## **COMPLETE & RETURN TO:**

Barbara Law, Executive Secretary/Clerk New Hampshire Insurance Guaranty Association Membership One Bowdoin Square, 2<sup>nd</sup> Floor Boston, MA 02114-2916

## **NEW HAMPSHIRE INSURANCE GUARANTY ASSOCIATION**

## ACKNOWLEDGEMENT OF THE PLAN OF OPERATION

The undersigned member insurer hereby acknowledges receipt of the Plan of Operation by causing its corporate name to be hereunto subscribed by its president or other authorized officer. Each member insurer hereby authorizes the Board of Directors (the "Board") to levy such assessments, and to take such other actions as are deemed by the Board to be necessary to assure the fair, reasonable and equitable administration of the Association, as required by law.

Date Acknowledged   Name of Member Insurer		
Address for Assessme	nt Information	
City,	State	Zip
Address for other adn	ninistrative mailings if different th	
Address for other adn (e.g. annual report no	ninistrative mailings if different th otifications, ballots for Board of D State	
Address for other adn (e.g. annual report no City,	tifications, ballots for Board of D	Directors elections, etc.)
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Email Address