



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE
1 Federal Street • Boston, MA 02110-2012
(617) 521-7794 • Toll-free (877) 563-4467
<http://www.mass.gov/doi>

**Application for Renewal of Foreign Company License to Transact
Insurance Business in Massachusetts**

Please e-mail this completed form to the Massachusetts Division of Insurance at:

companies.mailbox@mass.gov

Date: ____ / ____ / ____

NAIC: _____

Company Name: _____

Contact Person: _____

Contact E-mail Address: _____

**All company demographic changes, including addresses, appointment
contacts, and disaster liaison contacts must be made in the NAIC's SBS
database <http://www.statebasedsystems.com/> .**

- Within the last five years, has the license or authority of the company, in any state, district, or country been revoked, suspended, or canceled, or has the company been refused admission to any state, district, or country?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.)
- For Alien companies ONLY:
Name and address of United States Manager:

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, 2025**.

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

President / Secretary / U.S. Manager

Date

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