

National Treatment and Coordination (E) Working Group
Company Licensing Proposal Form

<p align="right">DATE: <u>6/29/21</u></p> <p>CONTACT PERSON: <u>Jane Barr</u></p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: <u>National Treatment and Coordination WG</u></p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>AFFILIATION: _____</p> <p>ADDRESS: _____</p> <p>_____</p>	<p align="center"><u>FOR NAIC USE ONLY</u></p> <p>Agenda Item # <u>2021-06</u></p> <p>Year <u>2021</u></p> <p align="center"><u>DISPOSITION</u></p> <p>[] ADOPTED _____</p> <p>[] REJECTED _____</p> <p>[] DEFERRED TO _____</p> <p>[] REFERRED TO OTHER NAIC GROUP _____</p> <p>[X] EXPOSED Sept. 23, 2021_____</p> <p>[] OTHER (SPECIFY) _____</p>
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IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

[X] UCAA Forms [] UCAA Instructions [] Enhancement to the Electronic Application Process
 [] Company Licensing Best Practices HB

Forms:

[] Form 1 – Checklist [] Form 2 - Application [] Form 3 – Lines of Business
 [] Form 6- Certificate of Compliance [] Form 7 – Certificate of Deposit [] Form 8 - Questionnaire
 [] Form 8C- Corporate Amendment Questionnaire [] Form 11-Biographical Affidavit [] Form 12-Uniform Consent to Service of Process [] Form 13- ProForma [] Form 14- Change of Address/Contact Notification
 [] Form 15 – Affidavit of Lost C of A [] Form 16 – Voluntary Dissolution [] Form 17 – Statement of Withdrawal

DESCRIPTION OF CHANGE(S)

A uniform template to be used when requesting disclaimer of affiliation or control for UCAA filings where a biographical affidavit is required. NAIC staff suggest identifying this form as Form 9.

REASON OR JUSTIFICATION FOR CHANGE **

State responses from a recent survey indicated the need for a uniform template for disclaimer requests.

Additional Staff Comments:

** This section must be completed on all forms.

Revised 01-2019

Request for Disclaimer of Affiliation or Control of An Individual

Applicant Company Name: _____

Group Code (If Applicable): _____

Name:

Title/Position:

1. Provide the number of authorized, issued, and outstanding voting securities of the subject.
2. Provide the number and percentage of shares of the subject's voting securities, which are held of record or known to be beneficially owned, and the number of shares concerning which there is a right to acquire, directly or indirectly.
3. Provide all material relationships and bases for affiliation between the subject and the person whose control is denied and all affiliates of such person.
4. Provide an explanation stating why the person should not be considered to control the subject.

I hereby certify, under penalty of perjury, that all of the information, including the attachments, submitted in this request for disclaimer is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this request for disclaimer is grounds for license discipline or other administrative action and may subject me or the Applicant Company, or both, to civil or criminal penalties.

I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant Company is licensed or to which the Applicant Company is applying for licensure.

(eSignature) _____ (Date) _____

County of _____

State of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20__ by _____, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires