

IASA MEMBERSHIP APPLICATION FORM FOR MORE INFORMATION ABOUT THE IASA, VISIT OUR WEBSITE AT WWW.IASA.ORG

Membership Type: Holding Company Regular Holding Company Associate

How did you hear about IASA? Chapter Mtg ___ Mbr Co ___
 Social-Media ___ Volunteer ___ Conf ___ Web ___ Phone ___
 Other _____

Company Name:	Web Address:	Phone: Fax:
Billing Address:	City, State	Zip, Country (if applicable)

IASA Representative: * - Required	NAME	TITLE	ADDRESS (if different than above w/mailstop, floor, etc.)	E-MAIL ADDRESS & DIRECT PHONE (or ext.)
OFFICIAL IASA REPRESENTATIVE *				
ALTERNATE IASA REPRESENTATIVE *				
CHIEF FINANCIAL OFFICER				
CHIEF INVESTMENT OFFICER				
CHIEF OPERATING OFFICER				
CHIEF INFORMATION OFFICER				

*** Official or Alternate Representative should include the staff lead for company's HR Department.**

Membership Classification: Life/Life & Health P&C Multi-Line (L&H, P&C) Reinsurance Fraternal

Other: _____ Number Employees (all locations): _____

Gross Written Premium/Revenue _____ Number of Policies/Certificates in force: _____

MARKET/LINE(S) OF BUSINESS *Indicate all that apply*

<p><u>Life & Health</u></p> <p>___ Ordinary Life ___ Individual Annuities</p> <p>___ Industrial Life ___ Group Annuities</p> <p>___ Group Life ___ Life Reinsurance</p> <p>___ Credit Life ___ A&H Reinsurance</p> <p>___ Fraternal ___ Individual A&H</p> <p>___ Alternative Risk Transfer</p> <p>___ Group Medical ___ Group Disability</p> <p>Other: _____</p>	<p><u>Property & Casualty</u></p> <p>___ Commercial ___ Personal</p> <p>___ Surety ___ Marine</p> <p>___ Direct Writer ___ Independent Agcy Co.</p> <p>___ Reinsurance ___ Exclusive Agency Co.</p> <p>___ Excess & Surplus Line</p> <p>Other: _____</p>	<p><u>Associate Member Only</u></p> <p>___ Accounting & Financial Mgmt Consulting</p> <p>___ Actuarial/Risk Mgmt.</p> <p>___ Insurance Process & System Consulting</p> <p>___ Hardware/Software Provider</p> <p>___ Insurance Organization (eg., LOMA, III)</p> <p>___ Banking</p> <p>Other: _____</p>
<p>NAIC#: _____ GROUP#: _____ NAIC Group Name: _____</p>		

We agree to the conditions of Membership and hereby apply for Membership in the IASA. Signature: _____ Date _____
 Print Name: _____ Title: _____

FOR IASA OFFICE USE ONLY

Chp _____ Mbr# _____ Dep _____ Enter Date & Ini: _____

DEFINITIONS

Membership Status:

REGULAR: An organization licensed as an insurance company is eligible to hold Regular Member status. Membership will be granted only in the name of a single licensed insurance company. Multiple companies or insurance groups must designate a single licensed insurance company as the Member. More than one company in a group may become a Member Company. **Separate IASA Memberships should be established on a company/location basis.**

ASSOCIATE: An insurance related organization not licensed as an insurance company (e.g., independent public accounting firm, statistical and rating organization, actuarial consulting firm) is eligible to become an Associate Member. At its discretion, the IASA Board of Directors may designate other insurance related organizations as Associate Members. Associate Members enjoy the same privileges as Regular Members, except that a representative of an Associate Member company may not vote on any IASA matter. **Separate IASA Memberships should be established on a company/location basis.**

The Insurance Accounting and Systems Association, Inc., (IASA) is a nonprofit association of insurance companies and insurance related organizations, Federal Tax ID #56-1526114. The Association's By-Laws require that each member company designate an Official and an Alternate Representative. The Official IASA Representative is the primary contact between the member company and the IASA. Membership depends upon acceptance of the application by the IASA Board of Directors.

OFFICIAL IASA REPRESENTATIVE: The person selected to represent the company for the purpose of handling IASA communications. This includes distributing IASA communications to the appropriate people in the organization and responding to occasional inquiries from IASA and its members. **The Official IASA Representative or Alternate Representative should be someone from your company's HR Department.**

ALTERNATE REPRESENTATIVE: The person selected to backup the Official IASA Representative, should, for any reason, the Official Representative be unable to fulfill the role. The Alternate Representative may assume the role of the Official Representative on a temporary or permanent basis, at the discretion of the Member. **The Official IASA Representative or Alternate Representative should be someone from your company's HR Department.**

CFO: The Chief Financial Officer of the company.

CHIEF INVESTMENT OFFICER: The person having overall responsibility for investments at the company.

CHIEF OPERATING OFFICER: The person having overall responsibility for operations at the company.

CHIEF INFORAMTION/TECHNOLOGY OFFICER: The person having overall responsibility for information systems and technology at the company.

Any employee of a member company may attend the Association's meetings and conferences and participate in the affairs of the Association. Annual dues are currently \$2,550 (US funds) for single company memberships and apply to membership for the calendar year period January 1 through December 31. Dues may be paid on-line at www.iasa.org or by personal check, company check or by furnishing credit card info below.

Note: *If at any time, there is a permanent change in Member personnel listed, the Member is required to assign another contact and officially notify the IASA.*

CREDIT CARD INFO <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Discover Card# _____ Exp. Date: _____ Amt: \$ _____ Card Holder Name: _____ Signature: _____

IASA INTERNATIONAL OFFICE

P O BOX 51340

DURHAM, NC 27717

PHONE:(919)489-0991 FAX:(919)489-1994 E-MAIL:ssmith@iasa.org

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 Other _____

For subsidiary memberships, please complete this form for EACH subsidiary and return with holding company application.

Holding Company Name: _____

Company Name:	Web Address:	Phone: Fax:
Billing Address:	City, State	Zip, Country (if applicable)

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