

**Uniform Certificate of Authority Application (UCAA)
Expansion Application Checklist
For Expansion Application Only**

The application checklist is intended to help guide you with assembling your complete Expansion Uniform Certificate of Authority Application (UCAA). Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting your application for review. The completed checklist should be attached to the top of the application.

Regulator Use Only

- | | | |
|-----|---|--------------------------|
| 1. | Application Form and Supporting Documents, containing: | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> Completed Expansion Application Checklist (Form 1E) | |
| | <input checked="" type="checkbox"/> Original UCAA Expansion Form executed and signed (Form 2E) | |
| | <input checked="" type="checkbox"/> Include all lines of insurance applicant is licensed to transact, currently transacting and requesting authority to transact in all jurisdictions. (Form 3) | |
| | <input checked="" type="checkbox"/> Notification to state of domicile of planned expansion | |
| 2. | Filing Fee (pursuant to Section II Filing Requirements Item 2) containing: | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> Payment of required filing fee | |
| | <input checked="" type="checkbox"/> Copy of check | |
| 3. | Minimum Paid-in Capital and Surplus Requirements (pursuant to Section II Filing Requirements Item 3) | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared | |
| 4. | Certificate of Deposit for Statutory Deposit Requirements (pursuant to Section II Filing Requirements Item 4) | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> An original Certificate of Deposit prepared by state of domicile (Form 7) | |
| 5. | Name Approval (pursuant to Section II Filing Requirements Item 5) | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> Evidence of name approval request | |
| 6. | Plan of Operation (pursuant to Section II Filing Requirements Item 6) | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> Completed Questionnaire (Form 8) | |
| | <input checked="" type="checkbox"/> Pro Forma – To be submitted the week of November 6, 2006 | |
| | <input checked="" type="checkbox"/> Narrative | |
| 7. | Holding Company Form “B” Registration Statement (pursuant to Section II Filing Requirements Item 7) | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> Included statement | |
| 8. | Certificate of Compliance (pursuant to Section II Filing Requirements Item 8) | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> Original Certificate of Compliance (Form 6) completed by domiciliary state insurance regulatory agency. | |
| 9. | Report of Examination (pursuant to Section II Filing Requirements Item 9) | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> A period of examination as specified in Section II Filing Requirements Item 9 | |
| 10. | Statutory Membership(s) | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> Submit documentation as listed in Section II Filing Requirements Item 10 | |

11. **Public Records Package,**

Submit ALL items in chart in Section II Item 12 including:

a. **Articles of Incorporation, including:**

Original certification by domiciliary state

b. **Bylaws, including:**

Original certification by applicant's corporate assistant

c. **Statement with Attachments, including:**

Current Year Annual Statement*
Verified and signed,
Certified by domiciliary state insurance reg. agency,
Certification of actuarial opinion; and
NAIC Management's Discussion and Analysis

Current Year Quarterly Statements-one copy for each quarter, verified and signed.

* 1. Updated Statements should be submitted on a timely basis while application is pending.

2. If Annual Statement for two preceding years have not been filed with NAIC, one copy of each year must be submitted with the application.

d. **Independent CPA-Audit Report**

12. **NAIC Biographical Affidavit (Form 11) for the following**

Officers (As listed on Jurat Page of most recent financial statement.)

Directors (As listed on Jurat Page of most recent financial statement.)

Key managerial personnel (Including any Vice Presidents or other individuals who will control the operations of the applicant.)

Individuals with a 10% or more beneficial ownership in the applicant who will exercise control over the applicant or, Officers and Directors of an entity with a 10% or more beneficial ownership in the applicant who exercise control over the applicant; and

Individuals with a 10% or more beneficial ownership in the applicant's ultimate controlling person who will exercise control over the applicant and Officers and Directors of the ultimate controlling person who will control the operations of the applicant.

Originally signed and notarized within one year of application date.

Certified by Independent Third Party

13. **Uniform Consent to Service of Process**

Original executed Service of Process form (Form 12)

14. **State-Specific Information**

Please check state specific requirements for those states that require additional background information, such as fingerprints, in place of or in addition to, Business Character Reports. If applying in one of those states, necessary fingerprint cards and processing fees should be included.