Joint Underwriter or Joint Reinsurer
Registration/Renewal Application
IC 27-1-22-14

Registration ☐   **Renewal** ☐

Joint Underwriter ☐   **Joint Reinsurer** ☐

Name of Organization: _____ Tax ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Contact Person: _____

Contact Email: _____ Contact Telephone: _____

- *Please tab the items below with the corresponding number or letter.*
- *1 – 5 required of **NEW** applicants.*
- *Grey item is required of **RENEWALS***

Required Items:

Submitted (Yes/No/NC)	IDOI USE	Please number or tab items according to list below:
		1. A copy of the organizations constitution, articles of agreement or association or its certificate of incorporation **(Renewals: only required If any changes have been made since the last renewal)**
		2. A copy of the organizations bylaws, rules, and regulations governing the conduct of its business **(Renewals: only required If any changes have been made since the last renewal)**
		3. A list of members
		4. The name and address of a resident of this state upon whom notices or orders of the commissioner or processing affecting such organization may be served. *(Uniform Consent for Service of Process Form 12)* **(Renewals: only required If any changes have been made since the last renewal)**
		5. An agreement that the commissioner may examine such joint underwriter or reinsurer in accordance with the provisions of section IC 27-1-22-15. **(Renewals: only required If any changes have been made since the last renewal)**

In lieu #3 above, the organization may submit the following: (Renewals only)

		A. Non-Indiana organization may submit the report of examination made by the insurance supervisory official of another state for compliance with IC 27-1-22-15

Please forward to:

Admission Coordinator
Indiana Department of Insurance
311 W. Washington St, Suite 300
Indianapolis IN 46204

JU/JR-100-2014