



National Association of
Insurance Commissioners
www.naic.org

COMPANY CODE APPLICATION

NAIC COMPANY CODES ARE ONLY ASSIGNED TO **RISK-BEARING ENTITIES**.

(Agencies are not assigned NAIC company codes.)

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS YOU HAVE BEEN ISSUED A CERTIFICATE OF AUTHORITY BY THE STATE INSURANCE DEPARTMENT IN WHICH YOU ARE DOMICILED AND REGULATED.

****A copy of your Certificate of Authority is required to process application. Attach to email or fax.****

FULL COMPANY NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

STATE OF DOMICILE

DATE COMMENCED BUSINESS

DATE OF ORGANIZATION/INCORPORATION

MAIN ADMINISTRATIVE OFFICE ADDRESS

CITY

STATE

ZIP

PHONE

CURRENT FINANCIAL STATEMENT CONTACT PERSON

EMAIL ADDRESS

CURRENT FINANCIAL STATEMENT ADDRESS

CITY

STATE

ZIP

PHONE

COMPANY PRESIDENT

SELECT YOUR BUSINESS TYPE (As listed on your Certificate of Authority):

☐ Fraternal
☐ Health

☐ Life, Accident & Health
☐ Property & Casualty

☐ Title
☐ Other Risk-Bearing Entity

SELECT YOUR BUSINESS SUB-TYPE:

☐ Hospital, Medical, and Dental Service or Indemnity (HMDI)
☐ Health Maintenance Organization (HMO)
☐ Limited Health Services Organization (LHSO)
☐ ODS (Organized Delivery System)
☐ MEWA (Multiple Employer Welfare Arrangement)

☐ Prepaid Legal
☐ Prepaid Dental
☐ Pre-Need Funeral
☐ Motor Club
☐ None

SELECT YOUR COMPANY TYPE (How company is formed per Articles of Incorporation under Secretary of State):

☐ Stock
☐ Reciprocal
☐ Fraternal
☐ Mutual

☐ Limited Liability Corporation
☐ U.S. Branch of Alien Insurer
☐ Cooperative
☐ Charitable Gift Annuity

☐ Partnership (all types)
☐ Proprietorship
☐ Syndicate
☐ Other

SELECT YOUR COMPANY SUB-TYPE:

☐ Residual Market Mechanisms
☐ Risk Retention Group – Captive
☐ Risk Retention Group – Traditional
☐ Special Purpose Vehicle

☐ Captive – Pure
☐ Captive – Other
☐ Captive – Special Purpose Financial Insurer
☐ Manager Managed Limited Liability Company

☐ City, Town, County, State,
Parish, Township Mutual
☐ State Insurance Fund/Program
☐ None

TAX STATUS:

☐ Subject to IRS Tax

☐ IRS Tax Exempt (with exceptions)

WAS THIS COMPANY FORMED AS A RESULT OF SHELL OR ASSET PURCHASE?	O Yes O No
IS THIS COMPANY A BLUE CROSS BLUE SHIELD ASSOCIATION (BCBSA) MEMBER?	O Yes O No
IS THIS A U.S. BRANCH OF AN ALIEN INSURER? O Yes O No	If YES , what state is your port of Entry? _____
CHECK BELOW WHICH PERIOD YOU WILL BE SUBMITTING YOUR <u>FIRST</u> STATEMENT FILING TO THE NAIC:	
<input type="radio"/> Annual <input type="radio"/> Quarter 1 <input type="radio"/> Quarter 2 <input type="radio"/> Quarter 3 YEAR _____ <input type="radio"/> Not Required	
SELECT THE TYPE OF ANNUAL STATEMENT BLANK YOU WILL BE FILING:	
<input type="radio"/> Combined Property & Casualty <input type="radio"/> Fraternal <input type="radio"/> Not Required to File Financial Statements <u>with</u> the NAIC <input type="radio"/> Individual Property & Casualty <input type="radio"/> Health <input type="radio"/> Life, Accident and Health <input type="radio"/> Title	
If filing a LIFE or FRATERNAL statement, are there any separate accounts to report? If YES , please list the names below:	

HOLDING COMPANY AND AFFILIATION REPORTING SECTION		
HOLDING COMPANY SYSTEM STATUS:		
<input type="radio"/> Part of an Ultimate Holding Company System <input type="radio"/> Not Part of an Ultimate Holding Company System		
Is this company affiliated with or reported on another domestic Insurance entity's organizational chart? <input type="radio"/> Yes <input type="radio"/> No <p style="color: red; margin-top: 5px;">A current copy of your Organizational Chart or Schedule Y is required with this application.</p> <p>If YES, and a group code HAS already been established, please list below your group code and group name.</p> <p>If YES, and a group code HAS NOT been established, a group code may be established for you. Please list below the <u>affiliated</u> domestic insurance companies, including their company codes.</p> <p>If NO, affiliation could still be determined and a group code established. The NAIC will review your organizational chart and the Ultimate Controlling entity.</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">GROUP CODE</td> <td style="height: 40px;"></td> </tr> </table>	GROUP CODE	
GROUP CODE		
LIST AFFILIATED COMPANIES AND COMPANY CODES		

NAME AND TITLE OF PERSON COMPLETING THIS APPLICATION	EMAIL ADDRESS		
<p style="color: red; margin-top: 0;">Submit your application via email or fax. Once received, your new NAIC Company Code confirmation will be emailed within 4 business days to the Current Financial Statement Contact, as well as to the person completing this application, if different.</p> <p>For additional questions:</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Jennifer Heinz Data Administrator III, Data Services Direct Phone: (816) 783-8605 Fax: (816) 460-0131 Email: FDRCCREQ@NAIC.ORG </td> <td style="width: 50%; vertical-align: top;"> Cheryl Minor Data Administrator III, Data Services Direct Phone: (816) 783-8608 Fax: (816) 460-0131 Email: FDRCCREQ@NAIC.ORG </td> </tr> </table>		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
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		
Application last updated: 2/29/2016			