

THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT

Roger A. Sevigny
Commissioner



Thomas S. Burke
Director of Examinations

**RENEWAL APPLICATION for
CERTIFICATE of AUTHORITY**

**THIRD PARTY ADMINISTRATOR
R.S.A 402-H**

ADMINISTRATOR NAME: _____

TRADE NAME (if any): _____

DOMICILE: _____

ADDRESS: _____

CONTACT NAME: _____

CONTACT TITLE: _____ PHONE: _____

E-MAIL ADDRESS: _____

CONTACT ADDRESS: _____

*Note: This Department will only correspond with the named contact person. This individual may be in the company or a contracted person such as a consultant.

FEES

Audited Financial Statement Filing Fee {400-A:29III} \$ 100.00
(Due March 1st each year following licensure)

Annual License Renewal Fee {400:29I (c)} \$ 100.00
(Due March 1st each year following licensure)

All checks must be made payable to: **New Hampshire Insurance Department.**

Our review process will not begin until **ALL** fees are paid. New Hampshire law does not allow for the payment of fees after the issuance of the license.