



Rating Organization Registration/Renewal Application

Registration

Renewal

Name of Organization: _____ Tax ID#: _____

Home Address: _____ Domicile State: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Mailing Address (if different from Above) _____ City: _____

State: _____ Zip: _____ Contact Name: _____

Contact Email: _____ Contact Telephone: _____

Specific Lines of business to be conducted: _____

- Please tab the items below with the corresponding number.
- Items 1 – 6 are required of **NEW** applicants.
- Grey items are required for **RENEWALS** only, unless changes have been made since the last renewal.

Required Items:

Submitted (Yes/No/NC)	IDOI USE	Please mark or tab items in order listed below
<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	3. A list of members
<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	5. A statement of the organization's qualifications as a rating organization (Renewals: only required If any changes have been made since the last renewal)
<input type="checkbox"/>	<input type="checkbox"/>	6. Filing fee \$75

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

<input type="checkbox"/>	<input type="checkbox"/>	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
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Please forward to:

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

IDOI USE ONLY	
Have all required items been received?	Yes <input type="radio"/> No <input type="radio"/>
Approve <input type="checkbox"/>	Deny <input type="checkbox"/> Hold <input type="checkbox"/>
Approved by: _____	Date: _____
Approved by: _____	Date: _____