

COMPLETE & RETURN TO:

Barbara Law, Executive Secretary/Clerk
New Hampshire Insurance Guaranty Association
Membership
One Bowdoin Square, 2nd 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

NAIC Number

Date Licensed

State of Domicile

Address for Assessment Information

City,

State

Zip

***Address for other administrative mailings if different than above
(e.g. annual report notifications, ballots for Board of Directors elections, etc.)***

City,

State

Zip

By

Print Name

Title

Phone Number

Email Address