



5. Insurance products the renewal applicant financial institution continues to write:

- Accident & Health or Sickness     Property     Casualty     Life  
 Variable Life & Variable Annuities     Personal Lines     Credit (Limited Line)

6. Have there been any material changes to applicant's approved Plan of Operations in the previous year?  Yes  No

If YES, have you filed an *amended* Plan with Division of Insurance?  Yes  No

7. Do you intend to solicit business on the financial institution's premises?  Yes  No

If YES, is applicant requesting a physical separation waiver?  Yes  No

8. Does the renewal applicant financial institution currently have a presence on the internet?  
 Yes  No

If YES, please provide the applicant's web address: \_\_\_\_\_

9. Does the renewal applicant financial institution intend to sell insurance through the Internet?  
 Yes  No

If YES, will applicant's website be linked to a licensed producer's website?

Yes  No

If YES, provide producer's web address: \_\_\_\_\_

10. Is the renewal applicant financial institution currently licensed or authorized to engage in the sale of insurance in any other state or territory of the United States?  Yes  No

If YES, indicate states/territories where licensed or authorized: \_\_\_\_\_

\_\_\_\_\_

11. Please list the names and MA Producer license number(s) of individual Producer(s) who will engage in insurance sales on behalf of the renewal applicant financial institution, Applicant must list a licensed Producer(s) with the line of authority for each product of insurance being offered:

Producer name: \_\_\_\_\_ MA License # \_\_\_\_\_

Producer name: \_\_\_\_\_ MA License # \_\_\_\_\_

Producer name: \_\_\_\_\_ MA License # \_\_\_\_\_

Producer name: \_\_\_\_\_ MA License # \_\_\_\_\_

FINANCIAL INSTITUTION'S OFFICER RESPONSIBLE FOR INSURANCE OPERATIONS:  
(If more than one please attach additional sheet)

12. Name: \_\_\_\_\_ S.S. # last 4 digits: xxx-xx-\_\_\_\_\_

13. Title \_\_\_\_\_

14. Business Address: \_\_\_\_\_  
Street City State Zip

15. Email Address: \_\_\_\_\_

16. Direct Telephone # (\_\_\_\_) \_\_\_\_\_

17. Please enclose a check for made payable to the Commonwealth of Massachusetts, in the amount of \$75.00 for the renewal of your license. Mail the renewal application, any accompanying documentation and the renewal fee to:

**The Division of Insurance, Attn: Robert Hunter, 1000 Washington St, Suite 810  
Boston, MA 02110.**

I have read and I am familiar with the insurance laws of Massachusetts, in particular Massachusetts General Law Chapter 175, §209, Chapter 175, §75B, Chapter 167F, §2A, and regulations 211 CMR 142.00 and 209 CMR 49.00, concerning the sale of insurance by banks and credit unions. I intend to act and hold myself out and carry on business in good faith. I understand that I must comply with all applicable laws of the Commonwealth of Massachusetts. At any time, if any of the above information changes, I will notify your office. I hereby verify the foregoing answers and statements, and those made in supporting documents, including any Plan of Operation and waiver request filed with this application, and declare that they were made under the penalties of perjury.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Financial Institution's Officer Responsible for Insurance Operations