

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE**

State of _____
(Domiciliary State of Applicant Company)

Office of _____
(Commissioner, Superintendent, Officer)

I, _____, hereby certify that I am the* _____,
(Name) (Position)

of the State of _____ and have supervision of insurance business in said State and as

such, I hereby certify that _____
(Name of Applicant Company)

of _____ is duly organized under the laws of said State and _____

IN TESTIMONY WHEREOF