

Karen Weldin Stewart, CIR-ML
Commissioner



Delaware Department of Insurance

**VOLUNTARY WITHDRAWAL
FROM THE
STATE OF DELAWARE**

Please complete UCAA Form 17 (attached) and return to the attention of:

Linda Sizemore, CPA, CFE
Director of Company Regulation
Delaware Department of Insurance
841 Silver Lake Boulevard
Dover, DE 19904
(302)674-7343
Linda.Sizemore@state.de.us

Dated: September 7, 2011

Applicant Name: _____

NAIC No. _____

FEIN: _____

Uniform Certificate of Authority Application (UCAA)

Statement of Withdrawal

(Foreign Insurance Company Withdrawal/Complete Surrender of Certificate of Authority Application)

- 1) The _____ (name of company) is seeking to surrender its authority to transact business in _____ (State) and returns for cancellation its certificate of authority* for the following reason: _____

- 2) State of domicile or port of entry: _____
- 3) Date of issuance of the original certificate of authority in the state that you are withdrawing from: _____
- 4) Mailing address to which the Commissioner may mail a copy of any service of process against the withdrawing company, see Form 12, Exhibit A, Uniform Consent to Service of Process for state requirement: _____

- 5) Have all assessments by guaranty associations or statutorily mandated insurance pools while admitted to the state been paid? ____ Yes ____ No

If no, please explain in an attachment to this statement.
- 6) Are there any regulatory actions in process, pending or in effect against the company in any U.S. regulatory jurisdiction? ____ Yes ____ No

If yes, please explain in an attachment to this statement.
- 7) Is there any business in force or any outstanding claim liabilities, contingent liabilities, or law suits currently existing in this state? ____ Yes ____ No

If yes, please explain in an attachment to this statement.
- 8) Has the business in the state been transferred to another insurer in order to surrender the certificate of authority? ____ Yes ____ No

If yes, attach reinsurance agreement (separate approval prior to surrendering a Certificate of Authority is required in [list states]).
 - If the applicant is unable to locate its certificate of authority, submit an affidavit of lost certificate of authority (UCAA Form 15). The approval and subsequent withdrawal of Certificates of Authority may involve other state departments/agencies. Final approval resides with the regulator that is the recipient of this form.

NOTE: Please review the UCAA State Specific Information page for additional information regarding the requirements for a particular state.

Applicant Name: _____

NAIC No. _____

FEIN: _____

Applicant Officers' Certification and Attestation

The two officers (listed below) of the Applicant must read the following very carefully:

1. We hereby certify, under penalty of perjury, that we have read the application, that we are familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. We are aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject us or the Applicant, or both, to civil or criminal penalties.
2. We acknowledge that we are familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant is licensed or to which the Applicant is applying to withdraw or surrender its certificate of authority.
3. We acknowledge that we are the President/Vice President and Secretary/Assistant Secretary of the Applicant, are authorized to execute and are executing this document on behalf of the Applicant.
4. We hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the foregoing is true and correct, executed at _____.

Date

Signature of President (or Vice President)

Full Legal Name of President (or Vice President)

Date

Signature of Secretary (or Assistant Secretary)

Full Legal Name of Secretary (or Assistant Secretary)

Date

Signature of Witness

Full Legal Name of Witness