



**Florida Office of Insurance Regulation**

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

Affiant Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Code: \_\_\_\_\_

Purpose of Affidavit: \_\_\_\_\_

Applicant Company: \_\_\_\_\_

Insurers listed under group code:

<b>Company Name and Address</b>	<b>NAIC Cocode</b>	<b>Position with the Company</b>	<b>Effective Date of Position</b>

Applicant Company Representative Contact Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_



