



NATIONAL ASSOCIATION OF
INSURANCE COMMISSIONERS

ALIEN INSURERS IDENTIFICATION & POOL/ASSOCIATION NUMBER APPLICATION

Alien Insurer Identification Numbers (AIIN) are only assigned to a risk-bearing entities. An AIIN is a unique identifier assigned to those entities who **Cede** or **Assume** reinsurance with a U.S. domestic insurance company. The AIIN is a required identifier to be used for Schedule F or S reporting of the Annual/Quarterly Financial Statement Filings as well as some Surplus Lines Filings.

AIIN's are not assigned to Brokers or other intermediaries. The NAIC does not certify the authority or integrity of any organization assigned an AIIN.

Your application **WILL NOT** be processed without a current (**WITHIN TWO YEARS**) copy of your license from your country of domicile, with English translation if applicable. If your license is not current, you must obtain a letter of good standing from your Country of Domicile.

For **U.S. Pools and Associations** please provide documentation from your state of domicile insurance department identifying the Pool as a licensed organized entity or a copy of the state statute.

****A copy of your license or letter of good standing is required to process application, attach to email.****

ALIEN INSURER NUMBER SECTION

FULL NAME OF ALIEN INSURER		COUNTRY OF DOMICILE
Has this insurer been previously known under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES , list previous name(s): _____
Has this insurer redomesticated from another country? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES , list previous domicile: _____
ALIEN INSURER ADDRESS		
CONTACT AND TITLE		PHONE

DOMESTIC POOL/ASSOCIATION or TRIBAL ALIEN NUMBER SECTION

NAME OF POOL/ASSOCIATION or TRIBAL REINSURER			
STATE OF DOMICILE	NAME OF COMPANY TO WHICH THE REQUESTED POOL WILL CEDE RISK		
<p>SELECT YOUR BUSINESS TYPE:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> State Automobile Pools <input type="checkbox"/> State Fair Plans <input type="checkbox"/> State Coastal (Beach & Windstorm) Plan <input type="checkbox"/> State Workers' Comp Plan <input type="checkbox"/> State Mine Subsidence Fund <input type="checkbox"/> Other Public Entity Pool </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> High Risk Workers' Comp Reinsurance Pool <input type="checkbox"/> National Insurance Program <input type="checkbox"/> Illinois Insurance Exchange <input type="checkbox"/> New York Insurance Exchange <input type="checkbox"/> Insurance Exchange of the Americas <input type="checkbox"/> Native American Tribal Reinsurance Captives </td> </tr> </table>		<input type="checkbox"/> State Automobile Pools <input type="checkbox"/> State Fair Plans <input type="checkbox"/> State Coastal (Beach & Windstorm) Plan <input type="checkbox"/> State Workers' Comp Plan <input type="checkbox"/> State Mine Subsidence Fund <input type="checkbox"/> Other Public Entity Pool	<input type="checkbox"/> High Risk Workers' Comp Reinsurance Pool <input type="checkbox"/> National Insurance Program <input type="checkbox"/> Illinois Insurance Exchange <input type="checkbox"/> New York Insurance Exchange <input type="checkbox"/> Insurance Exchange of the Americas <input type="checkbox"/> Native American Tribal Reinsurance Captives
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The Requester section below is required to be completed and submitted along with page 1 of the application as well as a copy of license or letter of good standing.

****The confirmation letter will be emailed to the requester listed below. If additional individuals that need to be included on the email confirmation, please list those names in the space provided below.****

REQUESTER NAME AND TITLE		REQUESTER COMPANY	
REQUESTER EMAIL		PHONE	
ADDRESS	CITY	STATE	ZIP

Additional Individuals to be Included in the Confirmation

NAME	EMAIL ADDRESS

Submit your application via email. Once received, your NAIC Alien Insurer Identification Number or Pool/Association Number will be e-mailed within 7-10 business days to the person(s) listed on application.

****If submitting a large volume of applications the processing time could take longer****

For additional questions:

Jennifer Heinz
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Direct Phone: **(816) 783-8605**
Email: FDRCCREQ@NAIC.ORG