



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

(816) 842-3600
 www.naic.org

**National Association of
 Insurance Commissioners**

ALIEN INSURERS AND POOL/ASSOCIATION NUMBER APPLICATION

ALIEN IDENTIFICATION NUMBERS (AIN) ARE ONLY ASSIGNED TO RISK-BEARING ENTITIES FOR THE PURPOSE OF IDENTIFYING THOSE WHO CEDE OR ASSUME REINSURANCE WITH A DOMESTIC INSURANCE COMPANY. THE AIN IS TO BE REPORTED ON THE DOMESTIC COMPANY'S SCHEDULE S OR F OF THE ANNUAL STATEMENT. NUMBERS WILL NOT BE ASSIGNED TO BROKERS OR OTHER INTERMEDIARIES. THE NAIC DOES NOT CERTIFY THE AUTHORITY OR INTEGRITY OF ANY ORGANIZATION ASSIGNED AN AIN.

YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT A CURRENT (WITHIN TWO YEARS) COPY OF YOUR LICENSE FROM YOUR COUNTRY OF DOMICILE, WITH ENGLISH TRANSLATION. FOR U.S. POOLS AND ASSOCIATIONS PLEASE PROVIDE DOCUMENTATION FROM YOUR STATE OF DOMICILE IDENTIFYING POOL AS A LICENSED ENTITY. IF YOUR LICENSE IS NOT CURRENT YOU MUST SUBMIT A LETTER OF GOOD STANDING FROM YOUR COUNTRY OR STATE OF DOMICILE.

Please enclose or fax a copy with your application

ALIEN IDENTIFICATION 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: _____
ADDRESS		
CONTACT AND TITLE		PHONE

DOMESTIC POOL/ASSOCIATION NUMBER SECTION

NAME OF POOL/ASSOCIATION													
STATE OF DOMICILE	NAME OF THE COMPANY TO WHICH THE REQUESTED POOL WILL CEDE RISK												
SELECT YOUR BUSINESS TYPE: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> State Automobile Pools</td> <td><input type="checkbox"/> High Risk Workers Comp Reinsurance Pool</td> </tr> <tr> <td><input type="checkbox"/> State Fair Plans</td> <td><input type="checkbox"/> National Insurance Program</td> </tr> <tr> <td><input type="checkbox"/> State Coastal (Beach & Windstorm) Plan</td> <td><input type="checkbox"/> Illinois Insurance Exchange</td> </tr> <tr> <td><input type="checkbox"/> State Workers Comp Plan</td> <td><input type="checkbox"/> New York Insurance Exchange</td> </tr> <tr> <td><input type="checkbox"/> State Mine Subsidence Fund</td> <td><input type="checkbox"/> Insurance Exchange of the Americas</td> </tr> <tr> <td><input type="checkbox"/> Other Public Entity Pool</td> <td></td> </tr> </table>		<input type="checkbox"/> State Automobile Pools	<input type="checkbox"/> High Risk Workers Comp Reinsurance Pool	<input type="checkbox"/> State Fair Plans	<input type="checkbox"/> National Insurance Program	<input type="checkbox"/> State Coastal (Beach & Windstorm) Plan	<input type="checkbox"/> Illinois Insurance Exchange	<input type="checkbox"/> State Workers Comp Plan	<input type="checkbox"/> New York Insurance Exchange	<input type="checkbox"/> State Mine Subsidence Fund	<input type="checkbox"/> Insurance Exchange of the Americas	<input type="checkbox"/> Other Public Entity Pool	
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REQUESTOR NAME AND TITLE		COMPANY	
ADDRESS			
CITY		STATE	ZIP
PHONE	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

OR

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

Date Info Rec'd _____ / _____ / _____

DB Updated _____ / _____ / _____

Application last updated: 4/6/2005