

**Uniform Certificate of Authority Application (UCAA)  
Corporate Amendments Application  
Application to Amend Certificate of Authority**

To the Insurance Commissioner/Director/Superintendent of the State of:

(Check the appropriate states in which the Applicant Company is applying.)

Alabama		Montana	
Alaska		Nebraska	
Arizona		Nevada	
Arkansas		New Hampshire	
California		New Jersey	
Colorado		New Mexico	
District of Columbia		New York	
Connecticut		North Carolina	
Delaware		North Dakota	
Florida		Ohio	
Georgia		Oklahoma	
Hawaii		Oregon	
Idaho		Pennsylvania	
Illinois		Puerto Rico	
Indiana		Rhode Island	
Iowa		South Carolina	
Kansas		South Dakota	
Kentucky		Tennessee	
Louisiana		Texas	
Maine		Utah	
Maryland		Vermont	
Massachusetts		Virginia	
Michigan		Washington	
Minnesota		West Virginia	
Mississippi		Wisconsin	
Missouri		Wyoming	

(Check the appropriate states in which the Applicant Company is applying.)

The Uniform Certificate of Authority Corporate Amendments Application can be used to file more than one change in the same submission. The Applicant Company should mark all changes being filed on the application form and submit all items required for those changes in one package.

(Check the type of transaction for which the Applicant Company is applying.)

- Add Lines of Business: The undersigned Applicant Company hereby certifies that the lines of insurance as indicated on the Lines of Insurance Form 3 are all lines of business that (a) the Applicant Company is currently authorized to transact, (b) are currently transacted, and (c) which the Applicant Company is applying to transact.
- Name Change
- Delete Lines of Business
- Redomestication of a Foreign Insurer
- Change of Statutory Home Office Address
- Merger of Two or More Foreign Insurers
- \_\_\_\_\_ Name of Non-Surviving Insurer and Cocode
- Pre-notification of Change of Control of Foreign Insurer
- Notification of Change of Control of Foreign Insurer
- Amended Articles of Incorporation
- Amended Bylaws

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

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

Effective Date of Name Change: \_\_\_\_\_

Previous Name of Applicant Company:  
\_\_\_\_\_

New Name of Applicant Company:  
\_\_\_\_\_

Did the Applicant Company experience a merger or an owner change prior to the name change?

Yes  No

If yes, please be sure an application is also submitted for the merger and/or ownership change transaction.

Effective Date of Change of Control of Foreign Insurer: \_\_\_\_\_

Previous Group Name: \_\_\_\_\_ Group Code: \_\_\_\_\_

New Group Name: \_\_\_\_\_ Group Code: \_\_\_\_\_

Has the Applicant Company's designee to appoint and remove agents changed as a result of this corporate amendment?

Yes  No

If yes, please note the new designee (name natural persons only): \_\_\_\_\_

Effective Date of Redomestication: \_\_\_\_\_ Previous State: \_\_\_\_\_ New State: \_\_\_\_\_

Effective Date of Statutory Home Office Address Change: \_\_\_\_\_

Previous Statutory Home Office Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

New Statutory Home Office Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Previous Administrative Office Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

New Administrative Office Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Previous Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If a merger of two or more foreign insurers:

Effective Date of Merger: \_\_\_\_\_

Current Name of Surviving Applicant Company: \_\_\_\_\_ NAIC No.: \_\_\_\_\_ Group Code: \_\_\_\_\_

Proposed New Name of Surviving Applicant Company: \_\_\_\_\_ NAIC No.: \_\_\_\_\_ Group Code: \_\_\_\_\_

Name of Non-Surviving Insurer: \_\_\_\_\_ NAIC No.: \_\_\_\_\_ Group Code: \_\_\_\_\_

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

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

Name of Surviving Insurer: \_\_\_\_\_ NAIC No.: \_\_\_\_\_ Group Code: \_\_\_\_\_

Surviving Applicant Company's Home Office Address:  
\_\_\_\_\_

Surviving Applicant Company's Administrative Office Address:  
\_\_\_\_\_

Surviving Applicant Company's Mailing Address:  
\_\_\_\_\_

Surviving Applicant Company's Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Are these addresses the same as those shown on the Applicant Company's Annual Statement?

Yes  No

If not, indicate why: \_\_\_\_\_

Date of Last Market Conduct Examination: \_\_\_\_\_

Has the Applicant Company had an application for these lines of business refused by this or any other state prior to the date of this application?

Yes  No

If yes, give full explanation in an attached letter.

The following information is required of the individual (Applicant Company employee or paid consultant) who is authorized to represent the Applicant Company before the department.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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: \_\_\_\_\_ Fax: \_\_\_\_\_

Please provide a listing of all other applications filed by the Applicant Company, or any of its affiliates, which are pending before the Department:

\_\_\_\_\_  
\_\_\_\_\_

A Certificate of Compliance from the Applicant Company's state of domicile (for foreign applicants) and the Applicant Company's original Certificate of Authority or an Affidavit of Lost Certificate of Authority must accompany this application. (not applicable for Change of Control, Amended Articles of Incorporation or Amended Bylaws.)

**Applicant Company Officers' Certification and Attestation**

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

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, the Applicant Company, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions 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 at \_\_\_\_\_.

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Applicant Company

\_\_\_\_\_  
Date

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

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