



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

(816) 842-3600  
www.naic.org

# COMPANY CODE APPLICATION

National Association of Insurance Commissioners

**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 INCORPORATED
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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"/> Life, Accident & Health |
| <input type="checkbox"/> Hospital, Medical, and Dental Service or Indemnity Corp (HMDI)      | <input type="checkbox"/> Property & Casualty     |
| <input type="checkbox"/> Health Maintenance Organization (HMO)                               | <input type="checkbox"/> Title                   |
| <input type="checkbox"/> Limited Health Service Organization/Prepaid Dental or Vision (LHSO) |  |

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

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Consolidated 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?

- Yes       No

If **YES**, please list the names below:

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

SELECT YOUR COMPANY TYPE:

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Stock      | <input type="checkbox"/> Risk Retention Group                             |
| <input type="checkbox"/> Mutual     | <input type="checkbox"/> Residual Market Mechanisms/State Insurance Fraud |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Blue Cross/Blue Shield Non-Profit                |
| <input type="checkbox"/> Fraternal  | <input type="checkbox"/> Blue Cross/Blue Shield Mutual                    |
| <input type="checkbox"/> Reciprocal | <input type="checkbox"/> Blue Cross/Blue Shield Stock                     |
| <input type="checkbox"/> Lloyd's    | <input type="checkbox"/> Limited Liability                                |

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, Financial Systems & Services.  
 Direct Phone: (816) 783-8605 / Email: jheinz@naic.org / Direct Fax: 816-460-7521

For faster service, submit application via email or fax to contact above. If you prefer to mail your application, return to:

**Jennifer Heinz**  
**NAIC**  
**2301 McGee Street, Suite 800**  
**Kansas City, MO 64108-2662**

Once received, your new NAIC Company Code will be emailed within 4 business days to the Current Financial Statement Contact as well as to the person completing this application, if different.

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Date Info Rec'd \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DB Updated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Application last updated: 9/30/2003