

**STATE OF NEW HAMPSHIRE**  
**CREDIT FOR REINSURANCE**

**APPLICATION FORM - RSA 405:46 III**

DATE: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

STATE OF DOMICILE: \_\_\_\_\_

CURRENT STATEMENT: \_\_\_\_\_  
(Please attach most recent Annual or Quarterly Statement)

FORM AR - 1: \_\_\_\_\_  
(Attached)

SURPLUS AMOUNT: \$ \_\_\_\_\_  
(From latest filed Annual Statement or Quarterly Statement)

\_\_\_\_\_  
(Signature/Title)