**Commonwealth of Massachusetts**

**ANNUAL APPLICATION FOR RENEWAL OF**

**REGISTRATION AS A RISK RETENTION GROUP**

**For the year beginning July 1, \_\_\_\_\_\_\_ and ending June 30 of the Subsequent Year**

**(All Information should be typed)**

**Name of Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have there been any changes in the following areas of the Group's organization or operations since its last registration renewal In Massachusetts? (If ''Yes'', please attach an explanation.)**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. The lines of insurance the Group is authorized to offer in any state in which it does business? | 🞎 | 🞎 |
| 1. The Group's state of domicile? If ''yes'' what is the Group's new state of domicile?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 | 🞎 |
| 1. The ownership structure of the Group? (i.e., from a membership organization to a sponsored organization or vice versa.) | 🞎 | 🞎 |
| 1. The activities engaged in by the Group's members? | 🞎 | 🞎 |
| 1. The Group's officers and directors? (If "yes", please attach a complete current list of the Group's officers and directors and submit a completed Biographical Affidavit for each, if the Group has not previously filed such document(s) with the Commonwealth of Massachusetts.) | 🞎 | 🞎 |
| 1. The name and phone number of Group's contact person? | 🞎 | 🞎 |
| 1. The name and/or address of the Group's management company? | 🞎 | 🞎 |
| 1. The licensed insurance producers marketing the Group's coverage? (If 'yes", please attach a complete current list of the licensed insurance producers marketing the Group's coverage, including name, address, telephone number and National Producer Number.) | 🞎 | 🞎 |
| 1. Has the Group been examined by its domicile state or any other state within the preceding 12 months? | 🞎 | 🞎 |
| If "yes", has the Group previously filed a copy of the examination report with the Commonwealth of Massachusetts, or is the Group enclosing the report(s) with this Renewal Application?  Filed Previously 🞎  Enclosed with Renewal Application 🞎 |  |  |
| 1. Has there been a change in the states in which the Group intends to operate? | 🞎 | 🞎 |
| 1. Has there been any change in the Group's Plan of Operation? (If "yes", please attach a copy of the Group's revised Plan of Operation) | 🞎 | 🞎 |
| 1. Has the Group's registration to do business in any state been suspended or revoked within the last ten years? (If "yes", please attach a brief explanation.) | 🞎 | 🞎 |
| 1. Has the Group's application for registration to do business in any state been denied within the last ten years? (If "yes", please attach a brief explanation.) | 🞎 | 🞎 |
| 1. Is the Group presently engaged in a dispute with any state or federal regulatory agency? (If "yes", please attach a brief explanation.) | 🞎 | 🞎 |
| 1. Is the Group a plaintiff or a defendant in any legal action other than one arising out of policy claims? (If "yes', please attach a brief explanation.) | 🞎 | 🞎 |
| 1. Is the registration fee in the amount of $125 enclosed? | 🞎 | 🞎 |

I do hereby swear and affirm that the aforementioned statements and information are true and correct.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF AUTHORIZED INDIVIDUAL**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINTED NAME OF AUTHORIZED INDIVIDUAL**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE OF AUTHORIZED INDIVIDUAL**

Sworn before me this

\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20 \_\_\_\_\_

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

Notary Public, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_