

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:			
Company Name and Address	NAIC Cocode	Position with the Company	Effective Date of Position
Applicant Company Representative Contact Information:			
Name:			
Title:			
Phone:			
Email:			
Signature:			
Signature Date:			1.00/1.4/2021

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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