

CAPTIVE INSURER REGISTRATION FORM

Effective January 1, 2013, companies meeting the definition of “captive insurer” set forth in IC 27-1-2-2.3(a) are required to register with the Commissioner and pay a \$2,500 registration fee for each calendar year after 2012 in which the captive insurer is doing business in Indiana (IC 27-1-2-2.3, PL 129-2014). Below is the form that such captive insurers required to register with the Commissioner must submit annually, along with the payment to be made in accordance with IC 27-1-2-2.3(e):

Captive Insurer Name:		FEIN#:	
Address:			
Telephone:		Email Address:	
Contact Person/Title or Position:			
Contact Phone:		Contact Email Address:	
State of Incorporation:			
Annual Direct Written Premium:			

Dated and signed this _____ day of _____, 20____, I hereby certify under penalties of perjury that the company listed herein is a captive insurer, as defined at IC 27-1-2-2.3(a) and that the foregoing statements are true and accurate to the best of my knowledge and belief.

(Typed or Printed Name of authorized officer or agent)

(Signature)

(Address of authorized officer or agent)

(Phone Number)

(E-mail Address)

Form and check should be mailed to:

Financial Services Division-Annette Gunter
 Indiana Department of Insurance
 311 West Washington Street, Suite 103
 Indianapolis, IN 46204
 (317) 232-2428