

**COMMONWEALTH OF MASSACHUSETTS**

**Office of Consumer Affairs and Business Regulation**

**DIVISION OF INSURANCE**

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(617) 521-7794 • FAX (617) 521-7771

 https://www.mass.gov/orgs/division-of-insurance

Fraternal Benefit Society License Renewal

***To the Commissioner of Insurance of Massachusetts:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_ ,

 (Name of Fraternal Benefit Society) (City)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby applies for authority to operate in the Commonwealth of

 (State)

Massachusetts, during the year ending June 30, 2025 as a fraternal benefit society as specified

under the provisions Massachusetts General Laws, Chapter 176. The benefits to be paid, as a

fraternal benefit society, being contingent on the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(Please state all contingencies in which benefits are paid, such as death, disability, accidental death or disability from disease, accident, etc.)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of an executive officer of the society)

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 (Official Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Place of Execution)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date of Execution)

Note - Licenses expire June 30 and must be renewed on or before July 1 of each year.