COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE
1 Federal Street, Suite 700 • Boston, MA 02110-2012
(617) 521-7794 • Toll-free (877) 563-4467
www.mass.gov/doi

Application for Renewal of Foreign Company License and Annual Filing

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

companies.mailbox@mass.gov Reset form

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 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- Within the last five years, has the license or authority of the company, in any state, district, or country been revoked, suspended, or canceled, or has the company been refused admission to any state, district, or country?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, 2026.**

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