



NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

COMPANY CODE APPLICATION

NAIC COMPANY CODES ARE ONLY ASSIGNED TO RISK-BEARING ENTITIES.

(Agencies are not assigned NAIC company codes.)

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS YOU HAVE BEEN ISSUED A CERTIFICATE OF AUTHORITY BY THE STATE INSURANCE DEPARTMENT IN WHICH YOU ARE DOMICILED AND REGULATED.

\*\*A copy of your Certificate of Authority is required to process application. Attach to email \*\*

FULL COMPANY NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) STATE OF DOMICILE DATE COMMENCED BUSINESS DATE OF ORGANIZATION/INCORPORATION

MAIN ADMINISTRATIVE OFFICE ADDRESS

CITY STATE ZIP PHONE

CURRENT FINANCIAL STATEMENT CONTACT PERSON EMAIL ADDRESS

CURRENT FINANCIAL STATEMENT ADDRESS

CITY STATE ZIP PHONE

COMPANY PRESIDENT

SELECT YOUR BUSINESS TYPE (As listed on your Certificate of Authority):

- Fraternals, Health, Life, Accident & Health, Property & Casualty, Title, Other Risk-Bearing Entity

SELECT YOUR BUSINESS SUB-TYPE:

- Hospital, Medical, and Dental Service or Indemnity (HMDI), Health Maintenance Organization (HMO), Limited Health Services Organization (LHSO), Prepaid Legal, Prepaid Health, Term Life, None

SELECT YOUR COMPANY TYPE (How company is formed per Articles of Incorporation under Secretary of State):

- Stock, Reciprocal, Limited Liability Corporation, U.S. Branch of Alien Insurer, Cooperative, Charitable Gift Annuity, Other

SELECT YOUR COMPANY SUB-TYPE:

- Residual Market Mechanisms, Risk Retention Group - Captive, Risk Retention Group - Traditional, Special Purpose Vehicle, Captive - Pure, Captive - Other, Captive - Special Purpose Financial Insurer, Manager Managed Limited Liability Company, City, Town, County, State, Parish, Township Mutual, State Insurance Fund/Program, None

TAX STATUS:

- Subject to IRS Tax, IRS Tax Exempt (with exceptions)

WAS THIS COMPANY FORMED AS A RESULT OF SHELL OR ASSET PURCHASE?	<input type="radio"/> Yes <input type="radio"/> No
IS THIS OUT OF STATE?	<input type="radio"/> Yes <input type="radio"/> No
IS THIS A U.S. BRANCH OF AN ALIEN INSURER? <input type="radio"/> Yes <input type="radio"/> No	If <b>YES</b> , what state is your port of Entry? _____
CHECK BELOW WHICH PERIOD YOU WILL BE SUBMITTING YOUR <u>FIRST</u> STATEMENT FILING TO THE NAIC:	
<input type="radio"/> Annual <input type="radio"/> Quarter 1 <input type="radio"/> Quarter 2 <input type="radio"/> Quarter 3   Data Year _____	
<input type="radio"/> Not Required to File Financial Statements to the NAIC per Domiciled Insurance Department	
SELECT THE TYPE OF ANNUAL STATEMENT BLANK YOU WILL BE FILINGK	
<input type="radio"/> Combined Property & Casualty <input type="radio"/> Life, Accident and Health <del>Individual Property &amp; Casualty</del>	
<input type="radio"/> Individual Property & Casualty <input type="radio"/> Health	
If filing a <b>LIFE</b> statement, are there any separate accounts to report? If <b>YES</b> , please list the names below:	

HOLDING COMPANY AND AFFILIATION REPORTING SECTION	
HOLDING COMPANY <input type="radio"/> YES <input type="radio"/> NO	
<input type="radio"/> Part of an Ultimate Holding Company System <input type="radio"/> Not Part of an Ultimate Holding Company System	
Is this company affiliated with or reported on another domestic Insurance entity's organizational chart? <input type="radio"/> Yes <input type="radio"/> No <p style="color: red; margin: 5px 0;"><b><u>A current copy of your Organizational Chart or Schedule Y is required with this application.</u></b></p> <p>If <b>YES</b>, and a group code <b>HAS</b> already been established, please list below your group code and group name.</p> <p>If <b>YES</b>, and a group code <b>HAS NOT</b> been established, a group code may be established for you. Please list below the <u>affiliated</u> domestic insurance companies, including their company codes.</p> <p>If <b>NO</b>, affiliation could still be determined and a group code established. The NAIC will review your organizational chart and the Ultimate Controlling entity.</p>	
GROUP CODE	LIST AFFILIATED COMPANIES AND COMPANY CODES

NAME AND TITLE OF PERSON COMPLETING THIS APPLICATION	EMAIL ADDRESS

<p style="color: red; margin: 0;"><b>Submit your application to the email listed below. Once received, your new NAIC Company Code confirmation will be emailed to the Current Financial Statement Contact, as well as to the person completing this application, if different.</b></p> <p style="margin: 5px 0;"><i>Normal process time for applications are 5-7 business days but could take longer if submitted during a filing deadline or if further information is needed from your state insurance department.</i></p> <p><b>For additional questions:</b></p> <p style="margin-left: 40px;">Jennifer Heinz Sr. FDR Domestic &amp; Alien Entity Support Analyst Direct Phone: <b>(816) 783-8605</b> Email: FDRCCREQ@NAIC.ORG</p>
Application last updated: 9/1/2021