

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

<p align="center"><b>DATE:</b>     <b>5/23/22</b></p> <p><b>CONTACT PERSON:</b>   <b>Jane Barr</b></p> <p><b>TELEPHONE:</b>           _____</p> <p><b>EMAIL ADDRESS:</b>     <b>jbarr@naic.org</b></p> <p><b>ON BEHALF OF:</b>       <b>National Treatment &amp; Coordination WG</b></p> <p><b>NAME:</b>                   _____</p> <p><b>TITLE:</b>                   _____</p> <p><b>AFFILIATION:</b>         _____</p> <p><b>ADDRESS:</b>               _____</p> <p>_____</p>	<p align="center"><b><u>FOR NAIC USE ONLY</u></b></p> <p>Agenda Item #     2022-02</p> <p>Year                2022</p> <p align="center"><b><u>DISPOSITION</u></b></p> <p>[   ] ADOPTED           _____</p> <p>[   ] REJECTED           _____</p> <p>[   ] DEFERRED TO       _____</p> <p>[   ] REFERRED TO OTHER NAIC GROUP</p> <p>[   X] EXPOSED           7/29/22_____</p> <p>[   ] OTHER (SPECIFY)   _____</p>
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**IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED**

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

Forms:

[   ] Form 1 – Checklist                           [ X ] Form 2 - Application                   [   ] Form 3 – Lines of Business  
 [   ] Form 6- Certificate of Compliance   [   ] Form 7 – Certificate of Deposit   [ X] Form 8 - Questionnaire  
 [   ] Form 8C- Corporate Amendment Questionnaire   [   ] Form 11-Biographical Affidavit   [X] 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)**

Remove the request for FAX number on the application form, remove the request for notary from the Certification and Attestation Page and the request for name of person designated to appoint agents Form 2P. Reorder the Questions on the Questionnaire so that all questions pertaining to the Holding Company Structure are grouped together on Form 8P. And remove the request for notary on the resolution page of Form 12P.

**REASON OR JUSTIFICATION FOR CHANGE \*\***

It was determined that a FAX number may no longer be necessary for policyholders to contact the insurance company. With the enhancements to the electronic application and the use of docusign, it's the applicant company who is identifying who the company officers is for the company, therefore the position is identified by a witness and a notary is no longer required for both forms that require "attestation", Form 2P (Application Form) and Form 12 (for all company licensing applications).

**Additional Staff Comments:**

6/27/22 – Modified Form 8P Questionnaire wording for question 20, modified wording on #20a and b and deleted duplicative wording for E, F & H.

\*\* This section must be completed on all forms.

**Revised 01-2019**

Proposed Applicant Company Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

### Uniform Certificate of Authority Application (UCAA) Primary Application

To the Insurance Commissioner/Director/Superintendent of the State of:  
(Select the appropriate state in which the Applicant Company is applying.)

Drop-down menu with the state list.

The undersigned Applicant Company hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are the lines of business which the Applicant Company is applying to transact.

Proposed Name of Applicant Company:	
Group Code (If Applicable)	
Ultimate Owner/Holding Company:	

<b>Registered Office Address:</b>	
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Administrative Office Address:	
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Mailing Address:	
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Phone:	
<del>Fax:</del>	
Date Incorporated:	
Form of Organization:	
Date Organized:	

Country of Domicile:	
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(If Applicable)

Par Value of Issued Stock:	\$	
Surplus as regards policyholders:	\$	

<b>Type of Business:</b>	<b>(drop down selection to include Property/Casualty, Health, Title, or Life and Health)</b>
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**Applicant Company Formed as:**

Residual Market Mechanisms	Captive – Pure	City, Town, County, State, Parish, Township
Risk Retention Group – Captive	Captive- Other	State Insurance Fund/Program
Risk Retention Group - Traditional	Captive – Special Purpose Financial Insurer	
Special Purpose Vehicle	Manager Managed Limited Liability Co	Surplus Lines Insurer
<b>Health Maintenance Organization</b>	<b>Reinsurance</b>	

<b>Date of Charter, Bylaws or Subscriber's Agreement:</b>	
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**Company Type:**

Stock	Limited Liability Corporation	Partnership (all types)
Reciprocal	U.S. Branch of Alien Insurer	Proprietorship
Fraternal	Cooperative	Syndicate

Proposed Applicant Company Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Mutual	Charitable Gift Annuity	Other
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**If Available:**

Billing Address / Contact Information:			
E-Mail Address:	Phone:	<del>Fax:</del>	
Premium Tax Statement Address: Contact Information:			
E-Mail Address:	Phone:	<del>Fax:</del>	
Producer Licensing Address: Contact Information:			
E-Mail Address:	Phone:	<del>Fax:</del>	
Rate/Form Filing Address: Contact Information:			
E-Mail Address:	Phone:	<del>Fax:</del>	
Consumer Affairs Address: Contact Information:			
E-Mail Address:	Phone:	<del>Fax:</del>	

Has the Applicant Company ever been refused admission to this or any other state prior to the date of this application?

Yes  No

If yes, give full explanation in an attached letter.



The Applicant Company hereby designates (name natural persons only) \_\_\_\_\_, to appoint persons and entities to act as and to be licensed as agents in the State of \_\_\_\_\_, and to terminate the said appointments.

NOTE: This does not apply to those states that do not require appointments

The following information is required of the individual who is authorized to represent the Applicant Company before the department.

Name:			
Title:			
Mailing Address:			
E-Mail Address:	Phone: / <del>Fax:</del>		

If the representative is not employed by the Applicant Company, please provide a company contact person in order to facilitate requests for detailed financial information.

Name:			
Title:			
Mailing Address:			

Proposed Applicant Company Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

E-Mail Address:		Phone: / <del>Fax:</del>	
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Proposed Applicant Company Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

### Applicant Company Incorporators' Certification and Attestation

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

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant Company, or both, to civil or criminal penalties.
2. 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.
3. I acknowledge that I am the \_\_\_\_\_ of the Applicant Company, am authorized to execute and am executing this document on behalf of the Applicant Company.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Electronic Signature of President

\_\_\_\_\_  
Full Legal Name of President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Electronic Signature of Secretary

\_\_\_\_\_  
Full Legal Name of Secretary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Electronic Signature of Treasurer

\_\_\_\_\_  
Full Legal Name of Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Electronic Signature of Director

\_\_\_\_\_  
Full Legal Name of Director

\_\_\_\_\_  
Proposed Name of Applicant Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Electronic Signature of Witness

\_\_\_\_\_  
Full Legal Name of Witness

Applicant Company Name: \_\_\_\_\_ NAIC Cocode: \_\_\_\_\_  
 FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)  
 Redomestication Application**

To the Insurance Commissioner/Director/Superintendent of the State of:  
 (Select the appropriate state in which the Applicant Company is applying.)

Drop-down menu with the state list.

The undersigned Applicant Company hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are the lines of business which the Applicant Company is (a) currently authorized for transaction, (b) currently transacted and (c) which the Applicant Company is applying to transact.

Applicant Company Name:			
NAIC Cocode:		Group Code: (If Applicable)	

Home Office Address:	
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Administrative Office Address:	
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Mailing Address:	
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Are these addresses the same as those shown on the Applicant Company's Annual Statement?

Yes  No

If not, indicate why:

Attachment Button

Phone:	
Fax:	
Date Incorporated:	
Form of Organization:	
Date Organized:	

Country of Domicile:	
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(If Applicable)

	Original	Last Amendment
Date of Charter		
Date of Bylaws		
Date of Subscriber's Agreement		
Date of Last Market Conduct Examination:		
Date of Last Financial Examination:		

Par Value of Issued Stock:	\$
Surplus as regards policyholders:	\$
Certificate of Deposit (Prior State)	

Ultimate Owner/Holding Company:	
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Applicant Company Name: \_\_\_\_\_ NAIC Cocode: \_\_\_\_\_  
 FEIN: \_\_\_\_\_

Billing Address:			
E-Mail Address:	Phone:	<del>Fax:</del>	

Premium Tax Statement Address:			
E-Mail Address:	Phone:	<del>Fax:</del>	

Producer Licensing Address:			
E-Mail Address:	Phone:	<del>Fax:</del>	

Rate/Form Filing Address:			
E-Mail Address:	Phone:	<del>Fax:</del>	

Consumer Affairs Address:			
E-Mail Address:	Phone:	<del>Fax:</del>	

Has the Applicant Company ever been refused admission to this or any other state prior to the date of this application?

Yes  No

If yes, give full explanation in an attached letter.



The Applicant Company hereby designates (name natural persons only) \_\_\_\_\_, to appoint persons and entities to act as and to be licensed as agents in the State of \_\_\_\_\_, and to terminate the said appointments.

NOTE: This does not apply to those states that do not require appointments

The following information is required of the individual who is authorized to represent the Applicant Company before the department.

Name:			
Title:			
Mailing Address:			
E-Mail Address:	Phone:	<del>Fax:</del>	

If the representative is not employed by the Applicant Company, please provide a company contact person in order to facilitate requests for detailed financial information.

Name:			
Title:			
Mailing Address:			
E-Mail Address:	Phone:	<del>Fax:</del>	

Applicant Company Name: \_\_\_\_\_ NAIC Cocode: \_\_\_\_\_  
FEIN: \_\_\_\_\_

### Applicant Company Incorporators' Certification and Attestation

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

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant Company, or both, to civil or criminal penalties.
2. 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.
3. I acknowledge that I am the \_\_\_\_\_ of the Applicant Company, am authorized to execute and am executing this document on behalf of the Applicant Company.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this \_\_\_\_\_ at \_\_\_\_\_.

_____	_____
Date	Electronic Signature of President
	_____
	Full Legal Name of President
_____	_____
Date	Electronic Signature of Secretary
	_____
	Full Legal Name of Secretary
_____	_____
Date	Electronic Signature of Treasurer
	_____
	Full Legal Name of Treasurer
	_____
	Electronic Name of Applicant Company
_____	_____
Date	Electronic Signature of Witness
_____	_____
	Full Legal Name of Witness



**Holding Company Questions**  
**Lines of Business: Life**

**Uniform Certificate of Authority Application**  
**QUESTIONNAIRE**

All questions must be answered. Directions: Each "Yes" or "No" question is to be answered. Other answers and additional explanations or details should be attached to the questionnaire.

1. I hold the following position(s) with the Applicant Company \_\_\_\_\_.

2. 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?

Yes \_\_\_ No \_\_\_

If the answer is yes, attach explanation.

Attachment Button

3. A. Will the Applicant Company be negotiating or inviting negotiations for any transaction that would transfer or encumber any portion of its assets or business or result in a merger or consolidation with another company in the foreseeable future?

Yes \_\_\_ No \_\_\_

B. Does the Applicant Company contemplate a change in management or any transaction that would normally result in a change of management within the reasonably foreseeable future?

Yes \_\_\_ No \_\_\_

If the answer to either question is yes, attach explanation.

Attachment Button

74. Does the Applicant Company intend to purchase investment securities through any investment banking or brokerage house or firm from whom any of Applicant Company's officers, directors, trustees, investment committee members or controlling stockholders receive a commission on such purchases?

Yes \_\_\_ No \_\_\_

If yes, provide the details and attach.

Attachment Button

85. Is the Applicant Company a,

A. Bank

Yes \_\_\_ No \_\_\_

B. Bank holding company, subsidiary or affiliate

Yes \_\_\_ No \_\_\_

C. Financial holding company

Yes \_\_\_ No \_\_\_

Applicant Company Name: \_\_\_\_\_

FEIN: \_\_\_\_\_

D. Other financial institution

Yes \_\_\_ No \_\_\_

If yes, identify the bank(s), bank holding company(ies) or financial institution and the affiliation of the Applicant Company. Provide the details and attach.

Attachment Button

96. Has the Applicant Company, since its inception, done any of the following:

A. Made a loan to an entity owned or controlled directly or through a holding corporation by one or more of Applicant Company's officers, directors, trustees or investment committee members, or to any such person?

Yes \_\_\_ No \_\_\_

B. Sold or transferred any of its assets or property, real or personal, to any such entity or person?

Yes \_\_\_ No \_\_\_

C. Had its outstanding capital stock directly or indirectly pledged for the debt of an affiliate?

Yes \_\_\_ No \_\_\_

D. Purchased securities, assets or property of any kind from an entity owned or controlled by one or more of the Applicant Company's officers, directors, trustees, or any persons who have authority in the management of the Applicant Company's funds (including a controlling stockholder)?

Yes \_\_\_ No \_\_\_

If the answer to any of the last four questions is affirmative, did any officer, director, trustee or any person who had authority in the management of the Applicant Company's funds (including a controlling stockholder) receive any money or valuable thing for negotiating, procuring, recommending or aiding in such transaction?

Yes \_\_\_ No \_\_\_

If yes, provide the details and attach.

Attachment Button

107. Attach an organizational depiction (in the format of a flow chart) showing the various executive management, directors and officers and related material functions that require internal control oversight of the Applicant Company, with the name and official title of those responsible for those offices/functions and the portions of the organization they oversee. Material functions should include, but are not limited to, underwriting, claims adjustment/payments, premium accounting, claims accounting, marketing, financial reporting, and investment management. Note any executive or key staff that has access to funds or bank accounts. Submit a map or narrative explaining where offices are/ or will be geographically located and the approximate number of employees at each location.

A. Designate any common facilities and/or any of the above functions that are shared with affiliates.

B. Designate any of the above office/functions that are delegated to third parties.

C. Attach copies of signed agreements for office functions delegated to either affiliates or third parties.

D. As applicable, attach a separate chart reflecting any other management positions (if different than what was noted above) that exercise control over insurance operations in other jurisdiction where the Applicant Company is seeking admission.

E. Attach any similar information that was submitted to lenders or investment partners.

F. Attach a copy of the Applicant Company's investment policy (required for primary and redomestication applications only).

Attachment Button

Applicant Company Name: \_\_\_\_\_

FEIN: \_\_\_\_\_

~~418.~~ Provide a detailed description of the Applicant Company's sales techniques. The description attached should include:

- A. Information regarding recruitment and training of sales representatives.
- B. Identification as to whether the Applicant Company will be a direct writer or will use agents, brokers or a combination thereof.
- C. Explanation of the compensation and control to be provided by the Applicant Company to its agents, brokers or sales personnel.
- D. Sample copies of any agreements entered into between the Applicant Company and its agents or brokers.
- E. If the Applicant Company will use a specific agency or managing general agent, identification of the agency or managing general agent and a copy of the agreement for this arrangement.
- F. Sample contract forms of all types used and remuneration schedule, including those for general agents, if any.

Attachment Button

~~439.~~ Attach a detailed description of the advertising that will be used by the Applicant Company to market its products in this state. Include a detailed explanation as to how the Applicant Company will develop, purchase, control and supervise its advertising.

Attachment Button

~~4410.~~ Attach a detailed explanation of the following:

- A. How the Applicant Company's policies will be underwritten, including the issuance of policies and endorsements,
- B. How policies will be cancelled,
- C. How premiums and other funds will be handled, and
- D. How personnel will be trained, supervised, and compensated.

Attachment Button

~~4511.~~ Attach a detailed explanation how the Applicant Company will adjust and pay claims, include the following;

- A. Describe how the Applicant Company will train, supervise and compensate the personnel handling claims adjusting and claims payment.
- B. Provide detailed information as to how and by whom claim reserves will be set and modified.
- C. Will the Applicant Company pay any representative given discretion as to the settlement or adjustment of claims whether in direct negotiation with the claimant or in supervision of the person negotiating, a compensation which is in any way contingent upon the amount of settlement of such claims?

Yes \_\_\_ No \_\_\_

Attachment Button

~~4712.~~ Will the Applicant Company be party to any reinsurance contracts which contracts that in effect provide that Applicant Company will reimburse or indemnify the Reinsurer for losses payable there under?

Yes \_\_\_ No \_\_\_

If yes, provide the details and attach.

Attachment Button

Applicant Company Name: \_\_\_\_\_

FEIN: \_\_\_\_\_

~~18~~13. Does any salaried employee or officer, exclusive of a director, presently have in force a license as an insurance broker issued by this Department of Insurance?

Yes \_\_\_ No \_\_\_

If yes, attach a copy of his/her license and indicate position held with applicant.

Attachment Button

~~19~~14. Will any of the Applicant Company's policies being sold in connection with a mutual fund or investment in securities?

Yes \_\_\_ No \_\_\_ Not Applicable \_\_\_

If yes, attach detailed explanation, including all sales literature which refers to the insurance and mutual fund or other investment literature that refers to the insurance and mutual fund or other investment plan connection.

Attachment Button

~~4~~15. Is the Applicant Company owned or controlled by a holding corporation?

Yes \_\_\_ No \_\_\_

If yes, attach and make a part hereof an affidavit by an executive officer of the Applicant Company who knows the facts listing the principal owners (10% or more of the outstanding shares) of such holding corporation by name and residence address, business occupation and business affiliations.

Attachment Button

~~5~~16. Is the Applicant Company owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?

Yes \_\_\_ No \_\_\_

If yes, provide the details in writing and attach to the Questionnaire

~~6~~17. Has any person who is presently an officer or director of Applicant Company or an individual who directly or indirectly controls 10% or more of the Applicant Company;

A. Been convicted on, or pleaded guilty or nolo contendere to, an indictment or information in any jurisdiction charging a felony for theft, larceny or mail fraud or, of violating any corporate securities statute or any insurance statute?

Yes \_\_\_ No \_\_\_

B. Presently engaged in a dispute with any state of federal regulatory agency?

Yes \_\_\_ No \_\_\_

C. A plaintiff or defendant in any legal action other than one arising out of policy claims?

Yes \_\_\_ No \_\_\_

If yes, provide a summary of each case and an estimate of the probable liability, if any, and attach.

Attachment Button

~~12~~18. If a parent, subsidiary and/or affiliated insurer is admitted for the classes of insurance requested in the pending application, please differentiate the products and/or markets of the Applicant Company from those of the admitted insurer(s).

1619. Is the Applicant Company a member of a group of companies that shares any of the following:

A. Common facilities with another company or companies

Yes \_\_\_ No \_\_\_

B. Services (e.g. accounting personnel for financial statement preparation)

Yes \_\_\_ No \_\_\_

C. Or, is a party to a tax allocation agreement in common with another company

Yes \_\_\_ No \_\_\_

If the answer to any of the above is yes, explain the division of costs between participants. If costs are pro-rated, what is the basis for division? Attach a copy of relevant contracts and include a summary of any attached contract.

Attachment Button

20. Is the Applicant Company applying for authority for separate account? Yes \_\_\_ or No \_\_\_

If the response is Yes, attach the following:

A. Statement of the investment policy of the separate account, and the procedures for changing such policy.

B. Copy of the variable annuity/ life prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law

C. A description of any investment advisory services contemplated relating to Separate Accounts

D. Board of Directors resolution authorizing the creation of the separate account

~~E. Copy of the variable life prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law~~

~~F. Statement of the investment policy of any separate account, and the procedures for changing such policy.~~

~~G-E. Statement specifying the standards of conduct with respect to the purchase or sale of investments of separate accounts (i.e. Board resolution)~~

~~H. Board of Directors resolution authorizing the creation of the separate account~~

Attachment Button

21. Is the Applicant Company applying for authority to write Variable Annuities \_\_\_\_\_ Yes \_\_\_ or No \_\_\_ ,

If the response is Yes, attach the following:

A. Copy(ies) of any third-party management or service contracts

B. Commission schedules

C. Five-year sales and expense projections

D. A statement from the Applicant Company's actuary describing reserving procedures including the mortality and expense risks which the Applicant Company will bear under the contract

~~E-G.~~ Copies of the variable annuity laws and regulations of the state of domicile

~~F-H.~~ Copy(ies) of the variable annuity contract(s) and application(s)

Attachment Button

22. ~~Is~~If the Applicant Company is applying for authority to write Variable Life Insurance Yes \_\_\_ or No \_\_\_ ,

If the response is Yes, attach the following:

A. Copy(ies) of variable life policy(ies) the Applicant Company intends to issue

Applicant Company Name: \_\_\_\_\_

FEIN: \_\_\_\_\_

- B. Name and experience of person(s) or firm(s) proposed to supply consulting, investments, administrative, custodial or distribution services to the Applicant Company
- C. Disclose whether each investment advisor i) is registered under the Investment Advisers Act of 1940, or ii) is an investment manager under the Employee Retirement Income Security Act of 1974, or iii) whether the Applicant Company will annually file required information and statements concerning each investment advisor as required by its domiciliary state
- ~~D.~~ \_\_\_\_\_
- ~~E.~~ \_\_\_\_\_
- ~~FD.~~ Copies of the variable life insurance laws and regulations of the state of domicile
- ~~GE.~~ A statement from the Applicant Company's actuary describing reserving procedures including the mortality and expense risks which the Applicant Company will bear under the contract
- ~~HF.~~ Standards of suitability or conduct regarding sales to policyholders
- ~~I.~~ \_\_\_\_\_

Attachment Button

23. Will the Applicant Company pay, directly or indirectly, any commission to any officer, director, actuary, medical director or any other physician charged with the duty of examining risks or applications?

Yes \_\_\_\_\_ No \_\_\_\_\_ ~~Not Applicable~~ \_\_\_\_\_

If yes, attach the details.

Attachment Button