

Insurers International Application

Name of Company: _____

Headquarters address (street): _____

Headquarters mailing address (P. O. Box): _____

Main telephone: _____ Primary facsimile: _____

Company's e-mail address: _____ Company's Web site address: _____

Date of incorporation: _____ Country in which incorporated: _____

Markets outside of the U.S. most interested in: _____

The company is owned or controlled by the following company, corporation, group of companies, partnership or individual (if none, so indicate):

How did you find out about ACLI's Insurers International? _____

Why do you wish to join ACLI? (check all that apply)

To participate in:

- Publications and studies
- Education (conferences and networking opportunities)
- Information (serving as an interested party on select ACLI committees & groups)
- Other _____
- _____
- _____
- _____

Major lines of business (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Whole life | <input type="checkbox"/> Universal life | <input type="checkbox"/> Group life |
| <input type="checkbox"/> Variable life | <input type="checkbox"/> Variable universal life | <input type="checkbox"/> Term life |
| <input type="checkbox"/> Credit life | <input type="checkbox"/> Industrial life | <input type="checkbox"/> Annuities |
| <input type="checkbox"/> Reinsurance | <input type="checkbox"/> Disability income insurance | <input type="checkbox"/> International |
| <input type="checkbox"/> Corporate-owned life insurance (COLI) | <input type="checkbox"/> Long-term care | <input type="checkbox"/> Other _____ |
| | | _____ |
| | | _____ |

Insurers International annual dues: \$15,000

Officer designated to maintain contact with the ACLI with duties to include determining the distribution of ACLI services within Insurers International program subscriber and notifying the ACLI of changes in company addresses and personnel:

Chief Liaison Officer	Name	_____	Email	_____
	Title	_____		
	Mailing Address	_____		
	Phone/Fax	_____		

Please return completed application and accompanying documents to:

Barbara Kincaid
 Director, Corporate Relations
 American Council of Life Insurers
 101 Constitution Avenue, NW
 Washington, D.C. 20001-2311

Statement of Principle

Submission of this duly executed application constitutes the applicant's agreement to the terms and conditions of ACLI's Insurers International program..

By (signed): _____

Name _____

Title _____

101 CONSTITUTION AVENUE, NW, WASHINGTON, DC 20001
TELEPHONE: 202 624-2000 FACSIMILE: 866-953-4081
WEB SITE: <http://www.acli.com> E-MAIL: corporaterelations@acli.com

MISSION

To help create and maintain a legislative, regulatory and judicial environment that allows members to grow their business by fully participating in the family and business protection and retirement security markets.

MEMBERSHIP

Eligibility. Any duly licensed, non U.S.-based/focused life insurance company shall be eligible for participation in the Insurers International Program. Companies otherwise eligible for ACLI membership are not eligible to participate in the Insurers International Program.

Admission. An eligible company shall be admitted to the program upon submission and approval of the completed membership application.

Termination of Membership. The Membership of any company may be terminated on request, by giving thirty days advance written notice of withdrawal to the ACLI, or it may be terminated automatically if the member fails to pay the prescribed fees or other mandatory assessments on a timely basis. The participation of any company may also be terminated if its officers or management fail to support the purposes of the ACLI.

- a. **Fees.** \$15,000 covers a twelve-month, renewable subscription.