AN ALIEN INSURER IDENTIFICATION NUMBERS (AIIN) IS ONLY ASSIGNED TO A RISK-BEARING ENTITY FOR THE PURPOSE OF IDENTIFYING THOSE WHO CEDE OR ASSUME REINSURANCE WITH A DOMESTIC INSURANCE COMPANY. THE AIIN IS REQUIRED TO BE REPORTED ON THE DOMESTIC COMPANY’S SCHEDULE F OR SCHEDULE S OF THE ANNUAL/QUARTERLY FINANCIAL STATEMENT FILING. NUMBERS WILL NOT BE 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 YOUR LICENSE IS NOT CURRENT, YOU MUST SUBMIT A LETTER OF GOOD STANDING FROM YOUR COUNTRY OR STATE OF DOMICILE.

U.S. POOLS AND ASSOCIATIONS: PLEASE PROVIDE DOCUMENTATION FROM YOUR STATE OF DOMICILE IDENTIFYING POOL AS A LICENSED ENTITY OR COPY OF THE STATE STATUTE.

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

### ALIEN INSURER NUMBER SECTION

<table>
<thead>
<tr>
<th>FULL NAME OF ALIEN INSURER</th>
<th>COUNTRY OF DOMICILE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has this insurer been previously known under a different name?</td>
<td>Yes ☐ No ☐ If YES, list previous name(s):</td>
</tr>
<tr>
<td>Has this insurer redomesticated from another country?</td>
<td>Yes ☐ No ☐ If YES, list previous domicile:</td>
</tr>
</tbody>
</table>

### ALIEN INSURER ADDRESS

<table>
<thead>
<tr>
<th>CONTACT AND TITLE</th>
<th>PHONE</th>
</tr>
</thead>
</table>

### DOMESTIC POOL/ASSOCIATION NUMBER SECTION

<table>
<thead>
<tr>
<th>NAME OF POOL/ASSOCIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE OF DOMICILE</td>
</tr>
</tbody>
</table>

SELECT YOUR BUSINESS TYPE:

- ☐ State Automobile Pools
- ☐ State Fair Plans
- ☐ State Coastal (Beach & Windstorm) Plan
- ☐ State Workers’ Comp Plan
- ☐ State Mine Subsidence Fund
- ☐ Other Public Entity Pool
- ☐ High Risk Workers’ Comp Reinsurance Pool
- ☐ National Insurance Program
- ☐ Illinois Insurance Exchange
- ☐ New York Insurance Exchange
- ☐ Insurance Exchange of the Americas
Submit your application via email or fax. Once received, your NAIC Alien Insurer Identification Number or Pool/Association Number will be e-mailed within four (4) business days to the requestor listed on application.

For additional questions:
Jennifer Heinz  
Data Administrator III, Data Services  
Direct Phone: (816) 783-8605  
Fax: (816) 460-0131  
Email: FDRCCREQ@NAIC.ORG

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