



STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT
 21 South Fruit St., Suite 14
 Concord NH 03301

LICENSE APPLICATION

 Managing General Agent
 Corporation

For Insurance Dept Use Only	
Date	_____
Amount	_____
Initials	_____
License #	_____
License Issued	_____

To the Insurance Commissioner of the State of New Hampshire

The UNDERSIGNED CORPORATION hereby applies for a managing general agent corporation license under RSA 402-E and for that purpose submits the following statements and answers to the questions contained in this application.

TYPE OF LICENSE APPLIED FOR: Application fee: \$50.00, make check payable to: Treasurer, State of New Hampshire.

Resident

Non-Resident

1. Name of Applicant: _____

Federal I.D. No.: _____

2. Principal Insurance Business Address: _____
(street address)

City	County	State	Zip	Phone Number
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If principal business address is changed, the Insurance Department must be notified in writing.

Does your corporation or any officer, or designated director and employee(s), intend to act as a managing general agent from an Address in the State of New Hampshire? _____ if yes, where? _____

3. Date of organization of applicant: _____
Under the laws of what state was applicant incorporated? _____ (attach a copy of current Certificate of Authority for state of incorporation and Certificate of Authority for State of New Hampshire).

4. List all officers, directors and designated employee(s) and give information requested below on each: (list officers first, followed By designated directors and employees).

Name: _____ Title: _____ Directory: _____ Y/N

Date of Birth: _____ Sex _____ Will act as Managing General Agent _____ Y/N

Residence Address: _____

Social Security Number: _____

Name: _____ Title: _____ Directory: _____ Y/N

Date of Birth: _____ Sex _____ Will act as Managing General Agent _____ Y/N

Residence Address: _____

Social Security Number: _____