

THE STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT

Christopher Nicolopoulos  
Commissioner



Douglas Bartlett  
Director of Financial Regulation

AMENDED APPLICATION  
FOR  
THIRD PARTY ADMINISTRATOR  
R.S.A. 402-H

ADMINISTRATOR LEGAL NAME: \_\_\_\_\_

TRADE NAME (if any): \_\_\_\_\_

FORMERLY KNOWN AS (if amending name): \_\_\_\_\_

DOMICILE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME (\*): \_\_\_\_\_

CONTACT TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

E-MAIL 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**

Amendment fee: \$25.00

All checks must be made payable to:

"Treasurer, State of New Hampshire."