers listed under group code:

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

Addendum Page for additional insurers listed under group code:

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