



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: _____

Approved by: _____ Date: _____