



Authorized Reinsurer Renewal Application

Part 1: Insurer Information

1. NAIC CoCode or Alien ID Number _____
2. Company Name _____
3. Company Primary Phone Number ¹ _____
4. Company Toll Free Number ¹ _____
5. Main Company Contact Name ² _____
6. Main Company Contact Phone Number ² _____
7. Main Company Contact Email Address ² _____
8. Company President's Name _____
9. Company President's Email Address _____

¹ The primary and toll free phone numbers that can be provided to the public.

² The person the Department is to contact regarding Authorized Reinsurer matters.

Part 2: Additional Information for Alien Insurers Only

1. NAIC Group Code _____
2. Country of Domicile _____
3. USA Attorney-in-Fact's Name _____
4. USA Attorney-in-Fact's Email Address _____
5. Company's Mailing Address:
 - Address _____
 - City _____
 - State _____
 - Zip Code _____
 - Country _____
6. Company's Statutory Home Office Address:
 - Address _____
 - City _____
 - State _____
 - Zip Code _____
 - Country _____
7. Company's Main Administrative Office Address:
 - Address _____
 - City _____
 - State _____
 - Zip Code _____
 - Country _____