



Indiana Department of Insurance  
311 W. Washington Street, Suite 103  
Indianapolis, IN 46204-2787

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## ACCESS TO PUBLIC RECORDS REQUEST

**Return to:**

Indiana Department of Insurance  
Legal Services  
311 W. Washington Street, Suite 103  
Indianapolis, IN 46204  
Email: [doi@idoi.in.gov](mailto:doi@idoi.in.gov)

**Date:**

**Time (if requesting in person):**

**Name of Requesting Party:**

**Company (if applicable):**

**Address:**

**Phone Number:**

**E-Mail:**

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Pursuant to the Indiana Access to Public Records Act (Indiana Code § 5-14-3), I would like to  Inspect  Copy (check all that apply) the following public records.

Please identify the records requested with reasonable particularity. Describe the records with enough detail for the Department to be able to adequately respond to your request. If your requests involves a company, please give the full legal name of the company and, if possible, the NAIC company code.

**Reason for request (optional – for clarification purposes):**

**Please indicate how you wish to receive the documents:**

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Hard copy

There will be a copying fee of \$0.10 per page associated with your request.

Please include your e-mail address if you wish to receive electronic records. (Electronic records may be available at no charge.)

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\*\*Make sure you attach the form to the  
emailed public records request.**