



ALIEN INSURERS AND POOL/ASSOCIATION NUMBER APPLICATION

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 STATUE.

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

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		
SELECT YOUR BUSINESS TYPE: <table style="width: 100%; margin-top: 10px;"> <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
<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		

Requestor section required to be completed. Submit along with page 1 and copy of license or letter.

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

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:

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