Uniform Certificate of Authority Application (UCAA) CERTIFICATE OF COMPLIANCE

I,, hereby certify that I am the* (Name) (Position) of the State of and have supervision of insurance business in said State and such, I hereby certify that (Name of Applicant Company) of is duly organized under the laws of said State and (City/State) is authorized to transact the business of is duly organized under the laws of said State and (Lines of Insurance)** insurance in this State. IN TESTIMONY WHEREOF, I have hereunto set my hand at(Location)	State of	(Office of
such, I hereby certify that	State of (Domiciliary State of Applicant Company)		(Commissioner, Superintendent, Officer)
of the State of and have supervision of insurance business in said State and such, I hereby certify that	Ι,	, hereby certify	that I am the*
such, I hereby certify that	(Name)		(Position)
of is duly organized under the laws of said State and (City/State) is authorized to transact the business of (Lines of Insurance)** insurance in this State. IN TESTIMONY WHEREOF, I have hereunto set my hand at (Location) on this day of, A.D. 20	of the State of	and hav	e supervision of insurance business in said State and as
of is duly organized under the laws of said State and (City/State) is authorized to transact the business of (Lines of Insurance)** insurance in this State. IN TESTIMONY WHEREOF, I have hereunto set my hand at (Location) on this day of, A.D. 20	such, I hereby certify that	(Name	of Applicant Company)
is authorized to transact the business of(Lines of Insurance)**insurance in this Stateinsurance in this Stateinsurance in this Stateinsurance in this State		×	
is authorized to transact the business of(Lines of Insurance)**insurance in this Stateinsurance in this Stateinsurance in this Stateinsurance in this State	of(Cit_/St.t.)		is duly organized under the laws of said State and
insurance in this State. IN TESTIMONY WHEREOF, I have hereunto set my hand at(Location) on this day of, A.D. 20(Month)			
insurance in this State. IN TESTIMONY WHEREOF, I have hereunto set my hand at	is authorized to transact the business of		
insurance in this State. IN TESTIMONY WHEREOF, I have hereunto set my hand at		(Lines of	Insurance)**
IN TESTIMONY WHEREOF, I have hereunto set my hand at (Location) on this day of, A.D. 20(Month)			
IN TESTIMONY WHEREOF, I have hereunto set my hand at (Location) on this day of, A.D. 20(Month)			
IN TESTIMONY WHEREOF, I have hereunto set my hand at (Location) on this day of, A.D. 20(Month)			
IN TESTIMONY WHEREOF, I have hereunto set my hand at (Location) on this day of, A.D. 20(Month)			·
on this day of, A.D. 20 (Location)			_ insurance in this State.
on this day of, A.D. 20 (Location)	NITESTIMONY WHEDEOF I have have to a	4	
on this day of, A.D. 20	IN TESTIMONY WHEREOF, I have hereunto se	at my nand at	(Location)
			(200000))
(Signature) (Printed Name)	on this day of (Month)	_, A.D. 20	
(Signature) (Printed Name)			
	(Signature)		(Printed Name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA