National Treatment and Coordination (E) Working Group

Company Licensing Proposal Form

DATE: _____	**FOR NAIC USE ONLY**
CONTACT PERSON: _____	Agenda Item #_____
TELEPHONE: _____	Year _____
EMAIL ADDRESS: _____	**DISPOSITION**
ON BEHALF OF: _____	[ ] ADOPTED _____
NAME: _____	[ ] REJECTED _____
TITLE: _____	[ ] DEFERRED TO _____
AFFILIATION: _____	[ ] REFERRED TO OTHER NAIC GROUP
ADDRESS: _____	[ ] EXPOSED _____
_____	[ ] OTHER (SPECIFY) _____

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 1 – Checklist [ ] Form 2 - Application [ ] Form 3 – Lines of Business
[ ] Form 6- Certificate of Compliance [ ] Form 7 – Certificate of Deposit [ ] Form 8 - Questionnaire
[ ] Form 8C- Corporate Amendment 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 01-2019**

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