



# **UCAAA Expansion Application**

## **Insurer User Guide**

**January 2022**

## National Association of Insurance Commissioners

NAIC Website .....<https://content.naic.org/>  
UCAA Company Login .....<https://ucaa.naic.org/login.html>  
UCAA Home Page .....<https://content.naic.org/industry/ucaa>

No part of this book may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or any storage or retrieval system, without written permission from the NAIC.

NAIC Executive Office  
444 North Capitol Street, NW  
Suite 700  
Washington, DC 20001  
202-471-3990

NAIC Central Office  
1100 Walnut Street  
Suite 1500  
Kansas City, MO 64106  
816-842-3600

Capital Markets &  
Investment Analysis Office  
One New York Plaza  
Suite 4210  
New York, NY 100044  
212-398-9000

# Table of Contents

## UCAA Expansion Application Insurer User Guide

<b>UCAA EXPANSION APPLICATION – OVERVIEW .....</b>	<b>1</b>
<b>COMPANY LOGIN .....</b>	<b>2</b>
<b>APPLICATION INFORMATION PAGE .....</b>	<b>6</b>
AUTHORIZED/EXPANSION STATES .....	7
LINE OF BUSINESS INFORMATION.....	8
State Lines of Business Matrix .....	9
COMPANY ADDRESS INFORMATION .....	10
Match Annual Statement.....	10
GENERAL COMPANY INFORMATION .....	11
AUTHORIZED REPRESENTATIVE .....	12
QUESTIONNAIRE.....	13
UNIFORM CONSENT TO SERVICE OF PROCESS .....	14
Exhibit A of the Uniform Consent to Service of Process .....	14
Exhibit B of the Uniform Consent to Service of Process.....	15
APPLICANT OFFICERS’ CERTIFICATION AND ATTESTATION .....	16
PRO FORMA FINANCIAL STATEMENTS.....	17
BIOGRAPHICAL AFFIDAVIT .....	20
Downloading a Form.....	20
<b>MAIN MENU .....</b>	<b>21</b>
EDIT APPLICATION INFORMATION.....	22
VIEW/PRINT UCAA FORMS .....	22
DOWNLOADING UCAA FORMS.....	22
Checklist .....	24
EMAIL .....	25
APPLICATION PROGRESS.....	28
VIEW GENERAL ATTACHMENTS .....	28
FINALIZATION OF THE ELECTRONIC EXPANSION APPLICATION.....	29
HELP .....	30
LOGOUT .....	30
FINISH APPLICATION.....	30
NOTIFICATIONS .....	31
<b>APPLICATION STATUS.....</b>	<b>31</b>
<b>AMEND APPLICATION .....</b>	<b>33</b>
<b>APPENDIX A.....</b>	<b>35</b>
CLONING AN EXPANSION APPLICATION .....	35
APPLICANT OFFICERS’ CERTIFICATION AND ATTESTATION .....	37
PRO FORMA FINANCIAL STATEMENTS.....	38
ATTACH DOCUMENTS .....	38

**This page intentionally left blank.**

## **UCAA EXPANSION APPLICATION – OVERVIEW**

The electronic format for the Uniform Certificate of Authority Expansion Application (UCAA) is a web-based system with three participants: 1) insurance company, 2) state of domicile, and 3) expansion state(s). Insurance companies access the electronic application via a specific Internet address or Uniform Resource Locator (URL).

Insurance companies are provided with an electronic checklist of requirements. The UCAA Expansion Application is customized to present the required information for each state involved in the filing. An “X” appears in the “Completed” column of the electronic checklist as each item on the list is satisfied. The application checklist also includes a list of required attachments; attachments are listed as completed online or as hardcopy submission. Those completed online will show as completed when the document is attached. When submitting hardcopy attachments, print the application checklist and submit with hardcopy requirements, such as filing fees. When the expansion application is submitted, a notification is sent to the state of domicile indicating that an application has been completed and requires certifications.

When the state of domicile completes the Certificate of Deposit (Form 6) and Certificate of Compliance (Form 7), a notification is automatically sent to the Applicant Company and to the expansion state(s) specified on the application that the certifications have been completed.

The expansion state should acknowledge receipt of the filing and accept it for completeness. The expansion state will review and analyze the filing. The request for licensure will then be accepted or closed. A notification of the final status of the filing will be sent automatically once a determination is made.

## COMPANY LOGIN

An insurance company accesses the electronic UCAA Expansion Application by using the following Internet address:

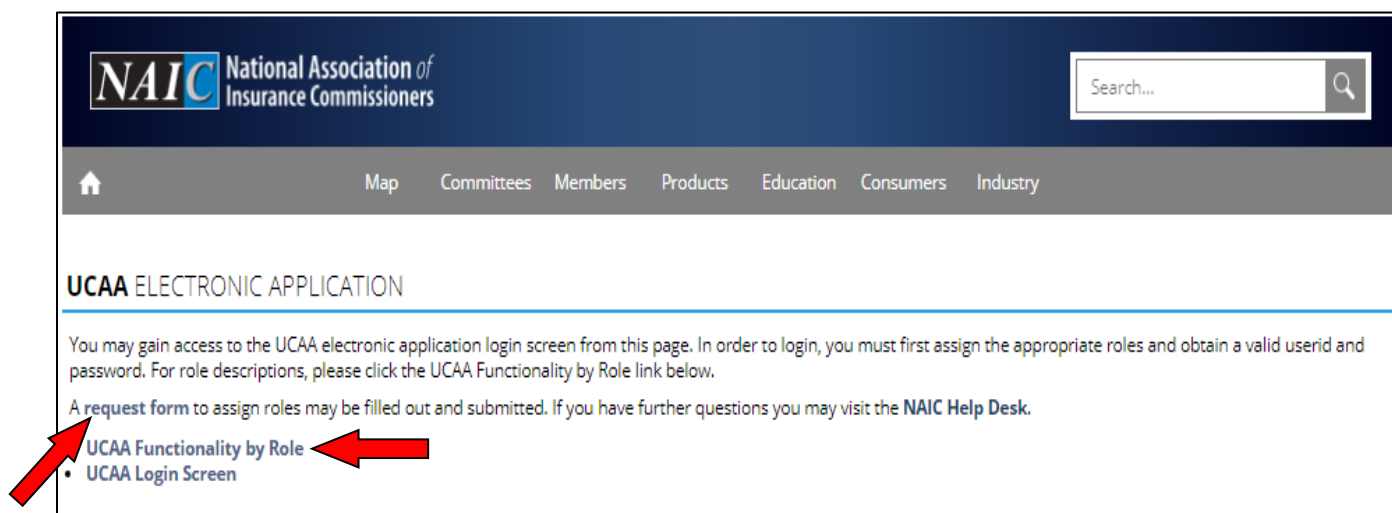
<https://content.naic.org/industry/ucaa>

The UCAA link is located at the bottom of the [www.naic.org](http://www.naic.org) Web page. The UCAA home page includes several links with instructions for the Electronic Application, Primary Application, Expansion Application and Corporate Amendments Application, as well as the State Retaliatory Information and Frequently Asked Questions (FAQ). Insurance companies click on the Electronic Application link on the UCAA login screen link to display the UCAA electronic login page.

Additionally, an insurance company can go directly to the electronic application by using the following Internet address:

<https://ucaa.naic.org/login.html>  
(Notice the absence of the “www”)

To request a login ID and password, first determine the user roles to be requested by clicking on **UCAA Functionality by Role**. After determining which roles the user will require, click the “**request form**” link. The UCAA ID and Password form will be displayed.



A user can have one or multiple roles and multiple NAIC CoCodes assigned to his or her ID. To deactivate a user ID or request additional NAIC CoCodes, notify the NAIC Help Desk at [help@naic.org](mailto:help@naic.org).


#### Company Interface Roles


Role	UCAA Role Name	Privileges
Analyst/Examiner	UCAA_COMPANY_ANALYST_EXAMINER_PR	Start New UCAA Application View Existing UCAA Application Send Email View Email Attachments and Download
Manager	UCAA_COMPANY_MANAGER_PR	Complete Existing UCAA application Amend Existing UCAA Application Send Email View Email Attachments and Download

#### Industry (Company) side

Function	Definition
Start New UCAA Application	Ability to create (edit) a filing before submission (pressing finish button). Includes all attachments and download functionality except finish application.
Complete Existing UCAA Application	Ability to edit and view an existing filing, and submit the filing. Includes all attachments and download functionality
View Existing UCAA Application	Ability to view the current version of a submitted filing, the status of the filing, with no edit capabilities. Includes all attachments and download functionality.
Amend Existing UCAA Application	Ability to modify or edit a submitted filing (Amend) This implies edit capabilities as well as the ability to submit (finish button) a filing which has already been previously submitted. Includes all attachments and download functionality.
Send Email	Ability to edit, attach documents and send emails
View Email	Ability to view email index for a filing, and view selected emails in detail
Attachments and Download	Ability to use all attachment buttons, including the questionnaire, proforma, application and general attachments. Download attachments/forms/emails by creating a zipped (compressed) file on the users PC. View/Print/Download individual forms.

To request a UCAA ID and password complete the UCAA ID and Password form, choose a valid UCAA role, and click **Submit**. Only one CoCode can be associated to the requested ID. To associate additional CoCodes to an ID, contact [help@naic.org](mailto:help@naic.org). User IDs should never be shared.


[HELP](#)
[Login](#)



### UCAA Id and Password Form

If you are a new user of the UCAA Company Licensing system and would like to obtain an id & password, please fill out the form below and click on the Submit Button.

**\* Required fields**

**First Name: \***

**Last Name: \***

**Position/Title: \***

**If Consultant, Firm Name:**

**Phone Number (999) 999-9999 : \***  ext.

**Your Email Address: \***

**Company Information**

**NAIC Cocode: \***

**Company Name: \***

**Company Street Address: \***

**City: \***

**State: \***

**ZipCode: \***

**Corporate Secretary or General Counsel**

**Name: \***

**Email Address: \***

**Phone Number (999) 999-9999 : \***  ext.


**Valid UCAA Roles: \*** For an explanation of roles click link [Display Role Information](#)

☐ UCAA\_COMPANY\_ANALYST\_EXAMINER

☐ UCAA\_COMPANY\_MANAGER

**Submit**

User role information is available on both the Insurance Industry Access page and the UCAA Expansion Request Login page.



**Welcome to the UCAA System.**

To create, edit, or review a UCAA Application, please click the UCAA button:


[UCAA](#)

If a new user to the UCAA Company Licensing System needs to request an ID & Password, please click the Request Login button:


[Request Login](#)

Click here for [UCAA Supported hours](#).

At the login page, enter the user ID and password, and click the **Login** button.



**NAIC** National Association of Insurance Commissioners



**Username**

**Password**

[Login](#)

Forgot your password? [Click Here.](#)

Need assistance with logging in?  
[Email Support](#) | [Call Support: \(816\) 783-8500](#)

By logging in, you agree to the NAIC's [Terms and Conditions.](#)



A login verification screen opens with the user information. Links to the UCAA checklist and instructions for both the expansion and corporate amendments applications are provided. User role information also is available on this page. Verify that the email address is correct. This is the email address used for all notifications and email correspondence with the applicant state.

**NAIC** National Association of Insurance Commissioners

ABOUT HELP UCAA Test Acct

**UCAA**

### Login Verification

User Id : ucaatestall  
 Name : UCAA Test Acct Jane Barr  
 Position/Title : Ucaa Tester  
 Phone Number :  
 Email Address : jbarr@naic.org

**Please Note:** All electronic applications older than 10 years will be removed on an annual basis (Jan.). The NAIC is not the repository for electronic applications.

Please select the NAIC company code:  **Proceed**

**What is required for a UCAA application?** [UCAA Expansion Checklist](#) [UCAA Corporate Amendment Checklist](#)

**Need Instructions using UCAA?** [Expansion Application Instructions](#) [Corporate Amendment Application Instructions](#)

**Does your ID have the correct UCAA roles?** [Display Role Information](#)

To start an expansion application, select an NAIC company code, and click the **Proceed** button. Multiple company codes can be associated with one UCAA login.

## New Expansion Application

- Click **Expansion Application** button to automatically start a new expansion application.

**NAIC** National Association of Insurance Commissioners

ABOUT HELP UCAA Test Acct

**UCAA**

### Application Selection

[Login Verification](#) >> Application Selection

#### Start a New UCAA Application:

To create an initial application select the button for the appropriate application type. To pre-populate a new Expansion or Statement of Withdrawal application from an existing one, click the clone button next to the Expansion or Statement of Withdrawal application buttons and select an application to clone.

Corporate Amendment **Expansion** Clone ... Notification / Form 14 Service of Process / Form 12 Withdrawal / Form 17 Clone ...


**UCAA Tracking Number** – The three zeros that follow the dash in the tracking number represent the filing revision number. The original version of the filing ends in “000.” When a revision is submitted, the tracking number for that filing will end with “001” for the first revision and “002” for the second revision and so forth. The numbering sequence continues with each revision.

#### Continue or Update an Existing UCAA Application:

Select the existing application of choice from the list below and click the tracking number link. Non-submitted applications are works in progress and have not yet been submitted for regulator review. Submitted applications are currently being reviewed by regulators. Once submitted, applications cannot be deleted; however they may be amended on a subsequent menu once the application is selected.

Non-submitted applications may be deleted by clicking the trash can icon for that application

#### Existing Applications for Cocode

Application Type ↑ ↓	Tracking Number ↑ ↓	Status	Change Type	Last Accessed ↑ ↓	Clone	Delete
Expansion Application	<a href="#">20793-002</a> 	Submitted, domiciliary state processing		12/07/2017		
Expansion Application	<a href="#">20607-000</a>	Non-submitted		10/30/2017		
Expansion Application	<a href="#">20609-000</a>	Non-submitted		10/09/2017		

## APPLICATION INFORMATION PAGE

To use the pre-population function, start with the first link **Authorized/Expansion States** provided, and work down to the last link. All duplicate information will populate into the forms.

Once the application is completed, select the **Finish Application** link on the main menu to complete/submit the application. If all the requirements of the application are not complete, the user will automatically be directed to the **Application Progress** link to see what section is still incomplete. An incomplete application will not validate the application for submission.

### Application Information

[Main Menu](#) >> Application Information

UCAA Tracking Number : 98765-000  
 Name of Insurer/Company Name : ABC Co  
 NAIC Company Code : 12345  
 FEIN : 23-1010101

#### Authorized/Expansion States

Please click the following link to designate the states in which you are currently authorized, and those states to which you are applying for expansion.

[Authorized/Expansion States](#)

#### Lines of Business Information

Please click the following link to indicate the Lines of Business for the selected states.

[Lines of Business Information](#)

## Authorized/Expansion States

The **Authorized/Expansion States** screen allows the user to select each state in which an expansion is requested. The **Select All** button enables all states to be selected if expanding to multiple states. The user also has the option to unselect the states that do not apply. The domiciliary state is always selected as an authorized state by default.

For each applicable state, please select either Authorized or Expansion. The UCAA application can only be used for Expansion into those states where the Applicant Company is not currently Authorized to do business. As such, selecting the Expansion option will automatically deselect the Authorized option, and vice versa. (Please note, the state of domicile will always be selected in the UCAA Electronic application as an Authorized state.)

Please check the appropriate application states.

Authorized Expansion State	Authorized Expansion State	Authorized Expansion State
<input type="checkbox"/> <input type="checkbox"/> Alabama	<input type="checkbox"/> <input type="checkbox"/> Louisiana	<input type="checkbox"/> <input type="checkbox"/> Ohio
<input type="checkbox"/> <input type="checkbox"/> Alaska	<input type="checkbox"/> <input type="checkbox"/> Maine	<input type="checkbox"/> <input type="checkbox"/> Oklahoma
<input type="checkbox"/> <input type="checkbox"/> Arizona	<input type="checkbox"/> <input type="checkbox"/> Maryland	<input type="checkbox"/> <input type="checkbox"/> Oregon
<input type="checkbox"/> <input type="checkbox"/> Arkansas	<input type="checkbox"/> <input type="checkbox"/> Massachusetts	<input type="checkbox"/> <input type="checkbox"/> Pennsylvania
<input type="checkbox"/> <input type="checkbox"/> California	<input type="checkbox"/> <input type="checkbox"/> Michigan	<input type="checkbox"/> <input type="checkbox"/> Puerto Rico
<input type="checkbox"/> <input type="checkbox"/> Colorado	<input type="checkbox"/> <input type="checkbox"/> Minnesota	<input type="checkbox"/> <input checked="" type="checkbox"/> Rhode Island
<input type="checkbox"/> <input type="checkbox"/> Connecticut	<input type="checkbox"/> <input checked="" type="checkbox"/> Mississippi	<input type="checkbox"/> <input type="checkbox"/> South Carolina
<input type="checkbox"/> <input type="checkbox"/> Delaware	<input checked="" type="checkbox"/> <input type="checkbox"/> <b>Missouri</b> <sup>^</sup>	<input type="checkbox"/> <input type="checkbox"/> South Dakota
<input type="checkbox"/> <input type="checkbox"/> District Of Columbia	<input type="checkbox"/> <input type="checkbox"/> Montana	<input type="checkbox"/> <input type="checkbox"/> Tennessee
<input type="checkbox"/> <input type="checkbox"/> Florida	<input type="checkbox"/> <input type="checkbox"/> Nebraska	<input type="checkbox"/> <input type="checkbox"/> Texas
<input type="checkbox"/> <input type="checkbox"/> Georgia	<input type="checkbox"/> <input type="checkbox"/> Nevada	<input type="checkbox"/> <input type="checkbox"/> Utah
<input type="checkbox"/> <input type="checkbox"/> Hawaii	<input type="checkbox"/> <input type="checkbox"/> New Hampshire	<input type="checkbox"/> <input type="checkbox"/> Vermont
<input type="checkbox"/> <input type="checkbox"/> Idaho	<input type="checkbox"/> <input type="checkbox"/> New Jersey	<input type="checkbox"/> <input type="checkbox"/> Virginia
<input type="checkbox"/> <input type="checkbox"/> Illinois	<input type="checkbox"/> <input type="checkbox"/> New Mexico	<input type="checkbox"/> <input type="checkbox"/> Washington
<input type="checkbox"/> <input type="checkbox"/> Indiana	<input type="checkbox"/> <input type="checkbox"/> New York	<input type="checkbox"/> <input type="checkbox"/> West Virginia
<input type="checkbox"/> <input type="checkbox"/> Iowa	<input type="checkbox"/> <input type="checkbox"/> North Carolina	<input type="checkbox"/> <input type="checkbox"/> Wisconsin
<input type="checkbox"/> <input type="checkbox"/> Kansas	<input type="checkbox"/> <input type="checkbox"/> North Dakota	<input type="checkbox"/> <input type="checkbox"/> Wyoming
<input type="checkbox"/> <input type="checkbox"/> Kentucky		

<sup>^</sup> State of Domicile

Click in the **Authorized** column to indicate the appropriate states where the applicant is currently authorized to transact business and is currently transacting business. The states selected should be similar to the financial filing of Schedule T.

A user cannot select both Authorized and Expansion. All authorized states must be selected.

After selecting the states, click the **Application Information** link to go back to the previous page.

Note: If the domiciliary state has changed, notify the NAIC by contacting [jheinz@naic.org](mailto:jheinz@naic.org).

## Line of Business Information

Identify the lines of business that the company is presently transacting or authorized to transact and the lines of business in which the Applicant Company is applying for in the expansion state(s). Each state link under expansion or authorized must be completed. If not completed, Form 3 will not validate, and the application cannot be submitted. This application is not intended for adding additional lines to an authorized state's certificate of authority. Refer to the Corporate Amendment Instructions – Adding a Line of Business.

UCAA Tracking Number	: 98765-000
Name of Insurer/Company Name	: ABC Co
NAIC Company Code	: 12345
FEIN	: 23-1010101

Click the state names to display the Lines of Business for that particular state.

\* See referenced footnotes at page bottom.

Tennessee

Expansion States	Lines of Business	Applying To Add
<a href="#">Alabama</a>	Life (TCA 56-2-201), (a)	<input type="checkbox"/>
<a href="#">Arizona</a>	Accident and Health (TCA 56-2-201), (a)	<input type="checkbox"/>
<a href="#">Tennessee</a>	Credit (TCA 56-2-201), (a)	<input type="checkbox"/>
<a href="#">Texas</a>	Variable Contracts (TCA 56-2-201), (a)	<input type="checkbox"/>
Authorized States	Property (TCA 56-2-201), (a), (b)	<input type="checkbox"/>
<a href="#">Michigan</a>	Vehicle (TCA 56-2-201), (a), (c)	<input type="checkbox"/>
<a href="#">Missouri</a>	Casualty (TCA 56-2-201) (a), (d)	<input type="checkbox"/>
	Surety (TCA 56-2-201) (a), (e)	<input type="checkbox"/>
	Title (TCA 56-35-112) (a)	<input type="checkbox"/>

### Authorized States

- Click the states listed under **Authorized States** on the left.
- Place a checkmark in the columns **Authorized to Transact** and **Currently Transacting** for the lines of business where the company is currently authorized.
- Click the **Application Information** to go back to the previous page.

Click the state names to display the Lines of Business for that particular state.

Missouri

Expansion States	Lines of Business	Authorized to Transact	Currently Transacting
<a href="#">Alabama</a>	<b>A - Life and Health (RSMo 376)</b>		
<a href="#">Arizona</a>	A1 - Life, Annuities and Endowments (376.010)	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Tennessee</a>	A2 - Accident and Health (376.010)	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Texas</a>	A3 - Variable Contracts (376.309)	<input type="checkbox"/>	<input type="checkbox"/>
Authorized States	H - Title (RSMo 381)	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Michigan</a>	<b>B - Property and Casualty (RSMo 379)</b>		
<a href="#">Missouri</a>	B1 - Property (379.010.1(1))	<input type="checkbox"/>	<input type="checkbox"/>
	B2 - Liability (379.010.1(2))	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>
	B3 - Fidelity and Surety (379.010.1(3))	<input type="checkbox"/>	<input type="checkbox"/>
	B4 - Accident and Health (379.010.1(4))	<input type="checkbox"/>	<input type="checkbox"/>
	B5 - Miscellaneous (379.010.1(5))	<input type="checkbox"/>	<input type="checkbox"/>

## State Lines of Business Matrix

The Lines of Business Matrix is located under UCAA Forms on the UCAA web page. Refer to this matrix to match the statutory line with the financial statement line of business if the Applicant Company is unsure which line of business to apply for on Form 3.

TENNESSEE		
P & C Exhibit of Premiums and Losses		
1	Fire	Property (TCA 56-2-201) (a) and (b)
2.1	Allied lines	Property (TCA 56-2-201) (a) and (b)
2.2	Multiple peril crop	Property (TCA 56-2-201) (a) and (b)
2.3	Federal flood	
2.4	Private crop	Property (TCA 56-2-201) (a) and (b)
2.5	Private flood	Property (TCA 56-2-201) (a) and (b)
3	Farmowners multiple peril	Property (TCA 56-2-201) (a) and (b)
4	Homeowners Multiple Peril	Property (TCA 56-2-201) (a) and (b)
5.1	Commercial multiple peril (non-liability portion)	
5.2	Commercial multiple peril (liability portion)	
6	Mortgage guaranty	Surety (TCA 56-2-201)(e)
8	Ocean marine	Property (TCA 56-2-201) (a) and (b)
9	Inland marine	Property (TCA 56-2-201) (a) and (b)
10	Financial guaranty	Casualty (TCA 56-2-201) (a) and (d)
11	Medical professional liability	Casualty (TCA 56-2-201) (a) and (d)
12	Earthquake	Property (TCA 56-2-201) (a) and (b)
13	Group accident and health	Accident and Health (a) (TCA 56-2-201)
14	Credit A & H (Group and Individual)	Accident and Health (a) (TCA 56-2-201)
15.1	Collectively renewable A & H	Accident and Health (a) (TCA 56-2-201)
15.2	Non-cancelable A & H	Accident and Health (a) (TCA 56-2-201)
15.3	Guaranteed renewable A & H	Accident and Health (a) (TCA 56-2-201)
15.4	Non-renewable for stated reasons only	
15.5	Other accident only	Accident and Health (a) (TCA 56-2-201)
15.6	Medicare Title XVIII exempt from state taxes or fees	
15.7	All other A & H	Accident and Health (a) (TCA 56-2-201)
15.8	Federal Employees Health Benefits Plan Premium	Accident and Health (a) (TCA 56-2-201)
16	Workers' compensation	Casualty (TCA 56-2-201) (a) and (d)
17.1	Other liability – occurrence	Casualty (TCA 56-2-201) (a) and (d)
17.2	Other liability – claims made	Casualty (TCA 56-2-201) (a) and (d)
17.3	Excess workers' compensation	
18	Products liability	Casualty (TCA 56-2-201) (a) and (d)
19.1	Private passenger auto no-fault (personal injury protection)	Casualty (TCA 56-2-201) (a) and (d); TCA 56-2-201 (7)(A)
19.2	Other private passenger auto liability	Casualty (TCA 56-2-201) (a) and (d); TCA 56-2-201 (7)(A)
19.3	Commercial auto no-fault (personal injury protection)	Casualty (TCA 56-2-201) (a) and (d); TCA 56-2-201 (7)(A)
19.4	Other commercial auto liability	Casualty (TCA 56-2-201) (a) and (d); TCA 56-2-201 (7)(A)
21.1	Private passenger auto physical damage	Casualty (TCA 56-2-201) (a) and (d); TCA 56-2-201 (7)(A)
21.2	Commercial auto physical damage	Casualty (TCA 56-2-201) (a) and (d); TCA 56-2-201 (7)(A)

To search for a specific state:

- **CTRL F** – Keyboard shortcut for Find.
- Type in the state name.
- Click the **Find Next** button.

To save the business matrix:

- Go to the **Menu Bar**.
- Click **File, Save As**.
- Choose a location.
- Click **Save**.


To close the business matrix:



- Click on the back button on the toolbar.

## Company Address Information

The company address information lists all the addresses associated with the insurer. The user can populate all the addresses with the home address information by clicking the **Yes** radio button at the top of the page. To navigate to the other addresses, click the menu choices on the left, or use the **Next Address** link below. The user can change any address information by clicking on the menu on the left or the **Next Address** link on the bottom.

Select an address from the menu on the left, or use the NEXT ADDRESS link below to navigate through the Applicant Company addresses individually.

Populate all other addresses with Home Address Information ☐ Yes ☒ No 

Applicant Company Address	Home Office
<a href="#">Home Office</a> <a href="#">Administrative Office</a> <a href="#">Mailing</a> <a href="#">Billing</a> <a href="#">Premium Tax Statement</a> <a href="#">Producer Licensing</a> <a href="#">Rate/Form Filing</a> <a href="#">Consumer Affairs</a>	<p>Street Address 1: * 100 Main</p> <p>Street Address 2: </p> <p>City: * Kansas City</p> <p>State: * MO</p> <p>Zip Code: * 64106</p> <p>Phone: * 816-111-1111 Ext. 1111</p> <p>Fax 816-111-2222 Ext. 2222</p> <p>E-mail test@ucca.com</p> <p>Match Annual Statement? * <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If No, then indicate why:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Characters typed: 0 (Allowed explanation length: 650) </p>

\* Identifies required fields.

[Next Address](#)      [Application Information \(Previous Page\)](#)




### Match Annual Statement

If the address matches the company's annual statement, click the **Yes** radio button. If **No** is selected, an explanation must be entered in the text box to validate this section of Form 2C and proceed with the application. The explanation text box is limited to 650 characters. An indicator box is provided to track the text characters.

After completing the company address information, click the Application Information link to go to the previous page.

## General Company Information

This form contains information about the general business history of the company. Fields that require a date must follow the example format to the right of the field (e.g., mm/dd/yyyy). The fields that require currency information need to contain a total value.

 National Association of Insurance Commissioners		<a href="#">ABOUT</a> <a href="#">HELP</a>  UCAA Test Acct
		
<b>General Information</b>		
<a href="#">Main Menu</a> > > <a href="#">Application Information</a> > > <a href="#">General Company Information</a>		
UCAA Tracking Number : Name of Insurer/Company Name : NAIC Company Code : FEIN :	98765-000 ABC Co 12345 23-1010101	
What is the company's incorporated date?	<input type="text"/>	MM/DD/YYYY
What form of organization is the company? Please select from the drop down to the right. *	<input type="text"/>	
If Other, please specify	<input type="text"/>	
What is the date the company was organized?	<input type="text"/>	MM/DD/YYYY
What is the date of the company's last amendment of Charter, Bylaws, or Subscriber's Agreement?	<input type="text"/>	MM/DD/YYYY
What is the date of the company's last Financial Examination? *	<input type="text"/>	MM/DD/YYYY
What is the date of the company's last Market Conduct Examination?	<input type="text"/>	MM/DD/YYYY
What is the Par Value of Issued Stock? *	\$ <input type="text"/>	
What is the amount of Surplus as regards to policyholders? *	\$ <input type="text"/>	
What is the amount of Certificate of Deposit (with the state of domicile)? *	\$ <input type="text"/>	
Who is ultimate owner/holding company? *	<input type="text"/>	
Has the company ever been refused admission to this or any other state prior to the date of this application? *	<input type="radio"/> Yes <input type="radio"/> No	
If yes, please provide a full explanation in the text box, or attach supporting documentation		
<input type="text"/>		
Characters typed: 0 (Allowed explanation length: 700)		
<b>Attachment</b>		
Is the applicant company a member of a group that is required to file an Own Risk Solvency Assessment (ORSA) report with its lead state? *		
<input type="radio"/> Yes <input type="radio"/> No		
Is the applicant company required to file an ORSA report with its lead state? *		
<input type="radio"/> Yes <input type="radio"/> No		
If yes to either ORSA question, please provide:		
Lead State	<input type="text"/>	

After completing the general company information, click the **Application Information** link to go to the previous page.

Note: Items identified with an asterisk must be completed. To move from the General Company Information page without completing all required information, use the browser back button.

## Authorized Representative

The following information is required of the individual who is authorized to represent the Applicant Company before the Department of Insurance (DOI). If the Applicant Company does not employ the representative, please complete the Additional Company Contact form to identify a company representative to facilitate detailed financial information requests. Select an address link from the menu on the left, or use the **Additional Company Contact** link at the bottom of the page to navigate through the representative addresses individually.

The following information is required of the individual who is authorized to represent the Applicant Company before the Department. If the representative is not employed by the Applicant Company, please provide a company contact person to facilitate detailed financial information requests.

Select an address from the menu on the left, or use the Additional Company Contact link at the bottom of the page to navigate through the representative addresses individually.

Representative Addresses	Authorized Representative
<a href="#">Authorized Representative</a> <a href="#">Additional Applicant Company Contact</a>	<div> <div> <div>First Name *</div> <div>Mickey</div> </div> <div> <div>Last Name *</div> <div>Mouse</div> </div> <div> <div>Title</div> <div>President</div> </div> <div> <div>Street Address 1 *</div> <div>100 Main</div> </div> <div> <div>Street Address 2</div> <div></div> </div> <div> <div>City *</div> <div>Kansas City</div> </div> <div> <div>State *</div> <div>Missouri</div> </div> <div> <div>Zip Code *</div> <div>64106</div> </div> <div> <div>Phone *</div> <div>816-111-1111</div> <div>Ext. 1111</div> </div> <div> <div>Fax</div> <div>816-111-2223</div> <div>Ext. 2222</div> </div> <div> <div>E-mail *</div> <div>test@uca.com</div> </div> </div> <div> <div> <div>Please provide a listing of all other applications filed by the Applicant Company, or any of its affiliates, which are pending before the expansion states' Departments.</div> <div>test</div> </div> <div> <div>Pending Applications</div> <div></div> </div> </div> <div> <div>Characters typed: 4 (Allowed text length: 4000)</div> </div>


\* Identifies required fields.



## Questionnaire

The questionnaire displays each question one at a time. Click the links to the left of the page to navigate to the next question or click the **Next** link on the bottom of the page to proceed to the next question. Click the **Application Information** link to return to the Application Information page.

**Directions:** All questions should be answered either **Yes** or **No**. Short explanations (five rows or less; 650 characters or less) may be entered directly into the text boxes provided. If a longer explanation is required, use an electronic attachment. Click the attachment button provided under the appropriate question and identify the document to be attached. The attached document also should provide an identifier in the header or footer of the attachment indicating the question number the response is provided for (i.e., Q2A). Once a question has been answered completely, the question number font will change in the left-hand side to denote which question requires a response before the form will validate.

<p><b>Questionnaire Pages</b></p> <p>01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30</p> 	<p>2.</p> <p>A.</p> <p>Has the Applicant Company transferred or encumbered any portion of its assets or business, or has its outstanding capital stock been directly or indirectly pledged?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If the answer to the question above is Yes, please provide the details in writing below:</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Characters typed: 4 (Allowed explanation length: 700)</p> <p><a href="#">Attachment</a></p> <p>B.</p> <p>Has the Applicant Company merged or consolidated with any other company within the last five years?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If the answer to the question above is Yes, please provide the details in writing below:</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Characters typed: 0 (Allowed explanation length: 700)</p> <p><a href="#">Attachment</a></p>
<p><a href="#">Next</a> <a href="#">Application Information</a></p>	

If an applicant denotes a question as **Not Applicable**, an explanation must be provided. For some questions, if an applicant denotes a question as **Yes**, further details may be required.

<p><b>Questionnaire Pages</b></p> <p>01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30</p>	<p>26.</p> <p>Are any of the Applicant Company's policies being sold in connection with a mutual fund or investment in securities?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable</p> <p>If yes, supply details including all sales literature that refers to the insurance and mutual fund or other investment plan connection.</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Characters typed: 0 (Allowed explanation length: 700)</p> <p><a href="#">Attachment</a></p>
<p><a href="#">Next</a> <a href="#">Application Information</a></p>	

## Uniform Consent to Service of Process

For some states, notification of a lawsuit against a company doing business in that state must first be sent to the insurance commissioner (notification only) and then forwarded to the company that is being sued. In some cases, the insurance department requires that the commissioner AND an appointed agent in that state receive notification. In either case, the notification is forwarded to the company. This form lists key names and contact information for the insurer and each state where the company is authorized to do business.

**UCAA**

**Consent to Service of Process**

Main Menu >> Application Information >> Consent to Service of Process

UCAA Tracking Number : 104589-000  
 Name of Insurer/Company Name: FDR-IDR Test Company 10002  
 NAIC Company Code : 10002  
 FEIN : 31-0921854

**Uniform Consent to Service of Process Information**

Designation of this consent \* ☐ Original ☐ Amended

Previous name of the company (if applicable) \_\_\_\_\_

Home office address

Street address \* 100 Main

City \* Kansas City

State \* Missouri

Zip Code \* 64106

Organized under the laws of \* Missouri

Regulated under the laws of \* Missouri

Please provide information about the states to which a designated agent is being appointed for receipt of service of process.

[Exhibit B](#) \* Click here to enter state address information. [State Requirements](#)

**Resolution Information:**

Name of the president of the company? \_\_\_\_\_

Name of the secretary of the company \* \_\_\_\_\_

Date Signed \* \_\_\_\_\_

I hereby certify that checking this box is the equivalent of my signature \*

Effective date of the resolution \* \_\_\_\_\_

Authorized date \* \_\_\_\_\_

Board of Directors or governing board meeting date (if applicable) \_\_\_\_\_

Written consent date (if applicable) \_\_\_\_\_

\* Identifies required fields.

Signature Selection:

Mickey Mouse  
 Donald Duck  
☒ 03/02/2020  
☐ 03/02/2020  
☐ 03/02/2020

Selecting this box is the equivalent to an actual signature.

Exhibit A of the Uniform Consent to Service of Process

The **Exhibit A/State Requirements** link is located in the center of Form 12.

**State Requirements for UCAA Consent to Service of Process**

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent/in that State for receipt of service of process:

<input type="checkbox"/> AL Commissioner of Insurance # and Resident Agent *	<input type="checkbox"/> MO Director of Insurance #
<input type="checkbox"/> AK Director of Insurance #	<input type="checkbox"/> MT Resident Agent *
<input type="checkbox"/> AZ Director of Insurance # ^	<input type="checkbox"/> NE Officer of Company * or Resident Agent * (circle one)
<input type="checkbox"/> AR Resident Agent *	<input type="checkbox"/> NH Commissioner of Insurance #
<input type="checkbox"/> AS Commissioner of Insurance #	<input type="checkbox"/> NV Commissioner of Insurance Commission # ^
<input type="checkbox"/> CO Commissioner of Insurance # or Resident Agent * (circle one)	<input type="checkbox"/> NJ Commissioner of Banking and Insurance # ^
<input type="checkbox"/> CT Commissioner of Insurance #	<input type="checkbox"/> NM Superintendent of Insurance #
<input type="checkbox"/> DE Commissioner of Insurance #	<input type="checkbox"/> NY Superintendent of Financial Services #
<input type="checkbox"/> DC Commissioner of Insurance and Securities Regulation # or Local Agent * (circle one)	<input type="checkbox"/> NC Commissioner of Insurance #
<input type="checkbox"/> FL Chief Financial Officer # ^	<input type="checkbox"/> ND Commissioner of Insurance # ^
<input type="checkbox"/> GA Commissioner of Insurance and Safety Fire # and Resident Agent *	<input type="checkbox"/> OH Resident Agent *
<input type="checkbox"/> GU Commissioner of Insurance #	<input type="checkbox"/> OR Resident Agent *
<input type="checkbox"/> HI Insurance Commissioner # and Resident Agent *	<input type="checkbox"/> OK Commissioner of Insurance #
<input type="checkbox"/> ID Director of Insurance # ^	<input type="checkbox"/> PR Commissioner of Insurance #
<input type="checkbox"/> IL Director of Insurance #	<input type="checkbox"/> RI Superintendent of Insurance # ^
<input type="checkbox"/> IN Resident Agent *	<input type="checkbox"/> SC Director of Insurance #
<input type="checkbox"/> IA Commissioner of Insurance #	<input type="checkbox"/> SD Director of Insurance # ^
<input type="checkbox"/> KS Commissioner of Insurance # ^	<input type="checkbox"/> TN Commissioner of Insurance #
<input type="checkbox"/> KY Secretary of State #	<input type="checkbox"/> TX Resident Agent *
<input type="checkbox"/> LA Secretary of State #	<input type="checkbox"/> UT Resident Agent * ^
<input type="checkbox"/> MD Insurance Commissioner #	<input type="checkbox"/> VT Resident Agent *
<input type="checkbox"/> ME Resident Agent * ^	<input type="checkbox"/> VI Lieutenant Governor/Commissioner #
<input type="checkbox"/> MI Resident Agent *	<input type="checkbox"/> WA Insurance Commissioner #
<input type="checkbox"/> MN Commissioner of Commerce ~	<input type="checkbox"/> WV Secretary of State # @
<input type="checkbox"/> MS Commissioner of Insurance and Resident Agent * BOTH are Required	<input type="checkbox"/> WY Commissioner of Insurance #

All states selected on the Change States screen are automatically checked on Exhibit A, and the forwarding address or resident agent information for these states must be completed on Exhibit B.

### Exhibit B of the Uniform Consent to Service of Process

Exhibit B is a link within this information page. Select an expansion state name from the menu on the left or use the **Next Address** link at the bottom of the page to navigate through the state addresses individually. Select the **Consent to Process (Previous Page)** link at the bottom of the page to return to Exhibit B.

Helpful hint: When the user completes the forwarding address information for the first state listed, that forwarding address information will prepopulate to the other remaining expansion states that require a forwarding address. All resident agent information must be entered for each state that requires a resident agent.

UCAA Tracking Number	:	98765-000
Name of Insurer/Company Name	:	ABC Co
NAIC Company Code	:	12345
FEIN	:	23-1010101

Select a state name from the menu on the left, or use the Next Address link at the bottom of the page to navigate through the state addresses individually. Select the "Consent to Process (Previous Page)" link at the bottom of the page to return to Consent to Process page.

### Alabama

<b>Selected States</b> <a href="#">Alabama</a> <a href="#">Arizona</a> <a href="#">Tennessee</a> <a href="#">Texas</a>	<b>Address for Forwarding Service of Process</b>	
	Name *	Minnie Mouse
	Phone Number	
	FAX Number	
	Email Address	mmouse@progressive.com
	Mailing Address *	111 Main St
	City *	Mobile
	State *	AL Zip Code * 11111
	Street Address *	111 Main St
	City *	Mobile
	State *	AL Zip Code * 11111
	<b>Resident Agent Address</b>	
	Name *	Minnie Mouse
	Phone Number	
FAX Number		
Email Address	mmouse@progressive.com	
Mailing Address *	111 Main St	
City *	Mobile	
State *	AL Zip Code * 11111	
Street Address *	111 Main St.	
City *	Mobile	
State *	AL Zip Code * 11111	

\* Identifies required fields.

[Next Address](#)
[Consent to Process \(Previous Page\)](#)

The **State Information** tab on the UCAA website includes the **State-Specific Requirements**. To review the **State-Specific Requirements**, click on the drop-down box to select a specific state.

UCAA STATE-SPECIFIC INFORMATION

Some jurisdictions may require additional authorizations other than a Certificate of Authority. The information provided in this section is intended to assist applicants in obtaining all necessary approvals. Click the links below to access specific information for that state.

State Specific Information

Select a state or jurisdiction to access state specific information

SELECT STATE

**Applicant Officers’ Certification and Attestation**

This form identifies the person completing the application and the executed date for the document.

**Applicant Officers' Certification and Attestation**

[Main Menu](#) >> [Application Information](#) >> [Applicant Officers' Certification and Attestation](#)

UCAA Tracking Number

Name of Insurer/Company Name

NAIC Company Code

FEIN

:

:

:

:

98765-000

ABC Co

12345

23-1010101

What position do you hold that authorizes you to execute this document on behalf of the applicant?

At what location are you executing this document?

[Officer Legal Names and Signatures](#)

[Application Information](#)

Type in the position held that is authorized to execute this document on behalf of the applicant and the location in which the document was executed. Then click the **Officer Legal Names and Signatures** link.

**Officer Legal Names**

[Main Menu](#) >> [Application Information](#) >> [Applicant Officers' Certification and Attestation](#) >> [Officer Legal Names](#)

UCAA Tracking Number	:	98765-000
Name of Insurer/Company Name	:	ABC Co
NAIC Company Code	:	12345
FEIN	:	23-1010101

Select from the menu on the left, or use the Next Name link to navigate through the officer legal names individually.

**Officer Legal Names**  
[President](#)  
[Secretary](#)  
[Treasurer](#)  
[Witness](#)

President

First Name: \*

Middle Name: \*

Last Name: \*

Date Signed: \*

☒ I hereby certify that checking this box is the equivalent of my signature

Selecting this box is the equivalent to an actual signature.

\* Identifies required fields.

[Next Name](#) [Certification and Attestation \(Previous Page\)](#)

The insurer is then prompted to enter the president, secretary, treasurer and witness information. One of the three officers listed and the witness must complete the Officer Certification and Attestation.

Helpful hint: The person completing the application on behalf of the company may want to keep a signed copy of the Certification and Attestation for his or her records as assurance that the officer of the company is knowledgeable of the application being submitted. Only those officers listed can sign the document.

## Pro Forma Financial Statements

The insurer must first download the UCAA proforma by clicking the **UCAA Pro Forma Financial Statements** link. The pro forma must be the same business type as the company's financial statement filings. A Microsoft message appears alerting the users to macros in the Microsoft Excel file.

**Pro Forma Financial Statements**

[Main Menu](#) >> [Application Information](#) >> [Pro Forma Financial Statements](#)

UCAA Tracking Number	:	98765-000
Name of Insurer/Company Name	:	ABC Co
NAIC Company Code	:	12345
FEIN	:	23-1010101

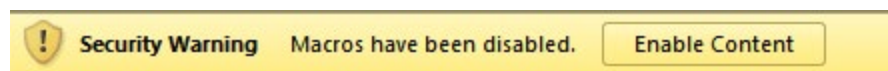
In order to complete the Pro Forma Financial Statements, click the link below.

**After completing the Microsoft Excel spreadsheet and saving the spreadsheet, click the Attachment button next to the spreadsheet description and complete the attach process to include the spreadsheet with this filing. The spreadsheets are large files, so the download process may take longer than expected.**

[UCAA Pro Forma Property and Casualty Financial Statement](#)

[Application Information \(Previous Screen\)](#)

Click on “**Enable Content**” to accept the macros.



After the form opens, follow the instructions on the worksheet. Type the company name and year in the spaces provided. Check the boxes to choose the states to be completed. Then, beneath the instructions, click the **Create Selected State Worksheets** button. The formula cells in the workbook are protected, and passwords are not provided. When copying financial data into the worksheet, use the **Paste Special** command.

**UCAA Proforma Financial Statements**  
Property and Casualty Insurance Company

**UCAA**  
Uniform Certificate  
of Authority Application

**Instructions**

1. Enter the Applicant Company Name below
2. Enter the first full year of the proformas (the first full year of operation).
3. Select the states to be completed for proformas by clicking the check boxes on the right and then click on the "Create Selected State Worksheets" button below.
4. Complete all sections of the proforma statements contained on each tab below.
5. Note that several tabs contain worksheets for 3 years of data. Be sure to complete all years of data.
6. Do not "Cut" and "Paste" cells in the worksheets. Use "Copy" and "Paste" instead.
7. For additional guidance, refer to the FAQ's on the UCAA webpage.

**Create Selected State Worksheets**

Enter the Applicant Company Name:

Applicant Company Name

Year 1:  

Year 2: 1

Year 3: 2

**Delete Selected State Worksheets**

<input type="checkbox"/>	AK	Alaska	<input type="checkbox"/>	MT	Montana
<input type="checkbox"/>	AL	Alabama	<input type="checkbox"/>	NC	North Carolina
<input type="checkbox"/>	AR	Arkansas	<input type="checkbox"/>	ND	North Dakota
<input type="checkbox"/>	AS	American Samoa	<input type="checkbox"/>	NE	Nebraska
<input type="checkbox"/>	AZ	Arizona	<input type="checkbox"/>	NH	New Hampshire
<input type="checkbox"/>	CA	California	<input type="checkbox"/>	NJ	New Jersey
<input type="checkbox"/>	CO	Colorado	<input type="checkbox"/>	NM	New Mexico
<input type="checkbox"/>	CT	Connecticut	<input type="checkbox"/>	NV	Nevada
<input type="checkbox"/>	DC	District Of Columbia	<input type="checkbox"/>	NY	New York
<input type="checkbox"/>	DE	Delaware	<input type="checkbox"/>	OH	Ohio
<input type="checkbox"/>	FL	Florida	<input type="checkbox"/>	OK	Oklahoma
<input type="checkbox"/>	GA	Georgia	<input type="checkbox"/>	OR	Oregon
<input type="checkbox"/>	GU	Guam	<input type="checkbox"/>	PA	Pennsylvania
<input type="checkbox"/>	HI	Hawaii	<input type="checkbox"/>	PR	Puerto Rico
<input type="checkbox"/>	IA	Iowa	<input type="checkbox"/>	RI	Rhode Island
<input type="checkbox"/>	ID	Idaho	<input type="checkbox"/>	SC	South Carolina
<input type="checkbox"/>	IL	Illinois	<input type="checkbox"/>	SD	South Dakota
<input type="checkbox"/>	IN	Indiana	<input type="checkbox"/>	TN	Tennessee
<input type="checkbox"/>	KS	Kansas	<input type="checkbox"/>	TX	Texas
<input type="checkbox"/>	KY	Kentucky	<input type="checkbox"/>	UT	Utah
<input type="checkbox"/>	LA	Louisiana	<input type="checkbox"/>	VA	Virginia
<input type="checkbox"/>	MA	Massachusetts	<input type="checkbox"/>	VI	U.S. Virgin Islands
<input type="checkbox"/>	MD	Maryland	<input type="checkbox"/>	VT	Vermont
<input type="checkbox"/>	ME	Maine	<input type="checkbox"/>	WA	Washington
<input type="checkbox"/>	MI	Michigan	<input type="checkbox"/>	WI	Wisconsin
<input type="checkbox"/>	MN	Minnesota	<input type="checkbox"/>	WV	West Virginia
<input type="checkbox"/>	MO	Missouri	<input type="checkbox"/>	WY	Wyoming
<input type="checkbox"/>	MS	Mississippi			

If states were added to this spreadsheet in error:

1. Select the states to be deleted by clicking the check boxes on the right.
2. Click on the "Delete Selected State Worksheets"

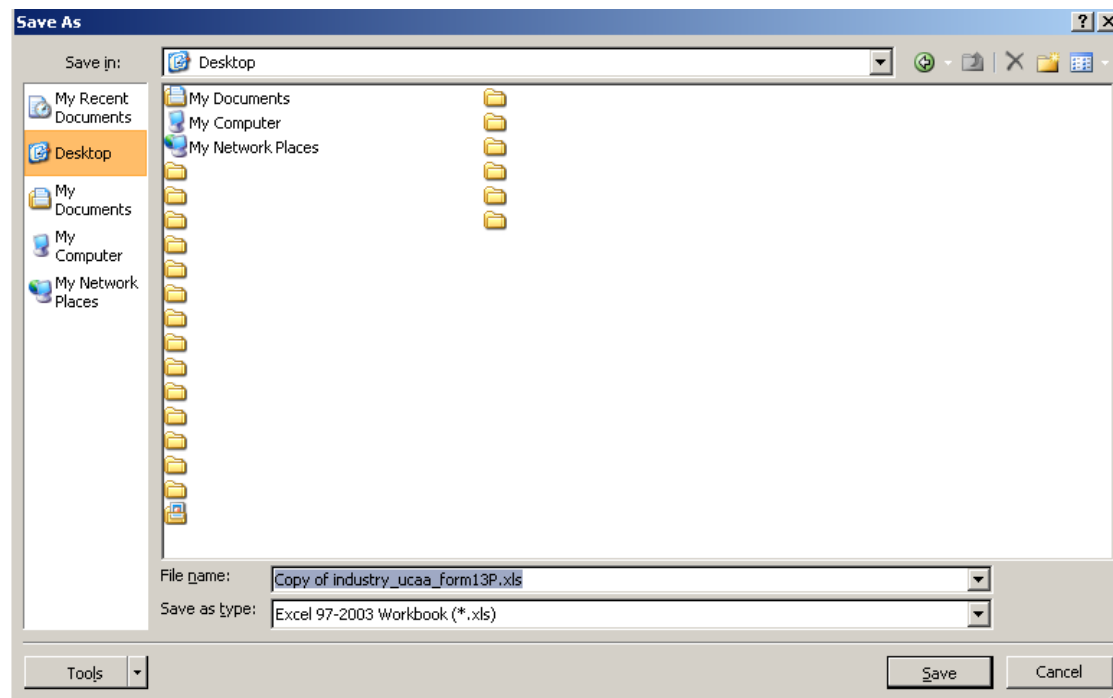
To save the worksheet:

- Close the browser window.
- The user will be prompted to save the file.
- Click **Yes** to save the changes and the file.

© 2023 National Association of Insurance Commissioners

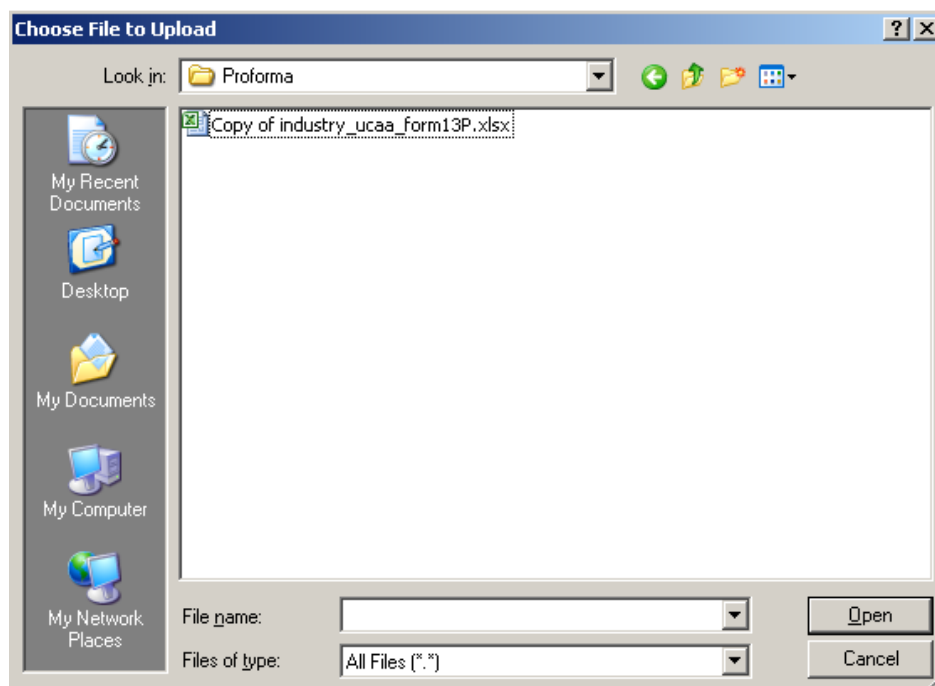
18

Choose the location to save the file and click **Save**.



To attach the completed Pro Forma Financial Statement:

- Click the **Browse** button.
- Click the file to attach.
- Click **Open**.
- Click **Submit**.
- Click **Close**.
- Click the **Application Information** link to go back to the Application Information page.



## Biographical Affidavit

The most current form of the Biographical Affidavit must be used and is available for download from the **Expansion Application** tab on the NAIC/UCAA website. Older versions of the same form are not acceptable.

The screenshot shows the UCAA website interface. At the top, there are four tabs: 'State Information', 'Primary App', 'Expansion App' (which is selected), and 'Corporate Amendment App'. Below the tabs, there is a section titled 'WHICH APPLICATION SHOULD I USE?' with three paragraphs of text explaining the different application types. Below this, there are links for 'Electronic Application', 'Expansion Application Insurance Industry User Guide', and 'Expansion Application Instructions'. The main section is titled 'UCAA Forms' and contains a table with the following data:

Form #	Form Name	Format
1E	Expansion Checklist	Word PDF
2E	Expansion Application	Word PDF
3	Lines of Insurance	Word PDF
	Lines of Business Matrix	Word PDF
6	Certificate of Compliance	Word PDF
7	Certificate of Deposit	Word PDF
8	Questionnaire (Primary and Expansion)	Word PDF
11	NAIC Biographical Affidavit	PDF See FAQs

A red arrow points to the 'NAIC Biographical Affidavit' form (Form # 11) in the table.

## Downloading a Form

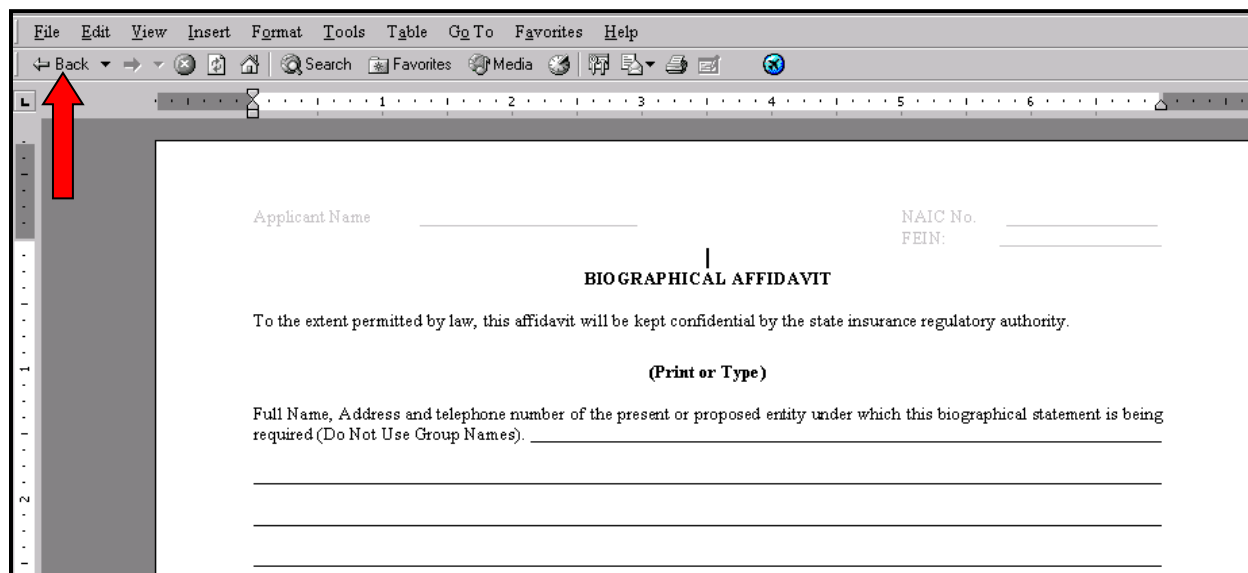
Click on the Microsoft Word or Adobe portable document file (PDF) file format. (The form opens in the same window as the UCAA application.)

- Go to the **Menu Bar**.
- Click **File** and then **Save As**.
- Choose a location.
- Click **Save**.



**CAUTION:** Do not confuse the document window with Microsoft Word or Microsoft Excel. Use the **Back** browser button when finished with the document—not the **Exit** button. The **Exit** button will close the Internet browser and require the user to log in again. See the following screen view.

Helpful hint: If a background investigation report is required, select an approved vendor from the NAIC/UCAA website several weeks prior to submitting your expansion application. All required items of the application should be sent to the DOI within a short time frame so that the review of the application is not interrupted waiting on information.



The screenshot shows a web browser window with a menu bar (File, Edit, View, Insert, Format, Tools, Table, Go To, Favorites, Help) and a toolbar. A red arrow points to the 'Back' button in the toolbar. The main content area displays a form titled 'BIOGRAPHICAL AFFIDAVIT'. The form includes fields for 'Applicant Name' and 'NAIC No.'/ 'FEIN:'. Below the title, it states: 'To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.' followed by '(Print or Type)'. The form also contains a section for 'Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names)' with several lines for text entry.

## MAIN MENU

There is a link on the main menu to all the sections of the expansion application. The **Main Menu** screen is seen when the insurer opens an existing application.

Expansion Application Main Menu	
<a href="#">Application Selection</a> >> Main Menu	
UCAA Tracking Number	: 98765-000
Name of Insurer/Company Name	: ABC Co
NAIC Company Code	: 12345
FEIN	: 23-1010101
Click the link to the left of the corresponding description.	
<a href="#">Edit Application Information</a>	To allow data changes on the informational forms.
<a href="#">View/Print/Download UCAA Forms</a>	To view or print UCAA application information, or download the entire UCAA application as submitted to regulators.
<a href="#">Email</a>	To send, view, or reply to an email regarding your application.
<a href="#">Application Progress</a>	To view the progress of the application.
<a href="#">Attach/View General Attachments</a>	To attach or view general attachments that apply to the application as a whole.
<a href="#">Finish Application</a>	To complete the application.
<a href="#">Help</a>	To link to help files.
<a href="#">Logout</a>	To log out of the UCAA system.

**Edit Application Information**

The users can log out of the application at any time during the completion process. When logging in to an existing application, the insurer is directed to the **Main Menu**. To access the application, select the **Edit Application Information** link to continue working on the application. The application will save automatically when selecting the links provided in the application.

**View/Print UCAA Forms**

The completed UCAA forms within the UCAA portal are located in the view application screen. Printing and downloading the actual form are available to the user, if needed. Click the **View/Print UCAA Forms** link for options. This is the only option to view the checklist, Form 1E. The checklist is not an editable form and can only be downloaded or printed.

Helpful hint: When submitting an application to several states—even states that prefer hardcopy—complete the electronic application for all states and print a copy of the entire application for hardcopy submissions.

Click the following link to [download the entire application in a single archive](#).

Click the link below to view the actual UCAA document to be printed. To print the document, select print from the file menu of the new window that opened upon clicking the link.

• [UCAA Form 1E - Hardcopy Checklist](#)

• [UCAA Form 2E - Expansion Application](#)

• [UCAA Form 3 - Lines of Business](#)

• [UCAA Form 8 - Questionnaire](#)

• [UCAA Form 12 - Consent to Service of Process](#)

[Main Menu](#)

**Downloading UCAA Forms**

All or parts of the electronic application are available for download in a single zip file. The downloaded file will contain all UCAA submission forms and associated form attachments. There also is an option to include any available general electronic attachments and/or all email correspondence and associated email attachments. To download the application, select **View/Print UCAA Forms** from the main menu.

On the following page, click **download the entire application in a single archive**.

Click the following link to [download the entire application in a single archive](#).

The following page will appear specifying that all UCAA submission forms and form attachments will be downloaded. **General Electronic Attachments** and **All Email correspondence and associated Email Attachments** also may be selected.

Once the options are selected, click on **Download Application** to complete the process.

All or parts of the electronic application are available for download in a single ZIP file.  
The downloaded file will contain all UCAA Submission Forms and associated Form Attachments. Optionally, it can also contain any available General Electronic Attachments, and/or all Email correspondence and associated Email Attachments.

**Select the Application components to be included in the downloaded application file:**

☒ All UCAA Submission Forms and Form Attachments

☒ General Electronic Attachments [De-Select All](#)

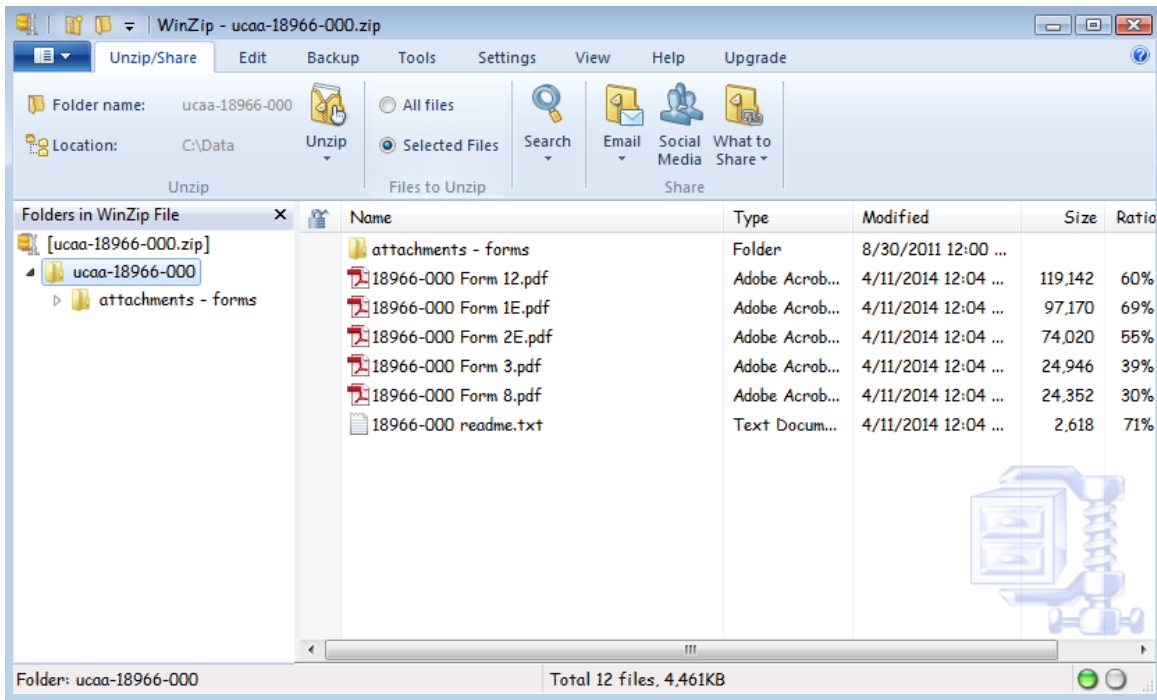
- ☒ Public Records
- ☒ Notification to State of Domicile
- ☒ Filing Fee
- ☒ Minimum Capital Surplus Requirements

☐ All Email correspondence and associated Attachments  
*No Email correspondence was found*

[Download Application](#)

[View/Print/Download Application Information](#)

The zip file can later be opened.



Helpful hints: The electronic application is stored and referenced by the tracking number. When downloading the application, the name of the file can be changed once it is stored on the company's database. Applications should be saved in its original format before any amendments are made to the application. The NAIC does not version the application, so only the most recent submission is available. UCAA filings have a 10-year retention period.

Applicant Company?  
UCAA Tracking Number: 16650-000

NAI  
FEI

Uniform Certificate of Authority Application (UCAA)  
EXPANSION APPLICATION CHECKLIST  
For Expansion Application Only

The application checklist is intended to help guide the insurer (herein after referred to as “Applicant Company”) with the assembly of a complete Expansion Uniform Certificate of Authority Application (UCAA). Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting the application for review. The completed checklist should be attached to the top of the application.

Regulator Use Only

1. Application Form and Supporting Documents, containing:

☒ Completed Expansion Application Checklist (Form 1E)

☐ Original UCAA Expansion Form executed and signed (Form 2E)

☐ Include all lines of insurance the Applicant Company is licensed to transact, currently transacting and requesting authority to transact in all jurisdictions. (Form 3)

☐ Notification to state of domicile of planned expansion

☐ Cover Letter (Optional)

2. Filing Fee (pursuant to Section II Filing Requirements Item 2) containing:

☐ Payment of required filing fee

☐ Copy of check

Application Progress

Main Menu >> Application Progress

UCAA Tracking Number : 98765-000

Name of Insurer/Company Name : ABC Co

NAIC Company Code : 12345

FEIN : 23-1010101

X's indicate completed portions of the application. All sections shown must be completed for the application to be submitted.

Authorized/Submission States

Completed Validation

X

Lines of Business Information

Completed Validation

Applicant Company Address Information

Completed Validation

General Information

Completed Validation

Authorized Representative Information

Completed Validation

X

Questionnaire

Completed Validation

Uniform Consent to Service of Process

Completed Validation

Applicant Company officers' Certification and Attestation

Completed Validation

Pro Forma Financial Statement

Completed Validation

Minimum Capital and Surplus Requirements

Completed Validation

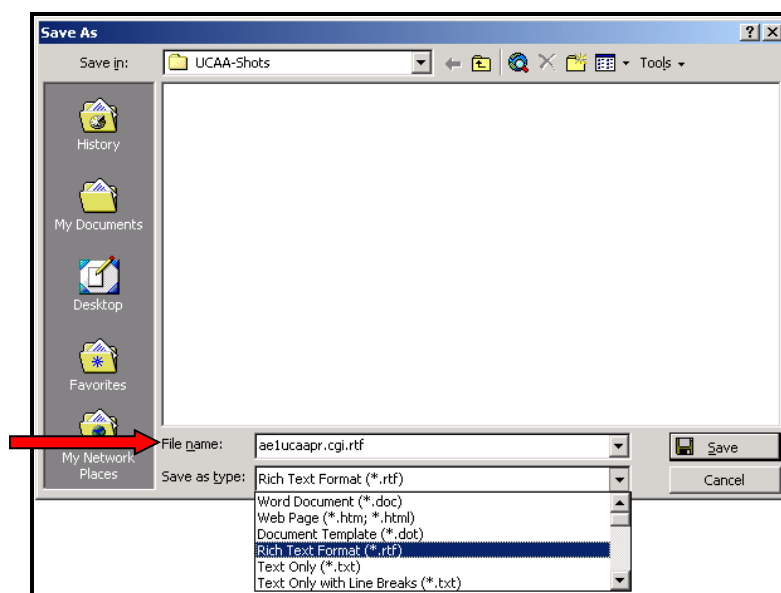
Plan of Operation Narrative

Completed Validation

Reports of Examination

Completed Validation

From this display, the document can be printed or saved to a file. When the document is saved to a file, the default file type will be rich text format (RTF). All Windows-based computers will be able to open and view an RTF document, provided the file is not too large. Other file types may be available by clicking the drop-down arrow next to the **File Type** option in the **Save As** window.



The UCAA form in hardcopy format may also be printed from the same display by simply clicking the **Print** button or by going to **File** and **Print** from the menu.

## Email

In order to maintain a history of the UCAA communications within this application, contact between the Applicant Company and the expansion states must be processed through this portal. Email communications processed via UCAA email will be automatically tracked for easy reference.

UCAA Email Index				
<a href="#">Main Menu</a> >> UCAA Email Index				
UCAA Tracking Number	:	98765-000		
Name of Insurer/Company Name	:	ABC Co		
NAIC Company Code	:	12345		
FEIN	:	23-1010101		
<i>Please click on the subject area of the email you would like to view in detail.</i>				
Date:	To:	From:	Subject:	Attachments:
04/24/2013	cbrown@naic.org(AL)	plund@naic.org	<a href="#">Expansion App</a>	
04/24/2013	cbrown@naic.org(AL)	plund@naic.org	<a href="#">Attachment</a>	1 file(s) attached.
<a href="#">Send An Email</a>				

Click the **Send An Email** button to start a new message.

Use the **To: (Email Address)** button to select an addressee.

- Choose from the defined list.
- Type in the recipient address in the **Other Recipients** box (if the recipient name is not listed).
- Click on **Add List** button.
- Click the **Return** button to return to the message.

UCAA Tracking Number	98765-000
Name of Insurer/Company Name	ABC Co
NAIC Company Code	12345
FEIN	23-1010101

Please note that correspondence sent through the UCAA email system is tracked in the UCAA database.

Today's Date:	4/25/2013
<b>To: (Email Address)</b>	

### UCAA Email Address Form

Select Email Addresses from List or Type Addresses Below.  
(The Maximum Allowable Recipients is 50.)

**Defined UCAA Users**

rschrum@naic.org(TN)  
jbar@naic.org(TX)  
jbar@naic.org(INDUSTRY)  
nengert@naic.org(SSO)  
plund@naic.org(INDUSTRY)

**Other Recipients**

**Recipient Location**

▼

**0 Recipients to Add**

0 Current Recipients

NAIC

**Note:** The maximum allowable recipients are 50. This includes the defined UCAA users and other recipients.

To complete the email information:

- Enter the subject in the Subject line and the body of text in the spaces provided.
- Click **Send** at the bottom of the **UCAA Send Email Form**.

### UCAA Send Email Form

Main Menu >> Ucaa Email Index >> UCAA Email Send Form

UCAA Tracking Number	98765-000
Name of Insurer/Company Name	ABC Co
NAIC Company Code	12345
FEIN	23-1010101

Please note that correspondence sent through the UCAA email system is tracked in the UCAA database.

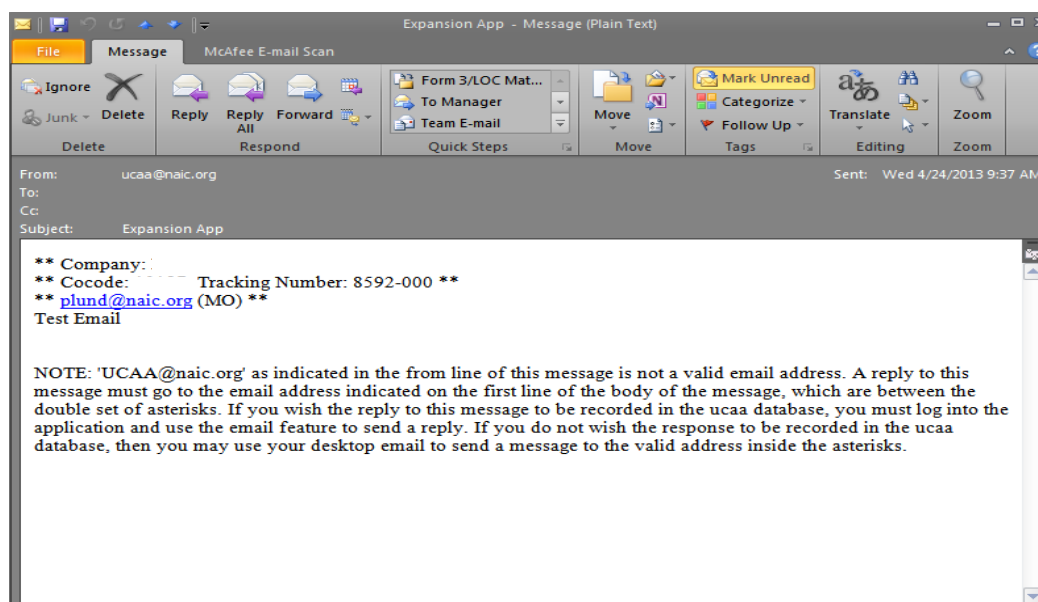
Today's Date:	4/25/2013
<b>To: (Email Address)</b>	
<b>From: (Email Address)</b>	plund@naic.org ( MO )
<b>Subject:</b>	

Attachments:

UCAA Email Index				
<a href="#">Main Menu</a> >> UCAA Email Index				
UCAA Tracking Number	: 98765-000			
Name of Insurer/Company Name	: ABC Co			
NAIC Company Code	: 12345			
FEIN	: 23-1010101			
Please click on the subject area of the email you would like to view in detail.				
Date:	To:	From:	Subject:	Attachments:
04/24/2013	cbrown@naic.org(AL)	plund@naic.org	<a href="#">Expansion App</a>	
04/24/2013	cbrown@naic.org(AL)	plund@naic.org	<a href="#">Attachment</a>	1 file(s) attached.
<a href="#">Send An Email</a>				

Helpful hint: The subject line should contain information regarding the purpose of the email.

When submitting an expansion application to several states, depending on the progress of the application, states can review the subject of previous emails and find information that may pertain to their state review, thus saving time on duplicate requests to the Applicant Company.



Note: Replying to and forwarding an email are the same. A recipient's address must still be entered. If there is an issue with the application, contact Jane Barr ([jbarr@naic.org](mailto:jbarr@naic.org)) or Crystal Brown ([cbrown@naic.org](mailto:cbrown@naic.org)).

Application Progress

Once a form has been completed and it passes validation, an **X** will appear next to the form name in the completed column. An expansion application cannot be submitted to the state(s) until all the required forms have an **X** in the completed column.

**Application Progress**

[Main Menu](#) >> Application Progress

UCAA Tracking Number : 98765-000

Name of Insurer/Company Name : ABC Co

NAIC Company Code : 12345

FEIN : 23-1010101

**X's indicate completed portions of the application. All sections shown must be completed for the application to be submitted.**

[Authorized/Submission States](#)

Completed Validation

X

[Lines of Business Information](#)

Completed Validation

[Applicant Company Address Information](#)

Completed Validation

[General Information](#)

Completed Validation

[Authorized Representative Information](#)

Completed Validation

X

[Questionnaire](#)

Completed Validation

[Uniform Consent to Service of Process](#)

Completed Validation

[Applicant Company officers' Certification and Attestation](#)

Completed Validation

[Pro Forma Financial Statement](#)

Completed Validation

[Minimum Capital and Surplus Requirements](#)

Completed Validation

[Plan of Operation Narrative](#)

Completed Validation

[Reports of Examination](#)

Completed Validation

[Main Menu](#)

View General Attachments

To access the alphabetical listing of required attachments for an expansion application, select the **Attach/View General Attachment** link from the main menu. Each attachment option provides the citation from the instructions for reference. These citations also are provided on Form 1E, the checklist.

Electronic Attachments	
Articles of Incorporation Per the UCAA Instructions, Filing Requirements and Application Checklist (Form 1)	Attachment
Biographical Affidavit Per the UCAA Instructions, Filing Requirements and Application Checklist (Form 1)	Attachment
Bylaws Per the UCAA Instructions, Filing Requirements and Application Checklist (Form 1)	Attachment
Cover Letter Requirements Per the UCAA Instructions, Filing Requirements and Application Checklist (Form 1)	Attachment
Current Year Annual Statement Per the UCAA Instructions, Filing Requirements and Application Checklist (Form 1)	Attachment

Helpful hint: The user also may need to reference the state charts located on the UCAA web page for the state’s requirement for certain documents that are required to be filed with the application. Expand the listing under UCAA State Charts to view all requirement charts.



Notification to State of Domicile Requirements Per the UCAA Instructions, Filing Requirements and Application Checklist (Form 1)	<a href="#">Attachment</a> 1 File Attached
Minimum Capital & Surplus Requirements Per the UCAA Instructions, Filing Requirements and Application Checklist (Form 1)	<a href="#">Attachment</a>
Name Approval Requirements Per the UCAA Instructions, Filing Requirements and Application Checklist (Form 1)	<a href="#">Attachment</a> 2 Files Attached
Plan Of Operation Narrative Requirements Per the UCAA Instructions, Filing Requirements and Application Checklist (Form 1)	<a href="#">Attachment</a> 1 File Attached
Reports of Examination Requirements Per the UCAA Instructions, Filing Requirements and Application Checklist (Form 1)	<a href="#">Attachment</a>
State Specific Information Per the UCAA Instructions, Filing Requirements and Application Checklist (Form 1)	<a href="#">Attachment</a>
Statutory Membership Requirements Per the UCAA Instructions, Filing Requirements and Application Checklist (Form 1)	<a href="#">Attachment</a>

If attachments are included in a requirement, the General Attachments window will show a “File Attached” message beneath the attachment button. Attachments can be added or removed throughout the application completion process. Once the application is submitted/finished, the application must be amended in order to add or remove an attached file.

### Finalization of the Electronic Expansion Application

Once all the forms are completed and files are successfully attached, an **X** is displayed in the completed column of the checklist to indicate the completed portion of the application.

#### Application Progress

[Main Menu](#) >> [Application Progress](#)

UCAA Tracking Number : 98765-000  
Name of Insurer/Company Name : ABC Co  
NAIC Company Code : 12345  
FEIN : 23-1010101

**X's indicate completed portions of the application. All sections shown must be completed for the application to be submitted.**

<a href="#">Authorized/Submission States</a>	Completed Validation	<u>X</u>
<a href="#">Lines of Business Information</a>	Completed Validation	<u>X</u>
<a href="#">Applicant Company Address Information</a>	Completed Validation	<u>X</u>
<a href="#">General Information</a>	Completed Validation	<u>X</u>
<a href="#">Authorized Representative Information</a>	Completed Validation	<u>X</u>
<a href="#">Questionnaire</a>	Completed Validation	<u>X</u>
<a href="#">Uniform Consent to Service of Process</a>	Completed Validation	<u>X</u>
<a href="#">Applicant Company officers' Certification and Attestation</a>	Completed Validation	<u>X</u>
<a href="#">Pro Forma Financial Statement</a>	Completed Validation	<u>X</u>
<a href="#">Minimum Capital and Surplus Requirements</a>	Completed Validation	<u>X</u>
<a href="#">Plan of Operation Narrative</a>	Completed Validation	<u>X</u>
<a href="#">Reports of Examination</a>	Completed Validation	<u>X</u>

[Main Menu](#)

## Help

The **Help** link directs the user to the NAIC website. Links are available to various parts of the UCAA application from this page.



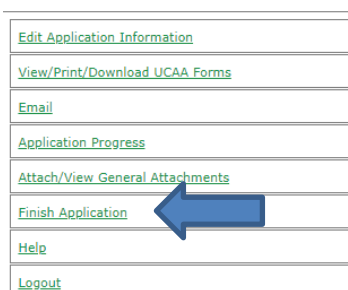
## Logout

The logout link exits the user from the UCAA application.

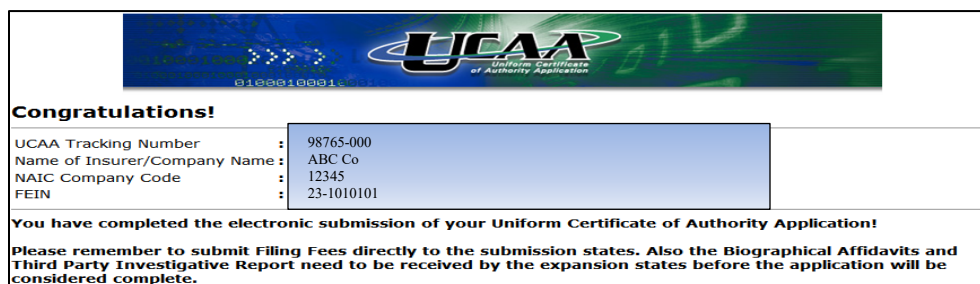
**NOTE:** There is a time-out feature within the UCAA application. If there is no activity for 15 minutes, the user must log in again to continue.

## Finish Application

Clicking the **Finish Application** link from the **Main Menu** submits a completed application to all the expansion states selected in the filing.



When all the forms pass validation, the following message will be displayed.



## Notifications

Only when an application has successfully been submitted, email notifications are sent to the domiciliary state and expansion state(s). When the expansion state updates a status of the filing, email notifications are sent to the Applicant Company contact.

Notification Examples: Certificate of Compliance  
 Certificate of Deposit  
 Expansion Application has been filed  
 Application has been accepted as complete  
 Filing fees received

## APPLICATION STATUS

The company can view the status of the state's review process by selecting a submitted application from the Application Selection screen. Submitted applications will be located under the **Existing Applications** heading.

Use the scroll bar to locate the desired tracking number and then click on the tracking number.

**Continue or Update an Existing UCAA Application:**

Select the existing application of choice from the list below and click the tracking number link. Non-submitted applications are works in progress and have not yet been submitted for regulator review. Submitted applications are currently being reviewed by regulators. Once submitted, applications cannot be deleted; however they may be amended on a subsequent menu once the application is selected.

Non-submitted applications may be deleted by clicking the trash can icon for that application

**Existing Applications for Cocode**

Application Type ↑ ↓	Tracking Number ↑ ↓	Status	Change Type	Last Accessed ↑	Clone	Delete
Expansion Application	<a href="#">20793-002</a>	Submitted, domiciliary state processing		12/07/2017		
Expansion Application	<a href="#">21547-000</a>	Non-submitted		12/07/2017		
Expansion Application	<a href="#">20607-000</a>	Non-submitted		10/30/2017		
Expansion Application	<a href="#">20609-000</a>	Non-submitted		10/09/2017		
Expansion Application	<a href="#">20608-000</a>	Non-submitted		08/25/2017		
Expansion Application	<a href="#">19302-001</a>	Submitted		02/13/2017		

From the main menu, select **Application Status** to view the status of all states selected on the Change State form.

Click the link to the left of the corresponding description.

<a href="#">View Application Information</a>	To allow data changes on the informational forms.
<a href="#">View/Print/Download UCAA Forms</a>	To view or print UCAA application information, or download the entire UCAA application as submitted to regulators.
<a href="#">Email</a>	To send, view, or reply to an email regarding your application.
<a href="#">Application Status</a>	To check the status of your application with the filing states.
<a href="#">Attach/View General Attachments</a>	To attach or view general attachments that apply to the application as a whole.
<a href="#">Amend Application</a>	To amend the application.
<a href="#">Help</a>	To link to help files.
<a href="#">Logout</a>	To log out of the UCAA system.

## Application Status for Expansion Application

**View Application Status**  
[Main Menu](#) >> [View Application Status of Other States](#)

UCAA Tracking Number :  
Name of Insurer/Company Name :  
NAIC Company Code :  
FEIN :

Application Status of Filing	Date
Electronic Forms Submitted	12/07/2017
Certificate of Compliance Completed by <b>Missouri</b>	08/29/2017
Certificate of Deposit Completed by <b>Missouri</b>	08/29/2017

Application Status for the state of Texas	Date
Filing Fee Received	
Third Party Investigative Report Received	
Application Accepted as Complete	
Application Approved for Admission	
Application Closed	

Note: If the submitted date is older than the status date; that is an indication that the original filing was amended.

The application status for a new expansion application will include a status for the certificate of compliance and certificate of deposit. When the domiciliary state completes the certificates electronically, the dates automatically update on the application status page and generate an email to the submission states and the insurer on this update. If a company uploads a copy of the certificates, the status dates will remain incomplete. The application status for an expansion application will include: filing fee received; third party investigative report received; application accepted as complete; application approved for admission; or application closed.

The submission states will complete the following dates during their review process;

✓ **Filing Fee Received**

The submission states will acknowledge receipt of filing fees received (if applicable) with a date when received.

✓ **Third Party Investigative Report Received**

The submission states will acknowledge receipt of third-party investigative reports received (if applicable) with a date when received.

✓ **Accepted as Complete**

The submission states will use this date once an initial review of the application has been made to determine if all necessary documentation has been received along with any hardcopy requirements. Once the state enters a date, the actual review process begins. The state then has 60 days to review the application and either approve or close the expansion application.

✓ **Application Approved for Admission**

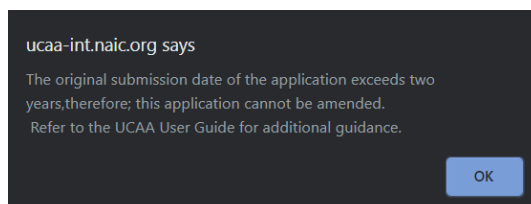
The submission states will enter a date when the application has been approved.

## ✓ Application Closed

The submission states will enter a date if the insurer has been asked to withdraw their application.

## AMEND APPLICATION

Once submitted, applications cannot be deleted, however, if the application's original submission date is less than two years, it may be amended on a subsequent menu. If the submission date is older than two years, the electronic application will display the following message:



UCAA Tracking Number	:	98765-000
Name of Insurer/Company Name	:	ABC Co
NAIC Company Code	:	12345
FEIN	:	23-1010101

Click the link to the left of the corresponding description.

<a href="#">View Application Information</a>	To allow data changes on the informational forms.
<a href="#">View/Print/Download UCAA Forms</a>	To view or print UCAA application information, or download the entire UCAA application as submitted to regulators.
<a href="#">Email</a>	To send, view, or reply to an email regarding your application.
<a href="#">Application Status</a>	To check the status of your application with the filing states.
<a href="#">Attach/View General Attachments</a>	To attach or view general attachments that apply to the application as a whole.
<a href="#">Amend Application</a>	To amend the application.
<a href="#">Help</a>	To link to help files.
<a href="#">Logout</a>	To log out of the UCAA system.

[Application Selection](#)

Clicking the **Amend** button will display the Amendment Form as shown below. An explanation for the amendment is required. This explanation is provided in the email notification once the filing is finished/submitted.

**Amendment Form**


[Application Selection](#) >> [Main Menu](#) >> [Amend Application](#)

UCAA Tracking Number	:	98765-000
Name of Insurer/Company Name	:	ABC Co
NAIC Company Code	:	12345
FEIN	:	23-1010101

Please provide a brief explanation of the change you are about to make to this filing in the box below.

Characters typed:  (Allowed explanation length: 650)

Continue
Cancel




**NAIC**  
National Association of  
Insurance Commissioners

Database: OLTPQA © 1990 - 2017 National Association of Insurance Commissioners.

**Note:** Not all state requests for information warrants an application amendment. State-specific requests can be provided via the UCAA email.

Once the application information window opens, the UCAA tracking number has been updated to reflect the first revision. The “001” indicates that this is the first revision.



**Congratulations!**

UCAA Tracking Number	:	98765-001
Name of Insurer/Company Name	:	ABC Co
NAIC Company Code	:	12345
FEIN	:	23-1010101

**You have completed the electronic submission of your Uniform Certificate of Authority Application!**

**Please remember to submit Filing Fees directly to the submission states. Also the Biographical Affidavits and Third Party Investigative Report need to be received by the expansion states before the application will be considered complete.**

Once the amendment is complete, click the **Finish Application** link to complete this revision. A “Congratulations!” message appears to confirm the submission and automatically sends the notification email.

Submitted applications may be tracked through the Application Status screen. Once the domiciliary state completes Form 6 and Form 7, the expansion states will complete their review process. Notifications also are sent out via UCAA email to all expansion states when Form 6 and Form 7 are completed.

Helpful hint: The Applicant Company cannot access electronically completed certificates of compliance or deposit. To verify completion, view the checklist, Form 1E to see those required items have been checked or the **View Application Status** link for the date the domiciliary state completed the certificates.

**View Application Status**

[Main Menu](#) >> [View Application Status of Other States](#)

UCAA Tracking Number	:	98765-000
Name of Insurer/Company Name	:	ABC Co
NAIC Company Code	:	12345
FEIN	:	23-1010101

Application Status of Filing	Date
Electronic Forms Submitted	04/25/2013
Certificate of Compliance Completed by <b>Michigan</b>	
Certificate of Deposit Completed by <b>Michigan</b>	

Important note: If the amended application is not resubmitted, it will remain in a suspended status, and no expansion state(s) will be able to review or retrieve the application. It is important to return to the main menu once all amended forms and attachments have been completed and select the **Finish Application** link to resubmit the amended application.

APPENDIX A

Cloning an Expansion Application

Once an application is submitted, it cannot be amended to include another expansion state. If the Applicant Company is expanding into a new state, a new application can be created based on a previously submitted application. That application is used as a template for a new application. All of the attachments from a previously submitted application are attached in the new application except the completed certificates of compliance and/or deposit and the proforma. Each new application requires the domiciliary state’s approval and completion of certificates. Applications older than two years old can be amended.

**Application Selection**

[Login Verification](#) >> [Application Selection](#)

**Start a New UCAA Application:**

To create an initial application select the button for the appropriate application type. To pre-populate a new Expansion or Statement of Withdrawal application from an existing one, click the clone button next to the Expansion or Statement of Withdrawal application buttons and select an application to clone.

Corporate Amendment

Expansion

Clone ...

Notification / Form 14

Service of Process / Form 12

Withdrawal / Form 17

Clone ...

To start an expansion application from a previously submitted application:

- Click the clone button next to the Expansion button, and choose the desired submitted application from the menu provided.

Select Expansion Application to Clone	
Tracking Number	Last Accessed
20793-002	12/07/2017
19302-001	02/13/2017
19182-000	02/03/2017
Cancel	

The following message appears.

Message from webpage


?

Confirm the creation of a new Expansion application with pre-population from existing application 20793.

Pre-population includes company addresses, authorized representative information, attestation information and officers legal names, and Form 8. Attachments, except for the UCAA Pro Forma Financial Statement, will also be copied to the new application.



OK

Cancel

Or Select the Clone icon  next to the desired submitted application and confirm the creation of a new expansion application.

Non-submitted applications may be deleted by clicking the trash can icon for that application

**Existing Applications for Cocode**

Application Type ↑ ↓	Tracking Number ↑ ↓	Status	Change Type	Last Accessed ↑ ↓	Clone	Delete
Expansion Application	20793-002	Submitted, domiciliary state processing		12/07/2017		

Click **OK** to begin the new application.

Note: The application assigns a new UCAA tracking number (e.g., 98766-000).

UCAA Tracking Number	:	98766-000
Name of Insurer/Company Name	:	ABC Co
NAIC Company Code	:	12345
FEIN	:	23-1010101

- Click the **Main Menu** link.
- Click the **Application Progress** button.

Some portions of the application are marked as completed. By using the template to create a new application, the user needs to complete the items that are not checked in order to complete the validation of the new application.

**Application Progress**

[Main Menu](#) >> [Application Progress](#)

UCAA Tracking Number	:	98766-000
Name of Insurer/Company Name	:	ABC Co
NAIC Company Code	:	12345
FEIN	:	23-1010101

**X's indicate completed portions of the application. All sections shown must be completed for the application to be submitted.**

<a href="#">Authorized/Submission States</a>	Completed Validation	___
<a href="#">Lines of Business Information</a>	Completed Validation	___
<a href="#">Company Address Information</a>	Completed Validation	X
<a href="#">General Company Information</a>	Completed Validation	X
<a href="#">Authorized Representative Information</a>	Completed Validation	X
<a href="#">Questionnaire</a>	Completed Validation	X
<a href="#">Applicant Officers' Certification and Attestation</a>	Completed Validation	___
<a href="#">Pro Forma Financial Statement</a>	Completed Validation	___
<a href="#">Minimum Capital and Surplus Requirements</a>	Completed Validation	X
<a href="#">Plan of Operation Narrative</a>	Completed Validation	X
<a href="#">Reports of Examination</a>	Completed Validation	___

[Main Menu](#)

Helpful hint: The officer of the Applicant Company must attest to the information provided in the new application. Therefore, the questionnaire should be reviewed to ensure that the responses and attachments to certain questions are answered according to the requirements of the new expansion state.

The user will need to complete the following sections:

- Expansion States – Refer to Page 7 to complete the form.
- Authorized States – Refer to Page 7 to complete the form.
- Lines of Business – Refer to Page 8 to complete the form.



## Applicant Officers' Certification and Attestation

The position and location fields are populated. The date field needs to be updated to reflect the date this application is executed. When the insurer clicks on the **Officer Legal Names and Signatures** link, the names will be populated.

Applicant Officers' Certification and Attestation	
<a href="#">Main Menu</a> >> <a href="#">Application Information</a> >> Applicant Officers' Certification and Attestation	
UCAA Tracking Number : Name of Insurer/Company Name : NAIC Company Code : FEIN :	98766-000 ABC Co 12345 23-1010101
What position do you hold that authorizes you to execute this document on behalf of the applicant?	<input type="text" value="test"/>
At what location are you executing this document?	<input type="text" value="test"/>
<a href="#">Officer Legal Names and Signatures</a>	
<a href="#">Application Information</a>	

In the **Date Signed** field, the user types in a date and clicks on the signature box for each signature.

Select from the menu on the left, or use the Next Name link to navigate through the officer legal names individually.	
<b>Officer Legal Names</b> <a href="#">President</a> <a href="#">Secretary</a> <a href="#">Treasurer</a> <a href="#">Witness</a>	<div>President</div> <div>First Name: *</div> <div>Middle Name: *</div> <div>Last Name: *</div> <div>Date Signed: *</div> <div><input type="checkbox"/> *</div> <div>I hereby certify that checking this box is the equivalent of my signature</div>
* Identifies required fields.	
<a href="#">Next Name</a>	<a href="#">Certification and Attestation (Previous Page)</a>

Helpful hint: The officer's title cannot be changed. Only those officers listed can attest and verify the contents of the filing.

## Pro Forma Financial Statements

The insurer can update a previously downloaded form and attach that form to the current application.

### Pro Forma Financial Statements

[Main Menu](#) >> [Application Information](#) >> [Pro Forma Financial Statements](#)

UCAA Tracking Number	:	98766-000
Name of Insurer/Company Name	:	ABC Co
NAIC Company Code	:	12345
FEIN	:	23-1010101

In order to complete the Pro Forma Financial Statements, click the link below.


**After completing the Microsoft Excel spreadsheet and saving the spreadsheet, click the Attachment button next to the spreadsheet description and complete the attach process to include the spreadsheet with this filing. The spreadsheets are large files, so the download process may take longer than expected.**



[UCAA Pro Forma Property and Casualty Financial Statement](#)


[Application Information \(Previous Screen\)](#)

## Attach Documents

Locate the document before clicking the **Attachment** button. Ensure that the attachment is not buried in sub-folders; there is a 32-character limit to the file location name. After the **Attachment** button is clicked, the following will display.


National Association of Insurance Commissioners

[ABOUT](#)
[HELP](#)


[UCAA Test Acct](#)



### Attachments - Cover Letter

UCAA Tracking Number	:	98766-000
Name of Insurer/Company Name	:	ABC Co
NAIC Company Code	:	12345
FEIN	:	23-1010101

Please attach the file:

No file chosen

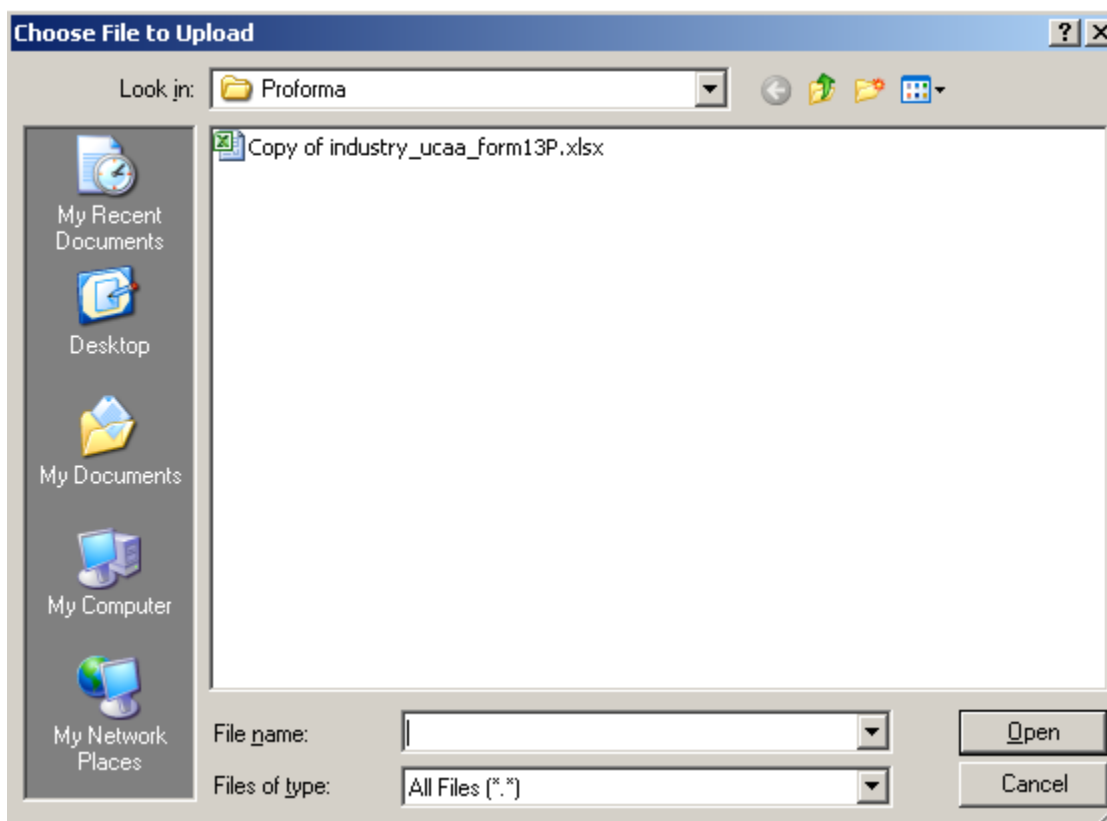
This form is unable to upload files with names that contain apostrophes.  
Please remove apostrophes from file names before attempting to upload them.

If the attachment includes the name of the document in the header or footer, click Submit.  
If not, Close and modify the document to include the name of the document in the header or footer.

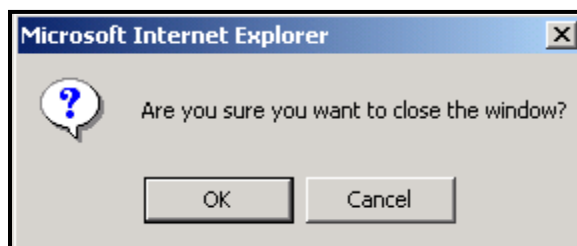
Attachments are displayed as read only documents. No changes to an open attached document will be saved.

NAIC Central C
Address
Service Desk

Click on the **Browse** button next to the file name field. Use this browse button to “point to” the file to be attached.



Click on the **Open** button. This will fill in the path for the file name. Finally, click the **Submit** button to attach the document to the filing. A warning message will appear confirming the action.



The user completing the form can go back to any portion and make changes. No changes can be made once the application has been submitted, unless an amendment is completed and a revision number is then added to the application.

There are validations throughout the application process. Anytime the user does not complete a required action, a notification window appears explaining that a field needs to be completed.