Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT COVER LETTER HOLDING COMPANY STRUCTURE

Affiant Name:				
Group Name:				
Group Code:				
Purpose of Affidavit:	Other (Specify Reason)			
Applicant Company:				
Insurers listed under gro	oup code:			
Company Name and Address		NAIC Cocode	Position with the Company	Effective Date of Position
Applicant Company Rep	presentative Contact Information:			
Name:				
Title:				
Phone:				
Email:				
Signature Date:				

Addendum Page for additional insurers listed under group code: **Company Name and Address** NAIC Position with the Effective Cocode Company Date of **Position**

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