Form: MGA-3



STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

21 South Fruit St., Suite 14 Concord NH 03301

LICENSE APPLICATION

Managing General Agent Corporation

For Insurance Dept Use Only		
Date		
Amount		
Initials		
License #		
License Issued		

To the Insurance Commissioner of the State of New Hampshire

The UNDERSIGNED CORPORATION hereby applies for a managing general agent corporation license under RSA 402-E and for that purpose submits the following statements and answers to the questions contained in this application.

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TYI	PE OF LICENSE APPLIE	D FOR: Application fe	e: \$50.00, make ch	eck payable to: Tre	asurer, State of New Hampshire	
Resi	ident					
Non	-Resident					
1.	Name of Applicant:					
	Federal I.D. No.:					
	(street address)					
	City	County	State	Zip	Phone Number	
	If principa	l business address is ch	anged, the Insuranc	e Department must	be notified in writing.	
TYPE OF LICENSE APPLIED FOR: Application fee: \$50.00, make check payable to: Treasurer, State of New Hampshire. Resident Non-Resident 1. Name of Applicant: Federal I.D. No.: 2. Principal Insurance Business Address: City County State Zip Phone Number If principal business address is changed, the Insurance Department must be notified in writing. Does your coporation or any officer, or designated director and employee(s), intend to act as a managing general agent from an Address in the State of New Hampshire? if yes, where? 3. Date of organization of applicant: Under the laws of what state was applicant incorporated? (attach a copy of current Certificate of Authority for state of incorporation and Certificate of Authority for State of New Hampshire). 4. List all officers, directors and designated employee(s) and give information requested below on each: (list officers first, follows By designated directors and employees). Name: Title: Directory: Y. Date of Birth: Sex Will act as Managing General Agent Y. Residence Address: Social Security Number: Sex Will act as Managing General Agent Y. Residence Address: Social Security Number: Sex Will act as Managing General Agent Y. Residence Address: Social Security Number: Social Se	rtificate					
	Name:		Title:		Directory:	Y/N
	Date of Birth:		Sex	Will act as	Managing General Agent	Y/N
	Residence Address:					
	Name:		Title:		Directory:	Y/N
	Date of Birth:		Sex	Will act as	Managing General Agent	Y/N
	Residence Address:					
	Social Security Number:					

	Will act as Managing General Agent								
Title	Social Security Number:								
True	Directory:	Y/i							
Sex	Will act as Managing General Agent	Y/.							
Title:	Directory:	Y/I							
Sex	Will act as Managing General Agent	Y/							
a.) Give full name and address of each stockholder of record of applicant-corporation and percentage of shares owned by each. Give the line of business in which each of the 10 largest stockholders is engaged. Name:									
Percentage of Shares:									
Percentage of Shares:									
Percentage of Shares:									
Percentage of Shares:									
1	Title: Sex tockholder of record of appl ch of the 10 largest stockho PerPerPer								

6.	List any person, firm association or corporation who or which, directly or indirectly, has the power to direct or cause to be directed, the management, control or activities of the applicant.										
	If none, check here:										
	Name:										
						Address:					
						Name:Address:					
	Explain how each person, firm, association or corporation listed above directs the management, control or activities of the applicant.										
	7.	Quote below the provision or provisions of applicant's charter or certificate of incorporation which confers upon it the right to a as managing general agent.									
	8.	Has applicant, or any of its officers, directors, designated employees or controlling persons, or any partnership or corporation With which they are, or were formerly associated during their connection therewith, ever: a.) Been discharged by or had a contract of agency terminated by an insurer or employer? b.) Been charged in any capacity whatsoever with irregularities in money or any other transaction? c.) Compromised his/her, or its, liabilities with creditors; been insolvent or adjudged a bankrupt? d.) Been refused a license or had an existing one suspended or revoked by the Insurance Department, or by any state or Governmental agency or authority? e.) Been fined by any state or governmental agency or authority? f.) Excluding minor traffic violations, been convicted of any crime which has not been annulled by a court? If answers to a. through f. are "Yes," give full details:									

9.	Upon approval of corporation's non-resident application as a managing general agent, if applicable, we hereby agree to designate The Commissioner, State of New Hampshire Insurance Department as agent for service of process and further pursuant to RSA 401-F to provide the following resident of New Hampshire upon whom notice and orders of the Commissioner of process affection such non-resident managing general agent may be served.				
	Name:		Telephone number:		
	Address:				
10.	Bond and/or Errors & Omissions Insurance (if	required), cop	py attached.		
	a.) Bond Amount: \$				
	Date of Coverage:				
	Holder:				
	b.) Errors Ommissions Insurance Agent: \$_				
	Dates of Coverage:				
	Insurer:				
OT: Und	HER PENALTIES.		on OF ANY LICENSE. THIS IS IN ADDITION TO ANY made in the aforegoing application are true to the best of (my) or		
Date	e:				
			Name of Corporation		
Wit	ness:	By:	Signature-Officer/Director/Employee		
			Signature-Officer/Director/Employee		
The	application must be verified and signed by all	named in the a	answer to Question No. 4 above.		
	E SPACE BELOW FOR ADDITIONAL INFO				