



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"/> Variable life
<input type="checkbox"/> Credit life
<input type="checkbox"/> Reinsurance
<input type="checkbox"/> Corporate-owned life insurance (COLI) | <input type="checkbox"/> Universal life
<input type="checkbox"/> Variable universal life
<input type="checkbox"/> Industrial life
<input type="checkbox"/> Disability income insurance
<input type="checkbox"/> Long-term care | <input type="checkbox"/> Group life
<input type="checkbox"/> Term life
<input type="checkbox"/> Annuities
<input type="checkbox"/> International
<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	_____
	Title	_____
	Mailing Address	_____
	Phone/Fax/E-mail	_____

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 _____