

RETURN TO: Laura A. Condon, Executive Director
New Hampshire Life and Health
Insurance Guaranty Association
P.O. Box 10606
Bedford, NH 03110
Phone: (603)472-3734
lcondon@nhlifega.org

NEW HAMPSHIRE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

ACCEPTANCE OF THE PLAN OF OPERATION

The undersigned member insurer hereby accepts the Plan by causing its corporate name to be hereunto subscribed by its president or by an authorized officer. Each member so accepting does hereby declare its unqualified authorization to 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.

Enclosed please find a \$25.00 Class A assessment **payable to New Hampshire Life and Health Insurance Guaranty Association** to be used for administrative purposes.

Date Accepted: _____

Name of Member Insurer: _____

NAIC# _____

Address: _____

Email: _____

Phone: _____

By: _____

Printed Name: _____

Title: _____