



ALIEN SURPLUS LINES INSURER – APPLICATION CHECKLIST

Submit complete checklist to: [companylic.commerce@state.mn.us](mailto:companylic.commerce@state.mn.us)

Alien ID No. \_\_\_\_\_ Web Address \_\_\_\_\_

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

Country of Domicile \_\_\_\_\_

Date of Incorporation \_\_\_\_\_ Date Business Commenced \_\_\_\_\_

Date of Application \_\_\_\_\_

Applicant must be included on the Quarterly Listing of Alien Insurers maintained by the National Association of Insurance Commissioners International Insurers Department.

You must include a copy of this checklist in your application along with all items listed below:

- \$500 application fee payable to Minnesota Department of Commerce per Minnesota Statutes Section 60A.206, subdivision 2.

Mail payment with copy of checklist to:

Minnesota Department of Commerce  
85 7<sup>th</sup> Place East, Suite 280  
St. Paul, MN 55101

- Appointment of Attorney for Service of Process. A completed copy of the Uniform Consent to Service of Process (NAIC Form 12) is required. To access a pdf version of Form 12, click on the following link: [http://www.naic.org/documents/industry\\_ucaa\\_form12.pdf](http://www.naic.org/documents/industry_ucaa_form12.pdf)

Completed By \_\_\_\_\_

Title of Officer \_\_\_\_\_

Signature of Officer \_\_\_\_\_

Date \_\_\_\_\_

Signature of President \_\_\_\_\_

Date \_\_\_\_\_