

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE**

State of _____
(Domiciliary State of Applicant Company)

Office of _____
(Commissioner, Superintendent, Officer)

I, _____, hereby certify that I am the* _____,
(Name) (Position)

of the State of _____ and have supervision of insurance business in said State and as

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 _____
(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____
(Month)

(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