

THE STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT

Christopher R. Nicolopoulos  
Commissioner



Douglas Bartlett  
Director of Financial Regulation

**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 15<sup>th</sup> 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.