

Louisiana Insurers' Conference

LIFE & HEALTH COMPANIES

APPLICATION FOR REINSURANCE COMPANY MEMBERSHIP

Eligible members shall be reinsurance companies, corporations or associations which service the industry.

DUES - \$1500.00

NAME OF APPLICANT _____

OCCUPATION _____

NAME OF FIRM _____

MAILING ADDRESS _____

CITY _____ *STATE* _____ *ZIP* _____

PHONE _____ *FAX* _____

CONTACT PERSON AND TITLE _____

EMAIL OF CONTACT PERSON _____

RECOMMENDED BY _____

DATE _____

LIC
450 Laurel St., Ste. 1400, Baton Rouge, LA 70801
Phone: 225/343-2776 FAX: 225/344-1132