## Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT COVER LETTER HOLDING COMPANY STRUCTURE

Affiant Name:			
Group Name:			
Group Code:			
Purpose of Affidavit:			
Applicant Company:			
Insurers listed under group code:			
Company Name and Address	NAIC Cocode	Position with the Company	Effective Date of Position
Applicant Company Representative Contact Information	:	l	
Name:			
Title:			
Phone:			
Email:			
Signature:			
Signature Date:			

Addendum Page for additional insurers listed under group code: **Company Name and Address** NAIC Position with the Effective Cocode Company Date of **Position** 

Addendum Page for additional insurers listed under group code: **Company Name and Address** NAIC Position with the Effective Cocode Company Date of **Position**