## National Treatment and Coordination (E) Working Group

Company Licensing Proposal Form

	DATE:	FOR NAIC USE ONLY
		Agenda Item #
CONTACT PERSON:		Year
TELEPH	HONE:	<u>DISPOSITION</u>
EMAIL A	ADDRESS:	
ON BEH	HALF OF:	[ ] REJECTED
NAME:		[ ] DEFERRED TO
TITLE:		[ ] REFERRED TO OTHER NAIC GROU
AFFILIA	TION:	[ ] EXPOSED
ADDRE	SS	[ ] OTHER (SPECIFY)
	IDENTIFICATION OF SOURCE AND FORM(S)/INS	STRUCTIONS TO BE CHANGED
[ ] Comp	A Forms [ ] UCAA Instructions [ ] Enhancement to the pany Licensing Best Practices HB	e Electronic Application Process
	2 -Application [ ] Form 3 -Lines of Busines [ ] Form 5 -Debt to Equity Ratio [ ] Form 8M - Main Questionna	_