



LOUISIANA DEPARTMENT OF INSURANCE  
TIMOTHY J. TEMPLE  
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\_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Bar Roll Number

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public's Printed Name