

THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT

Christopher R. Nicolopoulos
Commissioner



Douglas Bartlett
Director of Financial Regulation

**RENEWAL APPLICATION for
CERTIFICATE of AUTHORITY**

**MANAGING GENERAL AGENCIES
R.S.A 402-E**

MGA NAME: _____

TRADE NAME (if any): _____

DOMICILE: _____

ADDRESS: _____

CONTACT NAME: _____

CONTACT TITLE: _____ PHONE: _____

E-MAIL ADDRESS: _____

CONTACT 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

Annual License Renewal Fee {400:29 XX (c)}
(Due April 15th each year following licensure)

\$ 250.00

All checks must be made payable to: **New Hampshire Insurance Department.**

The Department should be notified of any material change to the registration.