



National Association of  
Insurance Commissioners

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

(816) 842-3600  
www.naic.org

# COMPANY CODE APPLICATION

**YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT A CERTIFIED COPY OF THE  
CERTIFICATE OF AUTHORITY ISSUED TO YOU BY YOUR STATE OF DOMICILE.**

**Please enclose or fax a copy with your application.**

FULL COMPANY NAME

FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)	STATE OF DOMICILE	DATE COMMENCED BUSINESS	DATE OF ORGANIZATION/INCORPORATION
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MAIN ADMINISTRATIVE OFFICE ADDRESS

CITY	STATE	ZIP	PHONE
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CURRENT FINANCIAL STATEMENT CONTACT PERSON	EMAIL ADDRESS
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CURRENT FINANCIAL STATEMENT ADDRESS

CITY	STATE	ZIP	PHONE
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COMPANY PRESIDENT

SELECT YOUR BUSINESS TYPE:

- |  |   |
|--|---|
| <input type="checkbox"/> Fraternal               | <input type="checkbox"/> Property & Casualty    |
| <input type="checkbox"/> Health                  | <input type="checkbox"/> Title                  |
| <input type="checkbox"/> Life, Accident & Health | <input type="checkbox"/> Other Regulated Entity |

SELECT YOUR BUSINESS SUB-TYPE:

- |  |  |
|--|--|
| <input type="checkbox"/> Hospital, Medical, and Dental Service or Indemnity (HMDI) | <input type="checkbox"/> Surplus Lines |
| <input type="checkbox"/> Health Maintenance Organization (HMO)                     | <input type="checkbox"/> Prepaid Legal |
| <input type="checkbox"/> Limited Health Services Organization (LHSO)               | <input type="checkbox"/> None          |
| <input type="checkbox"/> Blue Cross/Blue Shield                                    |  |

SELECT YOUR COMPANY TYPE:

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Stock                   | <input type="checkbox"/> Limited Liability           | <input type="checkbox"/> Fraternal |
| <input type="checkbox"/> Reciprocal              | <input type="checkbox"/> US Branch of Alien Insurers | <input type="checkbox"/> Mutual    |
| <input type="checkbox"/> Partnership (all types) | <input type="checkbox"/> Unincorporated Association  | <input type="checkbox"/> Lloyd's   |
| <input type="checkbox"/> Proprietorship          |  |                                    |

SELECT YOUR COMPANY SUB-TYPES:

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Residual Market Mechanisms | <input type="checkbox"/> State Insurance Fund/Facility | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Risk Retention Group       | <input type="checkbox"/> Captive                       | <input type="checkbox"/> None       |

SELECT THE TYPE OF ANNUAL STATEMENT BLANK YOU WILL BE FILING?

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Combined Property & Casualty   | <input type="checkbox"/> Fraternal |
| <input type="checkbox"/> Individual Property & Casualty | <input type="checkbox"/> Health    |
| <input type="checkbox"/> Life, Accident and Health      | <input type="checkbox"/> Title     |

If filing a **LIFE** or **FRATERNAL** statement, are there any separate accounts to report? If **YES**, please list the names below:

FOR OFFICE USE ONLY	SEPA ID	_____	_____
		_____	_____
		_____	_____

IS THIS A U.S. BRANCH OF AN ALIEN INSURER?  Yes  No If **YES**, what state is your port of entry? \_\_\_\_\_

CHECK BELOW WHICH PERIOD YOU WILL BE SUBMITTING YOUR FIRST STATEMENT FILING?

- Annual  Quarter 1  Quarter 2  Quarter 3 YEAR \_\_\_\_\_

Is this company affiliated with or reported on another Insurance entity's organizational chart?  Yes  No

If **YES**, and a group code **HAS** already been established, please list below your group code, group name and date acquired.

If **YES**, and a group code **HAS NOT** been established, one will be established for you. Please list below the date acquired and affiliated insurance companies, including company codes. Also enclose a current copy of your Organizational Chart or Schedule Y with application.

GROUP CODE (IF APPLICABLE)	GROUP NAME	DATE NEW COMPANY WAS ACQUIRED

LIST AFFILIATED COMPANIES AND COMPANY CODES

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NAME AND TITLE OF PERSON COMPLETING THIS APPLICATION	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

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	Application last updated: 1/15/2010
Date Info Rec'd _____ / _____ / _____	DB Updated _____ / _____ / _____