



National Association of
Insurance Commissioners

2301 McGee St, Suite 800
Kansas City, MO 64108-2662

(816) 842-3600
www.naic.org

COMPANY CODE APPLICATION

**YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT A CERTIFIED COPY OF THE
CERTIFICATE OF AUTHORITY ISSUED TO YOU BY YOUR STATE OF DOMICILE.
Please enclose or fax a copy with your application.**

FULL COMPANY NAME			
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FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)	STATE OF DOMICILE	DATE COMMENCED BUSINESS	DATE OF ORGANIZATION/INCORPORATION
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MAIN ADMINISTRATIVE OFFICE ADDRESS			
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CITY	STATE	ZIP	PHONE
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CURRENT FINANCIAL STATEMENT CONTACT PERSON	EMAIL ADDRESS
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CURRENT FINANCIAL STATEMENT ADDRESS			
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CITY	STATE	ZIP	PHONE
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COMPANY PRESIDENT

SELECT YOUR BUSINESS TYPE:

<input type="checkbox"/> Fraternal	<input type="checkbox"/> Property & Casualty
<input type="checkbox"/> Health	<input type="checkbox"/> Title
<input type="checkbox"/> Life, Accident & Health	<input type="checkbox"/> Other Regulated Entity

SELECT YOUR BUSINESS SUB-TYPE:

<input type="checkbox"/> Hospital, Medical, and Dental Service or Indemnity (HMDI)	<input type="checkbox"/> Surplus Lines
<input type="checkbox"/> Health Maintenance Organization (HMO)	<input type="checkbox"/> Prepaid Legal
<input type="checkbox"/> Limited Health Services Organization (LHSO)	<input type="checkbox"/> None
<input type="checkbox"/> Blue Cross/Blue Shield	

SELECT YOUR COMPANY TYPE:

<input type="checkbox"/> Stock	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Fraternal
<input type="checkbox"/> Reciprocal	<input type="checkbox"/> US Branch of Alien Insurers	<input type="checkbox"/> Mutual
<input type="checkbox"/> Partnership (all types)	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Lloyd's
<input type="checkbox"/> Proprietorship		

SELECT YOUR COMPANY SUB-TYPES:

<input type="checkbox"/> Residual Market Mechanisms	<input type="checkbox"/> State Insurance Fund/Facility	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Captive	<input type="checkbox"/> None

SELECT THE TYPE OF ANNUAL STATEMENT BLANK YOU WILL BE FILING?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Combined Property & Casualty | <input type="checkbox"/> Fraternal |
| <input type="checkbox"/> Individual Property & Casualty | <input type="checkbox"/> Health |
| <input type="checkbox"/> Life, Accident and Health | <input type="checkbox"/> Title |

If filing a **LIFE** or **FRATERNAL** statement, are there any separate accounts to report? If **YES**, please list the names below:

FOR OFFICE USE ONLY	SEPA ID	_____	_____
		_____	_____
		_____	_____

IS THIS A U.S. BRANCH OF AN ALIEN INSURER? Yes No If **YES**, what state is your port of entry? _____

CHECK BELOW WHICH PERIOD YOU WILL BE SUBMITTING YOUR FIRST STATEMENT FILING?
 Annual Quarter 1 Quarter 2 Quarter 3 YEAR _____

Is this company affiliated with or reported on another Insurance entity's organizational chart? Yes No

If **YES**, and a group code **HAS** already been established, please list below your group code, group name and date acquired.

If **YES**, and a group code **HAS NOT** been established, one will be established for you. Please list below the date acquired and affiliated insurance companies, including company codes. Also enclose a current copy of your Organizational Chart or Schedule Y with application.

GROUP CODE (IF APPLICABLE)	GROUP NAME	DATE NEW COMPANY WAS ACQUIRED

LIST AFFILIATED COMPANIES AND COMPANY CODES

NAME AND TITLE OF PERSON COMPLETING THIS APPLICATION	EMAIL ADDRESS

For Questions Contact:

Jennifer Heinz
 Data Administrator II, Data Services
 Direct Phone: (816) 783-8605
 Fax: (816) 460-0131
 E-Mail: FDRCCREQ@NAIC.ORG

Cheryl Minor
 Data Administrator II, Data Services
 Direct Phone: (816) 783-8608
 Fax: (816) 460-0131
 E-Mail: FDRCCREQ@NAIC.ORG

For faster service, submit application via email or fax to contacts listed above. If you prefer to mail your application, return to: **Data Services FDR Company Code, NAIC, 2301 McGee Street, Suite 800, Kansas City, MO 64108-2662.** Once received, your new NAIC Company Code will be e-mailed within 4 business days to the Current Financial Statement Contact as well as to the person completing this application, if different.

FOR OFFICE USE ONLY	Application last updated: 1/15/2010
Date Info Rec'd _____ / _____ / _____	DB Updated _____ / _____ / _____