



Bureau of Insurance

Risk Retention Group Registration

(All Information Should Be Typed)

1. Name of the Risk Retention Group as it appears on its Certificate of Authority:

NAIC Company Code: _____

Address of Retention Group: _____

2. Federal Employers Identification Number: _____

3. List any other name(s) by which the Risk Retention Group is known or may be doing business in this State or any other State:

4. The Risk Retention Group is a corporation or other limited liability association whose primary activity consists of assuming and spreading all, or any portion, of the liability exposure of its members.

5. The Risk Retention Group is organized for the primary purpose of conducting the activity described under Item #3 above.

6. The Risk Retention Group is chartered and licensed as a liability insurance company under the laws of the State of _____, and is authorized to engage in the following lines and/or classifications of insurance under the laws of its chartering State:

7. The Risk Retention Group does not exclude any person from membership in the Group solely to provide for members of the Group a competitive advantage over such a person.

8. Ownership of the Risk Retention Group consists of one or the other of the following (*check one*):

a) _____ the owners of the Group are the only persons who comprise the membership of the Group and who are provided insurance by the Group.

b) the sole owner of the Group is _____

(Name and Address of the Organization) _____

an organization which has as its members only persons who comprise the membership of the Group and which has as its owners only persons who comprise the membership of the Group and who are provided insurance by the groups.

9. The Risk Retention Group members are engaged in businesses or activities similar or related with respect to the liability to which such members are exposed by virtue or related, similar or common business, trade, product, services, premises or operations. Give a general description of businesses or activities engaged in by the Group's members:

10. The activities of the Risk Retention Group do not include the provision of insurance other than:

- a) liability insurance for assuming and spreading all or any portion of the similar or related liability exposure of its Group members; and
- b) reinsurance with respect to the similar or related liability exposure of another Risk Retention Group (or a member of such other Risk Retention Group) engaged in business or activities which qualify such other Risk Retention Group (or member) under Item #8 above for membership in the Group.

11. a) List the name, social security number (SS#) and address of each officer and director of the Risk Retention Group: (Attach additional pages, if necessary.)

<u>Name</u>	<u>SS #</u>	<u>Position with RRG</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b) Identify and give the telephone number of the officer or director of the Risk Retention Group who can be contacted for any information regarding the management of the insurance activities of the Group:

Name: _____ Telephone Number: _____

12. List the name, address, telephone number and Federal Employer Identification Number (FEIN) of the company responsible for managing the insurance operations of the Risk Retention Group and the contract person at the company: (If none, answer none.)

<u>Name</u>	<u>FEIN</u>	<u>Address</u>	<u>Telephone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contact Person: _____ Telephone _____ #

13. List the name(s), SS#(s) and address(es) of the licensed insurance agent(s) or broker(s) responsible for marketing the Risk Retention Group's insurance policies and the state(s) in which they are licensed: (If none, answer none. Attach additional pages, if necessary.)

<u>Name</u>	<u>SS #</u>	<u>Address</u>	<u>State(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. The Risk Retention Group will comply with the unfair claim settlement practices laws of this State.
15. Each Risk Retention Group shall be responsible for the payment of premium tax in accordance with Title 36, section 2513-A.
16. The Risk Retention Group has designated the Superintendent of Insurance of this State to be its agent solely for the purpose of receiving service of legal documents or process by executing Part B of this form, attached hereto.
17. The Risk Retention Group will submit to examination by the Superintendent of Insurance of this State to determine the Group's financial condition, if:
- a) the Insurance Superintendent [Commissioner, Director] of the Group's chartering State has not begun or has refused to initiate an examination of the Group; and
 - b) any such examination by the Superintendent of Insurance is coordinated to avoid unjustified duplication and unjustified repetition.
18. The Risk Retention Group will comply with a lawful order issued in a delinquency proceeding commenced by the Superintendent of Insurance of this State upon a finding of financial impairment, or in a voluntary dissolution proceeding.
19. The Risk Retention Group will comply with the laws of this State concerning deceptive false or fraudulent acts or practices, including any injunctions regarding such conduct obtained from a court of competent jurisdiction.
20. The Risk Retention Group will comply with an injunction issued by a court of competent jurisdiction upon petition by the Superintendent of Insurance of this State alleging the Group is in hazardous financial condition or is financially impaired.
21. The Risk Retention Group will provide the following notice, in at least 10-point type, in any insurance policy issued by the Group:

NOTICE

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.

22. The Risk Retention Group has submitted to the Superintendent of Insurance as part of this filing and before it has offered any insurance in this State, a copy of the plan of operation or feasibility study which it has filed with the Insurance Superintendent [Commissioner, Director] of its chartering State. This plan or study includes the name of the State in which the Group is chartered, as well as the Group's principal place of business, and such plan or study further includes the coverage's, deductibles, coverage limits, rates, and rating classification systems for each line of insurance the Group intends to offer. The Group will promptly submit to the Superintendent of Insurance of this State any revisions of such plan or study to reflect any changes to the plan if the Group intends to offer any additional lines of liability insurance, including any change in the designation of the State in which it is chartered.
23. The Risk Retention Group will submit to the Superintendent of Insurance:
 - a) by March 1 of each year a copy of its annual financial statement submitted to its chartering state. The annual financial statement will be certified by an independent public accountant and include a statement of opinion on loss and loss adjustment expense reserves made by a member of the American Academy of Actuaries or a qualified loss reserve specialist. The certification and statement of opinion on loss and loss adjustment expense reserves will be submitted by the date it is required to be submitted to its chartering state.
 - b) a copy of each report of examination of the risk retention group as certified by the superintendent or public official conducting the examination.
 - c) a copy of its most current Certificate of Compliance.
24. The Risk Retention Group will not solicit or sell insurance to any person in this State who is not eligible for membership in the Group.
25. The Risk Retention Group will not solicit or sell insurance in this State, or otherwise operate in this State, if the Group is in hazardous financial condition or is financially impaired.
26. The Risk Retention Group will not issue any insurance policy in this State which provides coverage prohibited generally by statute of this State or declared unlawful by the highest court of this State whose law applies to such policy.
27. The Risk Retention Group will comply with all other applicable state laws.
28. The Risk Retention Group will notify the Superintendent of Insurance as to any subsequent changes in any of the items included in this form.

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The undersigned hereby swear and affirm that the foregoing statements and information regarding their principal, the _____ are true and correct. ***Name of Risk Retention Group)***

State of _____

County of _____

Sworn before me this _____ day of _____, 20____.

Notary Public.

President of the Risk Retention Group

Secretary of the Risk Retention Group

My Commission Expires: _____