



National Association of
Insurance Commissioners

www.naic.org

COMPANY CODE APPLICATION

Demonstration Only

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 ****

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):

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

SELECT YOUR BUSINESS SUB-TYPE:

- | | |
|--|---|
| <input type="checkbox"/> Hospital, Medical, and Dental Service or Indemnity (HMDI) | <input type="checkbox"/> Prepaid Legal |
| <input type="checkbox"/> Health Maintenance Organization (HMO) | <input type="checkbox"/> Prepaid Dental |
| <input type="checkbox"/> Limited Health Services Organization (LHSO) | <input type="checkbox"/> Pre-Need Funeral |
| <input type="checkbox"/> ODS (Organized Delivery System) | <input type="checkbox"/> Motor Club |
| <input type="checkbox"/> MEWA (Multiple Employer Welfare Arrangement) | <input type="checkbox"/> None |

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

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Stock | <input type="checkbox"/> Limited Liability Corp | <input type="checkbox"/> Partnership (all types) |
| <input type="checkbox"/> Reciprocal | <input type="checkbox"/> U.S. Branch of Alien Insurer | <input type="checkbox"/> Proprietorship |
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Syndicate |
| <input type="checkbox"/> Mutual | <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Other |

SELECT YOUR COMPANY SUB-TYPE:

- | | | |
|---|--|---|
| <input type="checkbox"/> Residual Market Mechanisms | <input type="checkbox"/> Captive - Pure | <input type="checkbox"/> City, Town, County, State, Parish, Township Mutual |
| <input type="checkbox"/> RRG-C | <input type="checkbox"/> Captive - Other | <input type="checkbox"/> SIFG |
| <input type="checkbox"/> RRG-T | <input type="checkbox"/> Captive - SPFI | <input type="checkbox"/> None |