COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

Annual Filing Fee and Insurance Company License Renewal Lock Box Form, and Application for Renewal of Foreign Company License to Transact Insurance Business in Massachusetts

Mail this completed form and a check for the appropriate amount made payable to the Commonwealth of Massachusetts Division of Insurance to:

Division of Insurance
Annual Filing Fee / Company License Renewal
PO Box 370039
Boston, MA 02241-0739

Check Number: _____ **Check Amount: $** 0.00

NAIC #: __ __ __ __ __ **Company Name: _____**

Date: __ __ / __ __ / __ __ (MM) (DD) (YY)
(e.g. January 8, 2021 = 01/08/21)

Contact Person:_____

Contact Person Mailing Address: _____

_____

Phone #: (__ __ __) __ __ __ - __ __ __ __ ext.: ____ Fax #: (__ __ __) __ __ __ - __ __ __ __

E-mail Address:_____

Payment Type - Check (√) all payment types that apply to the above referenced check. More than one payment type may be included in a single check, but **DO NOT include more than one company per check**. Please note all fees are NONREFUNDABLE.

[A]	**Annual Filing Fee (Due March 1, 2021) (see Notes page 2)**	$ 150.00 - - - - ☐
[B]	**Foreign Company License Renewal Fee** (see Notes page 2)	
[B1]	Companies licensed without Designation 51 or 54	$ 250.00 - - - - ☐
[B2]	Companies licensed with Designations 51 or 54	$ 279.00 - - - - ☐
[C]	**Fraternal Benefit Societies**	
[C1]	Annual Statement Filing Fee	$ 6.00 - - - - ☐
[C2]	Fraternal License Renewal Fee	$ 25.00 - - - - ☐
Total (Must match "Check Amount" field at top of form) **[A + B + C]**		**= $ _____**

FOR LICENSE RENEWALS FILL IN THE REST OF THIS FORM.

Pursuant to the provisions of MGL Chapter 175, § 151, application is hereby made to renew the license to transact insurance for the company named above for the year beginning July 1, 2021:

- Has the company's mailing address changed? ☐ **Yes /** ☐ **No** If "Yes", fill in the address below.

_____

_____

- Have the company's telephone numbers changed? ☐ **Yes /** ☐ **No** If "Yes", fill in below.
  Company Main Telephone #: (___) _____Toll Free Telephone #: (___) _____
- Name and address of United States Manager (for alien companies only):

  _____

  _____
- Within the last five years, has the license or authority of the company, in any state, district, or country been revoked, suspended, or canceled, or has the company been refused admission to any state, district, or country? ☐ **Yes /** ☐ **No** (If "Yes", explain on a separate attachment.)
- Has the company filed or will file a **Signed Jurat Page** for the December 31, 2020 Annual Statement? ☐ **Yes /** ☐ **No** (If "No", explain in detail on a separate attachment.)

I, _____ (type or print name) hereby certify that the above statements are true to the best of my knowledge and belief and are made subject to penalties of perjury.

_____ Date: _____

President / Secretary / U.S. Manager *(Signature)* Direct Telephone #: (___) _____

The Massachusetts Division of Insurance is compiling a database of the primary and secondary claims contacts for each insurer licensed in Massachusetts. The contact information we are seeking should be those people that the Division should contact after a disaster. This information will be updated annually.

PRIMARY (Claims) Disaster Liaison Contact Information	**SECONDARY (Claims) Disaster Liaison Contact Information**
Name: _____	Name: _____
E-Mail Address: _____	E-Mail Address: _____
Phone Number: _____	Phone Number: _____

Notes:

Annual Filing Fee: Required for all foreign companies licensed or authorized to transact insurance business in the Commonwealth of Massachusetts. This includes Property & Casualty, Life; Accident & Health; Surplus Lines; Accredited Reinsurers; Approved Reinsurers; and Title Companies.

Foreign Company License Renewal Fee: Required for all foreign companies licensed to transact insurance business in the Commonwealth of Massachusetts. This includes Property & Casualty, Life; Accident & Health; and Title Companies.

For assistance filling out this form, please e-mail the Company Licensing Section of the Massachusetts Division of Insurance at companies.mailbox@mass.gov.