

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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)  
CERTIFICATE OF COMPLIANCE**

State of \_\_\_\_\_  
(Domiciliary State of Applicant Company)

Office of \_\_\_\_\_  
(Commissioner, Superintendent, Officer)

I, \_\_\_\_\_, hereby certify that I am the\* \_\_\_\_\_,  
(Name) (Position)

of the State of \_\_\_\_\_ and have supervision of insurance business in said State and as

such, I hereby certify that \_\_\_\_\_  
(Name of Applicant Company)

of \_\_\_\_\_ is duly organized under the laws of said State and  
(City/State)

is authorized to transact the business of \_\_\_\_\_  
(Lines of Insurance)\*\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at \_\_\_\_\_  
(Location)

on this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_  
(Month)

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

\_\_\_\_\_  
(Printed Name)

\* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

\*\* Lines of Insurance as shown on Form 3 of UCAA