

National Treatment and Coordination (E) Working Group

Company Licensing Proposal Form

<p style="text-align: right;">DATE: _____</p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF:</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>AFFILIATION:</p> <p>ADDRESS:</p>	<p style="text-align: center;"><u>FOR NAIC USE ONLY</u></p> <p>Agenda Item # _____</p> <p>Year _____</p> <p style="text-align: center;"><u>DISPOSITION</u></p> <p>[<input type="checkbox"/>] ADOPTED</p> <p>[<input type="checkbox"/>] REJECTED</p> <p>[<input type="checkbox"/>] DEFERRED TO</p> <p>[<input type="checkbox"/>] REFERRED TO OTHER NAIC GROUP</p> <p>[<input type="checkbox"/>] EXPOSED</p> <p>[<input type="checkbox"/>] OTHER (SPECIFY)</p>
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IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

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

Forms:

- [] Form 2 - Application [] Form 3 – Lines of Business [] Form 4 – Management Information
[] Form 5 – Debt to Equity Ratio [] Form 8M – Main Questionnaire [] Form 8HC- Holding Company Questionnaire
[] Form 8L – Life 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)

REASON OR JUSTIFICATION FOR CHANGE **

Additional Staff Comments:

** This section must be completed on all forms.

Revised 08-2023