July 7, 2009

Dear «TITLE» «LAST»:

You are receiving this letter because your facility is licensed with the Department of Health and Human services as an assisted living or residential care facility, or because your facility files a registration statement with the Department of Justice under RSA 161-J:10 as an independent living retirement community.

Under New Hampshire law, any facility that provides housing and requires its residents to pay a substantial up-front fee or deposit must be licensed with the Insurance Department as a Continuing Care Retirement Community (CCRC). CCRCs are required to submit financial reports to the Insurance Department and meet specific financial standards that help ensure the CCRC is solvent.

Your facility does NOT need to be licensed as a CCRC if:

1. Your facility does not require an up-front fee or deposit.

   OR

2. Any up-front fee or deposit charged is less than either:
   (a) The annual cost charged to residents to live in the facility or
   (b) $10,000.

If your facility does charge an up-front fee or deposit and that fee or deposit exceeds the limits in (2)(a) and (b) above, your facility MUST be licensed as a CCRC.
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Please review the attached Bulletin explaining your legal obligations under New Hampshire law.

Please complete and return the confirmation below.

If you have any questions, please contact the New Hampshire Insurance Department at 271-7973 and tell the receptionist you have a question about CCRC licensing.

Sincerely,

[Signature]

Michael Wilkey
Director, Life, Accident Health Division

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CONFIRMATION

I confirm that _____________________________ (facility name):

(Please check either 1 or 2 below and complete all required information)

☐ 1. Does not collect an up-front deposit or entrance fee from its residents.

☐ 2. Does collect an up-front deposit or entrance fee from its residents.

The amount of that deposit or fee is ____________________________ per year.

(You may also attach a fee schedule or other description of the deposit or fee if that is more convenient)

Date ____________________________  Name ____________________________

Title ____________________________