



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

UCAA STATEMENT OF WITHDRAWAL
LOUISIANA SPECIFIC ADDENDUM

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____
who, after being duly sworn, did depose and say:

- 1) _____ surrenders its
Certificate of authority to transact the business of insurance in Louisiana and returns to the Louisiana Department of Insurance Certificate of Authority for cancellation pursuant to this withdrawal.
- 2) That this withdrawal has been duly authorized by the board of directors, trustees or other governing body of the insurer.
- 3) That the insurer has paid all taxes or other charges which may be due as a result of having been authorized to conduct an insurance business in Louisiana.
- 4) That the insurer agrees to settle any and all claims arising from its having transacted the business of insurance in Louisiana without prejudice because of this withdrawal
- 5) That all information contained in this Statement of Withdrawal and all attachments thereto are true and correct.

Signature of Witness One

Signature of Company Officer

Printed Name of Witness One

Signature of Witness Two

Printed Name and Title of Company Officer

Printed Name of Witness Two

SWORN TO and subscribed before me this _____ day of _____, 20__.

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires _____