



VOLUNTARY DISSOLUTION OF A DELAWARE DOMESTIC COMPANY

The following is the procedure for dissolving a Delaware domestic company:

1. Company must notify the Department in writing of its intent to dissolve, including the reason for dissolution, and provide copies of:
 1. Consent of Shareholders
 2. Approval of Board of Directors

Send request for Dissolution to the attention of Linda Sizemore, CPA, CFE, Director of Company Regulation, at the address above.

2. Department will have a Dissolution Report on Examination performed for a final accounting of the Company's assets and liabilities, and to determine if there are any outstanding fees due the Department (i.e., premium taxes, examination fees).
3. Following issuance of the Dissolution Report on Examination, the Company may apply to the Office of the Delaware Secretary of State, Division of Corporations, to file a Certificate of Dissolution.
4. Provide Department with a certified copy of the Certificate of Dissolution.
5. Provide information required on UCAA Forms 16 & 16A – Statements of Voluntary Dissolution – Summary of License Status in Non-Domicile States.
6. If policies are in force, submit documentation for approval by the Department regarding transfer or assumption of existing business, or summary of company's plan to run-off any existing business.
7. Company may request release of securities on deposit. Before securities on deposit can be released, Delaware law requires advertising for four (4) weeks prior to release.
8. Return original Delaware Certificate of Authority presently issued to the Company. If the original cannot be located, an Officer of the Company must state before a Notary Public that the Certificate is lost, and if it is ever found it will be returned to the Delaware Department of Insurance.

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9. If there are no objections to release of securities on deposit, and if the Department has determined that all liabilities have been settled, the bank will be authorized to close the account and wire all funds per wiring instructions provided by the company.

Contact: Antoinette Handy at Toni.Handy@state.de.us, (302)674-7338 or FAX: 302-739-2709.

September 7, 2011

Statement of Voluntary Dissolution**Summary of License Status in Non-domicile States**

This form should be completed by those reporting entities that are ending their existence in all states. The form is to be submitted to the domicile state when requesting dissolution or cancellation of the certificate of authority and may also be requested by non-domiciliary states when requesting cancellation of the foreign certificate of authority. The purpose of the form is to provide information about the status of all foreign certificates of authority and any obligations that are still present in those states.

Column 1 – Certificate of Authority has been held from the states listed below:

List each state from which the entity has held a certificate of authority during the last 10 years. Include states where a certificate of authority had been issued and surrendered within the 10 year period.

Column 2 – Date of approval of surrender of Certificate of Authority by this state

Report the date that the state department of insurance approved the surrender or cancellation of the certificate of authority in that state.

Column 3 – Do any policyholder obligations of the dissolving company exist in this state?

Report any kind of obligation that exists on the date of the signature on this form which is related to the policies or contracts issued by the entity. Include claim obligations, loss adjustment expenses, involuntary reinsurance pool obligations and any other unpaid charges that arise from policies or contracts written in that state or that are expected to arise from the policy or contract activities of the entity in that state. Estimate the amount if the actual amount is not known.

Column 4 – Have all premium taxes, fees and other monetary obligations owed to this state been paid?

Report any kind of other obligation that exists on the date of the signature on this form. Include taxes, fees, assessments, creditor obligations and any other unpaid charges that arise from that state or that are expected to arise from the operations of the entity in that state. Estimate the amount if the actual amount is not known.

Column 5 - Does a state regulatory deposit exist in this state?

Report the amount of any statutory or regulatory deposit that exists in the state on the date of the signature on this form. Explain the reason for the deposit, if known.

Company Name: _____ NAIC Number _____

**Statement of Voluntary Dissolution
Summary of License Status in Non-domicile States**

This statement is submitted to the company's domestic state regulator to summarize how the company has addressed its licensure in other states. Limit the information to those states in which a certificate of authority has been held within the last 10 years.

Certificate of Authority has been held from the states listed below:	Date of approval of surrender of Certificate of Authority by this state. If surrender is not in effect, attach explanation.	Do any policyholder obligations or contingent liabilities of the dissolving company exist in this state? If yes, attach explanation.	Have all premium taxes, fees and other monetary obligations owed to this state been paid? If no, attach explanation.	Does a state regulatory deposit exist in this state? If so, what is the amount and what is it for? If necessary, please attach an explanation.

I acknowledge that I am an officer of the Company, am authorized to execute and am executing this document on behalf of the Company. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing, including attachments, is true and correct as of the date of signature below.

Executed at _____.

Date

Signature of Officer

Printed Name

Title