Uniform Certificate of Authority Application (UCAA)
Primary Application

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

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

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<tr>
<th>Alabama</th>
<th>Montana</th>
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The undersigned Applicant Company hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are all lines of business (a) currently authorized for transaction, (b) currently transacted and (c) which the Applicant Company is applying to transact.

Name of Applicant Company: ____________________ NAIC No.: ____________________ -- ____________________ Group Code

Home Office Address: ____________________________________________________________

Administrative Office Address: __________________________________________________

Mailing Address: ________________________________________________________________

Phone: ____________________ Fax: ____________________

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

Yes [ ]  No [ ]

If not, indicate why:

___________________________________________________________________________

___________________________________________________________________________
Applicant Company Name: _____________________________   NAIC No. __________________________
FEIN:   __________________________

Date Incorporated: _______________ Form of Organization: _______________________________________________

Billing Address: ___________________________________________________________________________________
E-Mail Address: ____________________________ Phone:  _______________________ Fax: ____________________

Premium Tax Statement Address: _____________________________________________________________________
E-Mail Address: ____________________________ Phone:  _______________________ Fax: ____________________

Producer Licensing Address: _______________________________________________________________________
E-Mail Address: ____________________________ Phone:  _______________________ Fax: ____________________

Rate/Form Filing Address: _________________________________________________________________________
E-Mail Address: ____________________________ Phone:  _______________________ Fax: ____________________

Consumer Affairs Address: _______________________________________________________________________
E-Mail Address: ____________________________ Phone:  _______________________ Fax: ____________________

State or Country of Domicile: ________________________________  Date Organized: __________________________

Date of Last Amendment of Charter, Bylaws or Subscriber's Agreement: _______________________________________

Date of Last Financial Examination: __________________________________________________________________

Date of Last Market Conduct Examination: ______________________________________________________________

Par Value of Issued Stock: $ ___________________ Surplus as regards policyholders: $ __________________________

Certificate of Deposit (Home State): $ __________________________________________________________________

Ultimate Owner/Holding Company: ____________________________________________________________________

Has the Applicant Company ever been refused admission to this or any other state prior to the date of this application?

Yes   No

If yes, give full explanation in an attached letter.

The Applicant Company hereby designates (name natural persons only) ______________________ , to appoint persons
and entities to act as and to be licensed as agents in the State of ________________________________, and to terminate
the said appointments.

NOTE: This does not apply to those states that do not require appointments

The following information is required of the individual 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, that are pending before the Department.

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Applicant Company Officers’ Certification and Attestation

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

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 or the Applicant Company, or both, to civil or criminal penalties.

2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, 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 this __________________ 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

__________________________________  __________________________________
Name of Applicant Company

__________________________________  __________________________________
Date                                     Signature of Witness

Full Legal Name of Witness