

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

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)  
Corporate Amendments Application  
Application to Amend Certificate of Authority**

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

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

Effective Date of Name Change: \_\_\_\_\_

Previous Name of Applicant Company:  
\_\_\_\_\_

New Name of Applicant Company:  
\_\_\_\_\_

Did the Applicant Company experience a merger or an owner change prior to the name change?

Yes  No

If yes, please be sure an application is also submitted for the merger and/or ownership change transaction.

Effective Date of Change of Control of Foreign Insurer: \_\_\_\_\_

Previous Group Name: \_\_\_\_\_ Group Code: \_\_\_\_\_

New Group Name: \_\_\_\_\_ Group Code: \_\_\_\_\_

Has the Applicant Company's designee to appoint and remove agents changed as a result of this corporate amendment?

Yes  No

If yes, please note the new designee (name natural persons only): \_\_\_\_\_

Effective Date of Redomestication: \_\_\_\_\_ Previous State: \_\_\_\_\_ New State: \_\_\_\_\_

Effective Date of Statutory Home Office Address Change: \_\_\_\_\_

Prev (3 Tw [ 1 )-5678-4788 30.0 11 0.7P .N(f)1.60.48 0.48 ref112.30 11628 0.48 0.48 0.28-02.7 fBd(PT)S(0)106D(8)D42 81.15/P 4MCID  
Prrrev (3 Tw [ 3 )TjEMC /P 88 30.0 14912.32 -/0 fl\_ 0.48 0.4)68.2-97 -1.15 Td( )Tj (e)4.29 \_\_\_\_\_ Mr rrrr \_\_\_ rr \_rrrrl( \_\_\_ r)

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

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NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

### **Applicant Company Officers' Certification and Attestation**

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

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and