Uniform Certificate of Authority Application (UCAA)
Statement of Withdrawal
(Foreign Insurance Company Withdrawal/Complete Surrender of Certificate of Authority Application)

To the Insurance Commissioner/Director/Superintendent of the State of: ________________________________________

(Check the appropriate state in which this application is being submitted.)

Alabama  Montana
Alaska  Nebraska
Arizona  Nevada
Arkansas  New Hampshire
California  New Jersey
Colorado  New Mexico
District of Columbia  New York
Connecticut  North Carolina
Delaware  North Dakota
Florida  Ohio
Georgia  Oklahoma
Hawaii  Oregon
Idaho  Pennsylvania
Illinois  Puerto Rico
Indiana  Rhode Island
Iowa  South Carolina
Kansas  South Dakota
Kentucky  Tennessee
Louisiana  Texas
Maine  Utah
Maryland  Vermont
Massachusetts  Virginia
Michigan  Washington
Minnesota  West Virginia
Mississippi  Wisconsin
Missouri  Wyoming

The Uniform Certificate of Authority Statement of Withdrawal Application should be used to file a complete Surrender of the Certificate of Authority.

The ________________________________________________________ (Name of Applicant Company) is seeking to surrender its authority to transact business in ________________ (State) and returns for cancellation its Certificate of Authority* for the following reason:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

NAIC No.: ____________________________  Group Code: __________________

Proposed Effective Date of Withdrawal: ____________________________

Revised 08/18/2014
© 2024 National Association of Insurance Commissioners
Applicant Company Name: _____________________________   NAIC No. __________________________
FEIN:   __________________________

Home Office Address: _________________________________________________________________________________
City: _______________________________  State: ______________________ Zip Code: _________________________
Email Address: ____________________________________________________________

Administrative Office Address: __________________________________________________________________________
City: _____________________________________  State:   Zip Code: ________________________

Mailing Address: _____________________________________________________________________________________
City: _______________________________  State: ______________________ Zip Code: _________________________
Phone: ____________________________________  Fax: _____________________________________________

Has the Applicant Company’s designee to appoint and remove agents changed as a result of this corporate amendment?
Yes ☐  No ☐

If yes, please note the new designee (name natural persons only): _______________________________________________

Are these addresses the same as those shown on the Applicant Company’s Annual Statement?
Yes ☐  No ☐
If not, indicate why:
___________________________________________________________________________________________________
___________________________________________________________________________________________________

The following information is required of the individual (Applicant Company employee or paid consultant) who is authorized
to represent the Applicant Company before the department.

Name:  _____________________________________________________________________________________________
Title:  ______________________________________________________________________________________________
Mailing Address: _____________________________________________________________________________________
City: _______________________________  State: ______________________ Zip Code: _________________________
E-Mail Address: ______________________  Phone: _____________________ Fax: _____________________________

Please provide a listing of all other applications filed by the Applicant Company, or any of its affiliates, which are pending
before the Department.
___________________________________________________________________________________________________
___________________________________________________________________________________________________

State of domicile or port of entry: ________________________________________________________________

Date of issuance of the original certificate of authority in the state that the Applicant Company is withdrawing from:
__________________________________________________________

Name and full street address to which the Commissioner may mail a copy of any service of process against the withdrawing
Applicant Company.
Name: ________________________________________________________________
Street Address: _______________________________________________________________________________
City: _______________________________  State: ______________________ Zip Code: _________________________
E-Mail Address: ___________________________________
1. Have all assessments by guaranty associations or statutorily mandated insurance pools while admitted to the state been paid?

   Yes ☐   No ☐

   If no, please explain in an attachment to this statement.

2. Are there any regulatory actions in process, pending or in effect against the Applicant Company in any U.S. regulatory jurisdiction?

   Yes ☐   No ☐

   If yes, please explain in an attachment to this statement.

3. Is there any business in force or any outstanding claim liabilities, contingent liabilities, or lawsuits currently existing in this state?

   Yes ☐   No ☐

   If yes, please explain in an attachment to this statement.

4. Has the business in the state been transferred to another insurer in order to surrender the certificate of authority?

   Yes ☐   No ☐

   If yes, attach reinsurance agreement (separate approval prior to surrendering a Certificate of Authority is required in [list states]).

___________________________________________________________________________________________________
___________________________________________________________________________________________________

* If the Applicant Company is unable to locate its certificate of authority, submit an Affidavit of Lost Certificate of Authority (UCAA Form 15). The approval and subsequent withdrawal of Certificates of Authority may involve other state departments/agencies. Final approval resides with the regulator that is the recipient of this form.

NOTE: Please review the UCAA State-Specific Information page for additional information regarding the requirements for a particular state.
Applicant Company Officers’ Certification and Attestation

The two officers (listed below) of the Applicant Company must read the following very carefully:

1. We hereby certify, under penalty of perjury, that we have read the application, that we are familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. We are 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 us or the Applicant Company, or both, to civil or criminal penalties.

2. We acknowledge that we are 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 to withdraw or surrender its certificate of authority.

3. We acknowledge that we are the President/Vice President and Secretary/Assistant Secretary of the Applicant Company, are authorized to execute and are executing this document on behalf of the Applicant Company.

4. We hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at _______________________.

(Location)

_________________________________________________
Date

______________________________
Signature of President (or Vice President)

______________________________
Full Legal Name of President (or Vice President)

_________________________________________________
Date

______________________________
Signature of Secretary (or Assistant Secretary)

______________________________
Full Legal Name of Secretary (or Assistant Secretary)

_________________________________________________
Date

______________________________
Signature of Witness

______________________________
Full Legal Name of Witness