

State of New Hampshire
Insurance Department

APPLICATION FOR AMENDMENT
TO REMOVE RESTRICTIONS ONLY
TO INSURANCE COMPANY LICENSE

Application is hereby made on behalf of the company herein named to amend license authorizing it to transact business in New Hampshire through duly licensed agents.

1. The EXACT corporate name of the company is:

(If the corporate name is not in English, state it and give exact literal translation)

2. NAIC code of the company: _____

3. Organized under the Laws of the State of _____

4. Its home or U.S. Branch office is at _____

(Give number, street, city or town, and state)

5. Its principal Mailing Address is _____

6. The classes of insurance it desires to transact are:

7. The company is a member of the following rating or statistical bureaus:

8. The company agrees to abide by the rules and regulations of the department.

9. The company agrees to subscribe to the assigned risk plans on automobile public liability and property damage insurance and on workmen's compensation insurance if such policies are to be issued in this state.

Date _____

President
Secretary
United States Manager