



**The State of New Hampshire
Insurance Department**

21 South Fruit Street, Suite 14
Concord, NH 03301

**THIRD PARTY ADMINISTRATOR R.S.A 402-H
AMENDED APPLICATION**

Administrator Legal Name: _____

Trade Name (if any): _____

Formerly Known As (if amending name): _____

Domicile: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone and extension: _____

*Note: This Department will only correspond with the named contact person. This individual may be in the company or a contracted person such as a consultant.

FEES

Amendment Fee: \$25

All checks must be made payable to: New Hampshire Insurance Department