



**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)

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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)*

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3. A list of members

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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)*

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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)

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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

IDOI USE ONLY

Have all required items been received? Yes ☐ No ☐

Approve

Deny

Hold ☐

Approved by: _____ Date: _____

Approved by: _____ Date: _____