

**COMPLETE & RETURN TO:**

Barbara Law, Executive Secretary/Clerk  
New Hampshire Insurance Guaranty Association  
Membership  
One Bowdoin Square, 2<sup>nd</sup> Floor  
Boston, MA 02114-2916

**NEW HAMPSHIRE INSURANCE GUARANTY ASSOCIATION**

**ACKNOWLEDGEMENT OF THE PLAN OF OPERATION**

The undersigned member insurer hereby acknowledges receipt of the Plan of Operation by causing its corporate name to be hereunto subscribed by its president or other authorized officer. Each member insurer hereby authorizes the Board of Directors (the "Board") to levy such assessments, and to take such other actions as are deemed by the Board to be necessary to assure the fair, reasonable and equitable administration of the Association, as required by law.

\_\_\_\_\_  
*Date Acknowledged*

\_\_\_\_\_  
*Name of Member Insurer*

\_\_\_\_\_  
*NAIC Number*                      *Date Licensed*                      *State of Domicile*

\_\_\_\_\_  
***Address for Assessment Information***

\_\_\_\_\_  
*City,*                                      *State*                                      *Zip*

\_\_\_\_\_  
***Address for other administrative mailings if different than above  
(e.g. annual report notifications, ballots for Board of Directors elections, etc.)***

\_\_\_\_\_  
*City,*                                      *State*                                      *Zip*

\_\_\_\_\_  
*By*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Email Address*