

**Utah Insurance Department  
Alien Unauthorized (Surplus Lines) Insurer**

**INFORMATION FORM**

Company Name: \_\_\_\_\_

Date Organized: \_\_\_\_\_

State or Country of Domicile: \_\_\_\_\_

FEIN Number: \_\_\_\_\_

NAIC Alien (AA) Number: \_\_\_\_\_

Date company was placed on the NAIC International Insurers Department roster: \_\_\_\_\_

**COMPLETE CONTACT INFORMATION BELOW**

*At minimum, include:*

*Contact Name, Address (Statutory Home Office must have physical, not P.O.), Email and Phone.*

**Statutory Home Office Address**

Contact Name (Mandatory) \_\_\_\_\_ Title (Optional) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Toll-Free \_\_\_\_\_ Fax \_\_\_\_\_

Email (Mandatory) \_\_\_\_\_

**Mailing Address**

Contact Name (Mandatory) \_\_\_\_\_ Title (Optional) \_\_\_\_\_

Street \_\_\_\_\_

P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Toll-Free \_\_\_\_\_ Fax \_\_\_\_\_

Email (Mandatory) \_\_\_\_\_

**Business Location (Administrative Office) Address**

Contact Name (Mandatory) \_\_\_\_\_ Title (Optional) \_\_\_\_\_  
Street \_\_\_\_\_  
P.O. Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Toll-Free \_\_\_\_\_ Fax \_\_\_\_\_  
Email (Mandatory) \_\_\_\_\_

**Company Renewal Address**

Contact Name (Mandatory) \_\_\_\_\_ Title (Optional) \_\_\_\_\_  
Street \_\_\_\_\_  
P.O. Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Toll-Free \_\_\_\_\_ Fax \_\_\_\_\_  
Email (Mandatory) \_\_\_\_\_

**Complaints/Compliance Address**

Contact Name (Mandatory) \_\_\_\_\_ Title (Optional) \_\_\_\_\_  
Street \_\_\_\_\_  
P.O. Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Toll-Free \_\_\_\_\_ Fax \_\_\_\_\_  
Email (Mandatory) \_\_\_\_\_

**U.S. Rep Address**

Contact Name (Mandatory) \_\_\_\_\_ Title (Optional) \_\_\_\_\_  
Street \_\_\_\_\_  
P.O. Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Toll-Free \_\_\_\_\_ Fax \_\_\_\_\_  
Email (Mandatory) \_\_\_\_\_

**Service of Process:** Submit Form 12 — [https://www.naic.org/documents/industry\\_ucaa\\_form12.pdf](https://www.naic.org/documents/industry_ucaa_form12.pdf).

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By (Printed Name) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN THIS COMPLETED FORM TO [company-renewals@utah.gov](mailto:company-renewals@utah.gov)**



Utah Insurance Department  
4315 S. 2700 W., Suite 2300  
Taylorsville, UT 84129