

**COMMONWEALTH OF MASSACHUSETTS**

**Office of Consumer Affairs and Business Regulation**

**DIVISION OF INSURANCE**

1000 Washington Street, Suite 810 • Boston, MA 02118-6200

(617) 521-7794 • FAX (617) 521-7771

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

**HOLDING COMPANY REGISTRATION STATEMENT AFFIDAVIT**

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

 (Name) (Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the "company"), a duly organized

 (Name of Insurance Company)

and existing company incorporated under the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

hereby depose, under oath, and state that the company is a member of an insurance holding

company system as defined in M.G.L. Chapter 175, Section 206, that the company is authorized

to do business in the Commonwealth of Massachusetts, that the company has filed in its state

of domicile, pursuant to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a registration statement with disclosure

 (Cite Domiciliary State Law/Regulation)

requirements and standards substantially similar to those required by Section 206C of said

Chapter 175 and the regulations promulgated thereunder, and that the domiciliary state grants

a similar exemption to insurers domiciled in this Commonwealth.

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

(Signature) (Date)