

STATE OF NEW HAMPSHIRE
CREDIT FOR REINSURANCE

APPLICATION FORM - RSA 405:46 III

DATE: _____

NAME OF COMPANY: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

E-MAIL ADDRESS _____

STATE OF DOMICILE: _____

CURRENT STATEMENT: _____
(Please attach most recent Annual or Quarterly Statement)

FORM AR - 1: _____
(Attached)

SURPLUS AMOUNT: \$ _____
(From latest filed Annual Statement or Quarterly Statement)

(Signature/Title)