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.)

<table>
<thead>
<tr>
<th>Alabama</th>
<th>Montana</th>
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<td>Alaska</td>
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<td>Arizona</td>
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<td>California</td>
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<td>Colorado</td>
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<td>District of Columbia</td>
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<td>Missouri</td>
<td>Wyoming</td>
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</table>

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:
________________________________________________________________________________________
________________________________________________________________________________________
_______________________________________________________________________________________

Rev 08/18/14
© 2016 National Association of Insurance Commissioners 1 Form 2P
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

_________________________  __________________________________
Date                      Full Legal Name of President

_________________________  __________________________________
Date                      Signature of Secretary

_________________________  __________________________________
Date                      Full Legal Name of Secretary

_________________________  __________________________________
Date                      Signature of Treasurer

_________________________  __________________________________
Date                      Full Legal Name of Treasurer

_________________________  __________________________________
Name of Applicant Company

_________________________  __________________________________
Date                      Signature of Witness

_________________________  __________________________________
Date                      Full Legal Name of Witness