

**The State of New Hampshire
Insurance Department**

21 South Fruit Street, Suite 14
Concord NH 03301
(603) 271-2241 Fax (603) 271-7029

**Consumer Guaranty Contracts
Obligor Renewal Registration Form**

IMPORTANT: Consumer Guaranty Contracts are subject to New Hampshire Revised Statutes Annotated RSA 415-C. Each registrant is responsible to review and understand the law before completing this form.

<i>Please select all Consumer Guaranty Contracts and fees that are subject to registration:</i>		
Subject of Contract Annual Renewal		Renewal Date
<input type="checkbox"/> . Motor Vehicle	<input type="checkbox"/> \$150	June 15 th 200_
<input type="checkbox"/> . Home Warranty	<input type="checkbox"/> \$150	June 15 th 200_
<input type="checkbox"/> . Consumer Goods	<input type="checkbox"/> \$150	June 15 th 200_
<input type="checkbox"/> . Pre-Paid Legal	<input type="checkbox"/> \$150	June 15 th 200_
<input type="checkbox"/> . Other: _____	<input type="checkbox"/> \$150	June 15 th 200_
Total Amount Enclosed \$ _____		
Make check payable to "Treasurer, State of New Hampshire"		

TO BE USED ONLY FOR RENEWAL AND SUPPLEMENTING THE ORIGINAL FORM FOR ANY MATERIAL CHANGE TO THE REGISTRATION.

Please verify:

1. Obligor business name: _____

(a) Tax Identification Number: _____

(b) Current home office address (where renewal information should be sent):

Street: _____

City: _____ State: _____ Zip: _____ - _____

2. Name and title of highest ranked contact person for NH business:

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Address: (Same as no. 1) Street: _____

City: _____ State: _____ Zip: _____ - _____

3. Location of Obligor's books and records for NH Business

Address (Same as no. 1, no. 2), Street: _____

City: _____ State: _____ Zip: _____ - _____

4. All trade names used for Consumer Guaranty Contracts: _____

Note: Registrants who propose to use trade names must provide proof of trade name registration issued by the NH Secretary of State. The owner of trade name must match name of Obligor.

5. Name of agent or attorney located in NH for service of process:

Current Address: _____ Phone: _____ Fax: _____

_____ Email: _____

6. ADDITIONAL INFORMATION NEEDED:

Provide a list of all Administrators, Sellers, or Other Related Persons for activities relating to the marketing, selling, offering for sale, issuing, making, proposing to make and administration of all consumer guaranty contracts. (Per RSA 415-C:3)

Proof of Financial Responsibility

IMPORTANT: RSA 415-C:3 requires that the obligor's president and secretary attach a certificate with the registration giving a full statement, under oath, that the fiscal requirements stated in this RSA 415-C are met.

Please select option below to show proof of financial responsibility.

1. **Bond** (RSA 415-C: 4(I)):

Please select the greater of the following two choices, up to a maximum of \$250,000

- \$25,000, or
- 5 percent of all consumer guarantee contracts sold in New Hampshire.

Attach copy of bond and certified documentary proof of sales activity if applicable.

2. **Reimbursement Insurance Policy** (RSA 415-C: 4(II)):

Insurer must be authorized to do business in this state to issue policy.

Name and address of insurer: _____

Name and address of producer (if applicable): _____

Policy Number: _____ Effective Dates: _____ to _____

Attach copy of declaration page and policy.

3. **Capital** (RSA 415-C: 4(III)):

Please select from below and

- Minimum net worth of \$25,000,000, or
- Minimum stockholders' equity of \$25,000,000.

Attach Obligor's annual audited financial statement, certified by a public accountant, or Form 10K or 20F filed with the SEC.

Certification by President / Managing Partner

The undersigned deposes and says that he/she has duly executed this registration dated _____ for and on behalf of (Obligor Name), and that he/she holds the executive position of (Title) of such company; and that he/she is authorized to execute and file this registration. Deponent further states he/she is familiar with this instrument, including all documents and laws related to this registration and the contents thereof, and that the facts herein set forth are true to the best of his/her knowledge, information and belief and he/she hereby certifies that _____ (Obligor Name) is in compliance with all legal and fiscal requirements, including those found in NH RSA 415:C .

Signature _____

Print Name _____

Notary Information

State of _____

County of _____

On this ____ day of _____ in the year _____, before me, personally appeared _____

_____ (Person's name) to me known to be the _____ (Title) of the above named organization, and who being duly sworn according to law, did depose and say the he/she read, signed, is knowledgeable regarding the contents of the foregoing registration and certification, including all related documents, represents that he or she is authorized to sign this document on behalf of the organization and that the statements contained in this registration and certification are true and complete.

(Notary Public)

My Commission Expires _____

