Applicant Company Name:	
NAIC No.:	FEIN:
affidavit question 6. Responses must be completed i	um pages are used for additional responses carried over from the biographical in the format provided below (unused sections may be left blank). The Professional e signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional
List of memberships in professional societies and ass	sociations:
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	
ASSOCIATION	
Affiant Signature:	Date:
Page of	