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

**Corporate Amendments Application Checklist**

**For Corporate Amendments Application Only**

The application checklist is intended to help guide the insurer (herein after referred to as “Applicant Company”) with the assembly of a complete Corporate Amendments Uniform Certificate of Authority Application (UCAA). Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting the application for review. For hardcopy filings the completed checklist should be attached to the top of the application. For electronic filings, the checklist is automatically created and cannot be edited. Any additional items listed below pertaining to the application should be attached via the UCAA portal or mailed directly to the states.

 **Regulator Use Only**

|  |  |
| --- | --- |
| 1. **Application Form (pursuant to Sections I-VIII, Filing Requirements Item 1), containing:** |  |
|  |
|  |  | Completed UCAA Corporate Amendments Application Checklist (Form 1C) |  |
|  |  | Original UCAA Corporate Amendments Application Form executed, signed and Attachments (Form 2C) |  |
|  |
|  |  | Original Certificate of Authority or an Affidavit of Lost Certificate of Authority (Form 15) (not applicable for Sections VI-XII) |  |
|  |
|  |  | Cover Letter (Optional) |  |
|  |  |  |  |
| 2. **Filing Fee (pursuant to Sections I-VIII and Sections IX-XII (if applicable), Filing Requirements Item 2), containing:** |  |
|  |  | Payment of required filing fee |  |
|  |  | Copy of check |  |
|  |  |  |  |
| 3. **Articles of Incorporation/Articles of Merger (pursuant to Sections I-VII, Filing Requirements Item 3)** |  |
|  |
|  |  | Submit documentation as listed. |  |
|  |  |  |  |
| 4. **Bylaws (pursuant to Sections I-VI, Filing Requirements Item 4; Section VIII, Filing Requirements Item 3)** |  |
|  |  | Submit documentation as listed. |  |
|  |  |  |  |
| 5. **Lines of Insurance (pursuant to Section I, Filing Requirements Item 1)** |  |
|  |  | Include all lines of insurance the Applicant Company is licensed to transact, currently transacting and requesting authority to transact in all jurisdictions (Form 3) |  |
|  |
|  |  |  |  |
| 6. **Minimum Capital and Surplus Requirements (pursuant to Sections I and V, Filing Requirements Item 5)** |  |
|  |
|  |  | Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared |  |
|  |
|  |  |  |  |
| 7. **Certificate of Deposit for Statutory Deposit Requirements (pursuant to Sections I and V, Filing Requirements Item 6; Section III, Filing Requirements Item 5)** |  |
|  |  | An original Certificate of Deposit prepared by state of domicile (Form 7) |  |
|  |  |  |  |
| 8. **Plan of Operation (pursuant to Sections I, V and VI, Filing Requirements  Item  7)** |  |
|  |  | Completed Questionnaire (Form 8C) (per Section I, Filing Requirements Item 7) |  |
|  |  | Pro Forma (Form 13) |  |
|  |  | Narrative |  |
|  |  |  |  |
| 9. **Deleting Lines of Business (pursuant to Section I, Filing Requirements Item 11)** |  |
|  |  | Questionnaire (Form 8C), complete Section I, questions 22-25 |  |

 **Regulator Use Only**

|  |  |
| --- | --- |
| 10. **Statutory Membership(s) (pursuant to Sections I and V, Filing Requirements Item 8)** |  |
|  |  | Submit documentation as listed. |  |
|  |  |  |  |
| 11. **Certificate of Compliance (pursuant to Section I, Filing Requirements Item 9)** |  |
|  |  | Original Certificate of Compliance completed by domiciliary state insurance regulatory agency (Form 6) |  |
|  |
|  |  |  |  |
| 12. **State-Specific Information (pursuant to Section I, Filing Requirements Item 10; Sections II and IV, Filing Requirements Item 7; Section III, Filing Requirements Item 8; Section V, Filing Requirements Item 12; Section VI, Filing Requirements Item 9; Section VII, Filing Requirements Item 6; Section VIII, Filing Requirements Item 5; and Section X, Filing Requirements Item 4)** |  |
|  |
|  |
|  |  | Some jurisdictions may have additional requirements that must be met before approval can be granted or the amended Certificate of Authority can be issued. The Applicant Company should review the list of requirements for the state to which they are applying. That listing can be found at [**http://www.naic.org/industry\_ucaa.htm**](http://www.naic.org/industry_ucaa.htm) |  |
|  |
|  |
|  |
|  |
| 13. **Uniform Consent to Service of Process (pursuant to Sections II – IV, Filing Requirements Item 5; Section V, Filing Requirements Item 10; and Section VI Filing Requirements Item 7)** |  |
|  |
|  |  | Original executed Service of Process form (Form 12) |  |
|  |  |  |  |
| 14. **State of Domicile Approval (pursuant to Sections II and IV, Filing Requirements Item 6; Section V, Filing Requirements Item 11; Section VI, Filing Requirements Item 8; Section III, Filing Requirement Item 7; Section VII, Filing Requirements Item 5; and Section VIII, Filing Requirements Item 4)** |  |
|  |
|  |
|  |  | Submit documentation of domiciliary notification. |  |
|  |  |  |  |
| 15. **NAIC Biographical Affidavit (Form 11), (pursuant to Section V, Filing Requirement Item 9 and Section VI, Filing Requirement Item 6), for the following:** |  |
|  |
|  |  | Officers (as listed on Jurat Page of most recent or upcoming financial statement.) |  |
|  |  | Directors (as listed on Jurat Page of most recent or upcoming financial statement.) |  |
|  |  | Key managerial personnel (including heads of risk management, compliance, internal audit or other individuals who will control the operations of the Applicant Company or have binding authority over the Applicant Company.) |  |
|  |
|  |  | Any individual (including management not represented of the Jurat Page or not in key |  |
|  |  | managerial positions) with 10% or greater ownership of the Applicant Company and/or the Applicant Company’s ultimate controlling entity. If applicable, a copy of a disclaimer of control and approval from the domiciliary regulator may be submitted in lieu of a biographical affidavit for those states that deem acceptable |  |
|  |  | Affidavit originally signed and notarized within six months of application date |  |
|  |  | Affidavit certified by independent third-party |  |
|  |  |  |  |
| 16. **Name Approval (pursuant to Section II, Filing Requirements Item 8)** |  |
|  |  | Evidence of name approval request |  |
|  |  |  |  |
| 17. **Statement of Withdrawal (pursuant to Section X, Filing Requirements Item 3)** |  |
|  |  | Completed Form 17 |  |
|  | Submit documentation, if applicable, for:  |  |
|  |  | Reinsurance Agreement |  |
|  |  | Assumption Agreement |  |
|  |  | Outstanding Liabilities or Law suits |  |
|  |  | Pending Regulatory Actions |  |