National Treatment and Coordination (E) Working Group

Company Licensing Proposal Form

	DATE: 2-1-19	**FOR NAIC USE ONLY**
CONTACT PERSON:	Jane Barr	Agenda Item # 2019-04
TELEPHONE:		Year 2019
EMAIL ADDRESS:	jbarr@naic.org	**DISPOSITION**
ON BEHALF OF:	National Treatment & Coordination WG	[ ] ADOPTED
NAME:	Linda Johnson	[ ] REJECTED
TITLE:	Chief Examiner	[ ] DEFERRED TO
AFFILIATION:	Wyoming Insurance Department	[ ] REFERRED TO OTHER NAIC GROUP
ADDRESS:		[ ] EXPOSED
		[ ] OTHER (SPECIFY)

IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

[X] UCAA Forms [ ] UCAA Instructions [X] Enhancement to the Electronic Application Process
[ ] Company Licensing Best Practices HB

Forms:

[ ] Form 1 – Checklist [ ] Form 2 - Application [ ] Form 3 – Lines of Business
[ ] Form 6- Certificate of Compliance [ ] Form 7 – Certificate of Deposit [ ] Form 8 - Questionnaire
[ ] Form 8C- Corporate Amendment Questionnaire [ ] Form 11-Biographical Affidavit [x] Form 12-Uniform Consent to Service of Process [ ] Form 13- ProForma [ ] Form 14- Change of Address/Contact Notification
[ ] Form 15 – Affidavit of Lost C of A [ ] Form 16 – Voluntary Dissolution [ ] Form 17 – Statement of Withdrawal

DESCRIPTION OF CHANGE(S)

Insert the word "Statutory" before "Home Office Address" on page 1 of the Uniform Consent to Service of Process. Include the state where the company is regulated if different than the state where it was organized.

REASON OR JUSTIFICATION FOR CHANGE **

This change would clarify that the address to be listed is the statutory home office address. Further clarification to include the state where the company is regulated if different than the state where it is organized.

Additional Staff Comments:

6/12/19-jdb NAIC staff added further clarification for companies that are organized in one state and domiciled (regulated) in another.

**** This section must be completed on all forms.** **Revised 01-2019**

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Applicant Company Name: _____ NAIC No. _____
FEIN: _____

Uniform Certificate of Authority Application (UCAA)
Uniform Consent to Service of Process

_____ Original Designation _____ Amended Designation
(must be submitted directly to states)

Applicant Company Name: _____

Previous Name (if applicable): _____

Statutory Home Office Address: _____

City, State, Zip: _____ NAIC CoCode:_____

The Applicant Company named above, organized under the laws of _____ , and regulated under the laws of _____for purposes of complying with the laws of the State(s) designate hereunder relating to the holding of a certificate of authority or the conduct of an insurance business within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding against it in the State(s) so designated; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State(s) so designated; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the entity outstanding in the State. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

Applicant Company Officers' Certification and Attestation

One of the two Officers (listed below) of the Applicant Company must read the following very carefully and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant Company.

2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at _____.

_____ _____
Date Signature of President

_____
Full Legal Name of President

_____ _____
Date Signature of Secretary

_____
Full Legal Name of Secretary

Detail Eliminated To Conserve Space