

**New Jersey State Specific Page**  
**Uniform Certificate of Authority Application**  
**For Adding or Deleting Lines of Business to an Existing Certificate of Authority**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

To the Commissioner of Banking and Insurance of New Jersey, Trenton, New Jersey

Sir/Madam:

The above named company makes application for an extension of its authority to transact business in the State of New Jersey to include the following lines of insurance:

\_\_\_ 26. Health (for property / casualty companies only)

\_\_\_ 28. Life

\_\_\_ 30. Annuities

\_\_\_ 29. Health

\_\_\_ 31. Variable Contracts

In connection therewith please enclose a certified copy of your current Certificate of Authority showing authority from your state of domicile to transact the kinds of insurance as requested above and, if not on file with this Department, a certified copy of your Charter and/or Amended Charter authorizing the company to transact this kind of insurance.

By \_\_\_\_\_

\_\_\_\_\_  
(Title)

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In addition to the items required by the Uniform Certificate of Authority application, please provide the following:

1. A certified copy of the most recent financial examination of the insurer's affairs by the Department or its equivalent, of the insurer's place of domicile.
2. The most recent market conduct report available and if different, the most recent market conduct report from the state of domicile.

For applicants requesting variable authority, in addition to the above please provide

3. A certified copy of authorization to issue variable contracts in the State of domicile.