

ApplicantCompanyName: \_\_\_\_\_

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

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

Uniform Certificate of Authority Application (UCAA)  
Statement of Withdrawal

(Foreign Insurance Company Withdrawal/Complete Surrender of Certificate of Authority Application)

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

(Check the appropriate state in which this application is being submitted.)

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	



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

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

1. Have all assessments by guaranty associations or statutorily mandated insurance pools while admitted to the state been paid?

Yes  No

If no, please explain in an attachment to this statement.

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

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

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

### Applicant Company Officers' Certification and Attestation

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

1. We hereby certify, under penalty of perjury, that we have read the application, that we are familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. We are 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 the Applicant Company, or both, to civil or criminal penalties.
2. We acknowledge that we are 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 to withdraw or surrender its certificate of authority
3. We acknowledge that we are the President/Vice President and Secretary/Assistant Secretary of the Applicant Company, are authorized to execute and are executing this document on behalf of the Applicant Company.
4. We hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the foregoing is true and correct executed at \_\_\_\_\_

(Location)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of President (or Vice President)

\_\_\_\_\_  
Full Legal Name of President (or Vice President)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Secretary (or Assistant Secretary)

\_\_\_\_\_  
Full Legal Name of Secretary (or Assistant Secretary)

\_\_\_\_\_  
Date

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

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