

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

INFORMATION FORM

Company Name: _____

Date organized: _____

State or Country of Domicile: _____

FEIN Number _____

List your NAIC Alien (AA) Number and the date your company was placed on the roster of the International Insurers Department of the NAIC: _____

Statutory Home Office Address

Contact Name _____

Street _____ Phone _____

Number _____

P0 Box _____ Toll Free _____

Number _____

City _____ Fax _____

Number _____

State/ZIP _____ Email _____

Mailing Address

Contact Name _____

Street _____ Phone _____

Number _____

P0 Box _____ Toll Free _____

Number _____

City _____ Fax _____

Number _____

State/ZIP _____ Email _____

Signed at _____ this ___ day of _____,

By _____

Title _____