

THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT

Roger A. Sevigny
Commissioner



Thomas S. Burke
Director of Examinations

**RENEWAL APPLICATION for
CERTIFICATE of AUTHORITY**

**REINSURANCE INTERMEDIARIES
R.S.A 402-F**

REINSURANCE 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 XXI (c)} \$ 250.00
(Due April 15th each year following licensure)

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

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