

COMPANY CODE APPLICATION PER

CURRENT FINANCIAL STATEMENT ADDRESS			
CITY	STATE	ZIP	PHONE
COMPANY PRESIDENT			
SELECT YOUR BUSINESS TYPE \$ V O L V W H G R Q \ R X U & H U W L I L F D W H R I \$ X W K R U L W \ : <input type="radio"/> Fraternal <input type="radio"/> Life, Accident & Health <input type="radio"/> Title <input type="radio"/> Health <input type="radio"/> Property & Casualty <input type="radio"/> Other R L V N % H D U L Q J Entity			
SELECT YOUR BUSINESS SUB-TYPE: <input type="radio"/> Hospital, Medical, and Dental Service or Indemnity (HMDI) <input type="radio"/> Prepaid Legal <input type="radio"/> Health Maintenance Organization (HMO) <input type="radio"/> Limited Health Services Organization (LHSO) <input type="radio"/> None			

SELECT YOUR COMPANY TYPE + R Z R P S D L V R U P H G S \$ W U F I Q F R U S R X U D G H U F Q H R V D W D W H

<input type="radio"/> Stock	<input type="radio"/> Limited Liability Corporation	<input type="radio"/> 3 D U W Q H U V K L S D O O W \ S
<input type="radio"/> Reciprocal	<input type="radio"/> U.S. Branch of Alien Insurer	<input type="radio"/> 3 U R S U L H W R U V K L S
<input type="radio"/>) U D W H U Q D O	<input type="radio"/> Cooperative	<input type="radio"/> 6 \ Q G L F D W H
<input type="radio"/> 0 X W X D O		

IS THIS A U.S. BRANCH OF AN ALIEN INSURER? Yes No If **YES**, what state is your port of Entry? _____

Annual Quarter 1 Quarter 2 Quarter 3 YEAR _____

2 1 R W 5 H T X L U H G

SELECT THE TYPE OF ANNUAL STATEMENT BLANK YOU WILL BE FILING

Combined Property & Casualty Fraternal Not Required to File) L Q D Q F L D O 6 W D W H P H Q W V Z
 Individual Property & Casualty Health
 Life, Accident and Health Title

If filing a LIFE or FRATERNAL statement, are there any separate accounts to report? If YES, please list the names below:

HOLDING COMPANY 6 < 6 7 (0 6 7 \$ 7 8 6

Part of an Ultimate Holding Company System Not Part of an Ultimate