

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

NAIC No.: \_\_\_\_\_ FEIN: \_\_\_\_\_ Group Code (If Applicable): \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)  
REQUEST FOR DISCLAIMER OF AFFILIATION OR CONTROL OF AN INDIVIDUAL**

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 (including but not limited to any contracts between the person and the subject or any affiliate of the person and the subject) 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.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(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