Form: REINS-3

STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT
21 South Fruit St., Suite 14
Concord NH 03301-7317

LICENSE APPLICATION

Reinsurance Intermediary
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 reinsurance intermediary license under RSA 402-F 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.

Reinsurance Intermediary Broker ☐ Resident ☐

Reinsurance Intermediary ☐ Non-Resident ☐

1. Name of Applicant: _____

   Federal I.D. No.: _____

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

   _____
   City County State Zip Phone Number

   If principal business address is changed, the Insurance Department must be notified in writing.

   Does your coporation or any officer, or designated director and employee(s), intend to act as a reinsurance intermediary from an Address in the State of New Hamphshire? _____ 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 reinsurance intermediary _____Y/N

   Residence Address: _____

   Social Security Number: _____

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

   Date of Birth: _____ Sex _____ Will act as reinsurance intermediary _____ Y/N

   Residence Address: _____

   Social Security Number: _____

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

Date of Birth: _____ Sex _____ Will act as reinsurance intermediary _____ Y/N

Residence Address: _____

Social Security Number: _____

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

Date of Birth: _____ Sex _____ Will act as reinsurance intermediary _____ Y/N

Residence Address: _____

Social Security Number: _____

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

Date of Birth: _____ Sex _____ Will act as reinsurance intermediary _____ Y/N

Residence Address: _____

Social Security Number: _____

5. a.) Give full name and address of each stockholder of record of applicant-corporation and percentage of shares owned by each. Give the line of business in which each of the 10 largest stockholders is engaged.

Name: _____ Percentage of Shares: _____
Address: _____
Business: _____

Name: _____ Percentage of Shares: _____
Address: _____
Business: _____

Name: _____ Percentage of Shares: _____
Address: _____
Business: _____

Name: _____ Percentage of Shares: _____
Address: _____
Business: _____

Name: _____ Percentage of Shares: _____
Address: _____
Business: _____

b.) If any of such shares of stock is held by such stockholders in any capacity other than as beneficial owner, give information Requested below:

Name:_____ Address:_____
Name of Owner of Record: _____
Percentage of Shares: _____

Name:_____ Address:_____
Name of Owner of Record: _____
Percentage of Shares: _____

Name:_____ Address:_____
Name of Owner of Record: _____
Percentage of Shares: _____

6. List any person, firm association or corporation who or which, directly or indirectly, has the power to direct or cause to be directed, the management, control or activities of the applicant.

   If none, check here: _____

   Name: _____

   Address: _____

   Name: _____

   Address: _____

   Name: _____

   Address: _____

   Explain how each person, firm, association or corporation listed above directs the management, control or activities of the applicant. _____

   _____

7. Quote below the provision or provisions of applicant's charter or certificate of incorporation which confers upon it the right to act as reinsurance intermediary. _____

   _____

8. Has applicant, or any of its officers, directors, designated employees or controlling persons, or any partnership or corporation With which they are, or were formerly associated during their connection therewith, ever:
   a.) Been discharged by or had a contract of agency terminated by an insurer or employer? _____
   b.) Been charged in any capacity whatsoever with irregularities in money or any other transaction? _____
   c.) Compromised his/her, or its, liabilities with creditors; been insolvent or adjudged a bankrupt? _____
   d.) Been refused a license or had an existing one suspended or revoked by the Insurance Department, or by any state or Governmental agency or authority? _____
   e.) Been fined by any state or governmental agency or authority? _____
   f.) Excluding minor traffic violations, been convicted of any crime which has not been annulled by a court? _____

   If answers to a. through f. are "Yes," give full details:

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

9. Upon approval of corporation's non-resident application as a managing general agent, if applicable, we hereby agree to designate The Commisioner, State of New Hampshire Insurance Department as agent for service of process and further pursuant to RSA 401-F to provide the following resident of New Hampshire upon whom notice and orders of the Commissioner of process affection such non-resident managing general agent may be served.

   Name: _____ Telephone number: _____

   Address: _____

10. Bond and/or Errors & Omissions Insurance (if required), copy attached.

   a.) Bond Amount: $_____

   Date of Coverage: _____

   Holder: _____

   b.) Errors Ommissions Insurance Agent: $_____

   Dates of Coverage: _____

   Insurer: _____

ANSWERS TO ALL QUESTIONS, NOTING SPECIFICALLY QUESTION 9, MUST BE ACCURATE AND COMPLETE. INFORMATION OBTAINED THROUGH INVESTIGATION SHOWING MIS-STATEMENTS, INCLUDING AN INCOMPLETE ANSWER TO QUESTION 9 IS SUFFICIENT CAUSE TO AUTOMATICALLY VOID THIS APPLICATION OR FOR THE IMMEDIATE REVOCATION OF ANY LICENSE. THIS IS IN ADDITION TO ANY OTHER PENALTIES.

Under Penalty or perjurty, (I) or (We), affirm that the statements made in the aforegoing application are true to the best of (my) or (our) knowledge.

Date: _____ _____
Name of Corporation

Witness: _____ By: _____
Signature-Officer/Director/Employee

_____ _____
Signature-Officer/Director/Employee

_____ _____
Signature-Officer/Director/Employee

_____ _____
Signature-Officer/Director/Employee

_____ _____
Signature-Officer/Director/Employee

The application must be verified and signed by all named in the answer to Question No. 4 above.

USE SPACE BELOW FOR ADDITIONAL INFORMATION, IF NECESSARY.