Advisory Organization Registration/Renewal Application
IC 27-1-22-15

Registration ☐ **Renewal** ☐

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 items are required of **RENEWALS***

Required Items:

Submitted (Yes/No/NC)	Please mark or tab items in order listed 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 advisory organization 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 of 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

AO-100-2014

IDOI USE ONLY

Have all required items been received? **Yes** ◯ **No** ◯

Approve ☐ **Deny** ☐ **Hold**

Approved by: _____ **Date:** _____

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