



Foreign Risk Retention Group
Notice and Registration Application

Part A:

All questions must be answered. If a question is not applicable or the answer is none, please indicate as such.

1. Name of Applicant

2. NAIC CoCode

3. FEIN

4. Date Licensed

5. Date Chartered

6. State of Domicile

7. Primary contact person for the state of domicile to whom questions regarding the Applicant should be addressed:

Name

Phone Number

Email Address

8. List the states in which the Applicant intends to do business.

Blank lines for listing states

9. Applicant Main Company Contact information:

Name

Title

Address

City

State

Zip Code

Phone Number

Email Address

10a. Applicant's Mailing Address:

• Address

• City

• State

• Zip Code

10b. Applicant's Statutory Home Office Address:

• Address

• City

• State

• Zip Code

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10c. Applicant's Main Administrative Office Address:

- Address _____
- City _____
- State _____
- Zip Code _____

11. List any other name(s) by which the Applicant is known or may be doing business as in this State or any other jurisdiction.

12. The Applicant is authorized to engage in the following lines and/or classifications of liability insurance under the laws of its chartering state:

13. Give a general description of the liability insurance coverages the Applicant plans to write in North Carolina.

14. Has the Applicant's domiciliary state approved the Applicant to register and expand its writings in North Carolina?

Yes _____ No _____

15. Ownership of the Applicant consists of one or the other of the following (check one):

- a. _____ the owners of the Applicant are only persons who comprise the membership of the Applicant and who are provided insurance by the Applicant.
- b. _____ the sole owner of the Applicant is:

(Name and Address of Organization)

an organization which has as its members only persons who comprise the membership of the Applicant and which has as its owners only persons who comprise the membership of the Applicant and who are provided insurance by the Applicant.

16. The Applicant's members are engaged in businesses or activities similar or related with respect to the liability to which such members are exposed by virtue of any related, similar, or common business (whether profit or nonprofit), trade, product, services (including professional services), premises, or operations. Give a general description of businesses or activities engaged in by the Applicant's members.

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17. List the name, address, and position of each officer and director of the Applicant. (Attach additional pages, if necessary.)

Name	Address	Position

18. List the name, telephone number, and email address of the officer or director of the Applicant who can be contacted for any information regarding the management of the insurance activities of the Applicant.

Name	Telephone Number	Email

19a. List the name, address, and telephone number of the company responsible for managing the insurance operations of the Applicant.

Name	Address	Telephone Number

19b. For the company responsible for managing the Applicant's insurance operations, list the name, telephone number, and email address of that company's contact person.

Name	Telephone Number	Email

20. List the name(s), NPR#, and address(es) of the licensed insurance agent(s) or broker(s) who will be responsible for marketing the Applicant's insurance policies in North Carolina and the current licensing status in North Carolina. (Attach additional pages, if necessary.)

Name	NPR#	Address	License Status in NC

21. The Applicant verifies the following by initialing next to each statement:

- a. The Applicant is a corporation or other limited liability association whose primary activity consists of assuming and spreading all or any portion of the liability exposure of its group members. _____
- b. The Applicant is organized for the primary purpose of conducting the activity described under Item 21.a. above. _____
- c. The Applicant does not exclude any person from membership in the group solely to provide for members of such group a competitive advantage over such person. _____

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- d. The activities of the Applicant do not include the provision of insurance other than: _____
- i. Liability insurance for assuming and spreading all or any portion of the similar or related liability exposure of its members; and
 - ii. Reinsurance with respect to the similar or related liability exposure of another risk retention group, or any member of such other group, that is engaged in businesses or activities so that such group or member meets the requirement under Item 16 above for membership in the group that provides such reinsurance.

22. The Applicant agrees to the following and signifies this agreement by initialing next to each statement:

- a. The Applicant will comply with the unfair claims settlement practices laws of this State. _____
- b. The Applicant will pay, on a non-discriminatory basis, applicable premium and other taxes which are levied on such group under the laws of this State. _____
- c. The Applicant has designated the Insurance Commissioner of this State to be its agent solely for the purpose of receiving service of legal process by executing Part B of this form, attached hereto. _____
- d. The Applicant will submit to examination by the Insurance Commissioner of this State to determine the Applicant's financial condition if: _____
 - i. The Insurance Commissioner of the Applicant's chartering state has not begun or has refused to initiate an examination of the Applicant; and
 - ii. Any such examination by the Insurance Commissioner shall be coordinated to avoid unjustified duplication and unjustified repetition.
- e. The Applicant will comply with a lawful order issued in a delinquency proceeding commenced by the Insurance Commissioner of this State upon a finding of financial impairment or in a voluntary dissolution proceeding. _____
- f. The Applicant will comply with the laws of this State regarding deceptive, false or fraudulent acts or practices, including any injunctions regarding such conduct obtained from a court of competent jurisdiction. _____
- g. The Applicant will comply with an injunction issued by a court of competent jurisdiction upon petition by the Insurance Commissioner of this State alleging that the Applicant is in hazardous financial condition or is financially impaired. _____
- h. The Applicant will provide the following notice, in at least 10-point type, in any insurance policy issued by the Applicant: _____

NOTICE

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your state. In the event of the insolvency of your risk retention group, losses under this policy will not be paid by any insurance insolvency or guaranty fund in this State.

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- i. The Applicant affirms that it has submitted to the Insurance Commissioner of this State as part of this filing, and before it has offered any insurance in this State, a copy of the plan of operation or feasibility study which it has filed with the Insurance Commissioner of its chartering state. This plan or study includes the name of the state in which the Applicant is chartered, as well as the Applicant's principal place of business, and such plan or study further includes the coverages, deductibles, coverage limits, rates, and rating classification systems for each line of liability insurance the Applicant intends to offer. The Applicant will promptly submit to the Insurance Commissioner of this State any revisions of such plan or study to reflect any changes to the plan or study, including, but not limited to, additional lines of liability insurance which the Applicant intends to offer and any change in the designation of the Applicant's chartering state. _____
- j. The Applicant will submit a copy of its annual financial statement submitted to its chartering state to the Insurance Commissioner of this State. The annual financial statement shall be certified by an independent public accountant and include a statement of opinion on loss and loss adjustment expense reserves made by a member of the American Academy of Actuaries or a qualified loss reserve specialist. The annual financial statement, certification and statement of opinion on loss and loss adjustment expense reserves will be submitted to the Insurance Commissioner of this State by the date it is required to be submitted to its chartering state. _____
- k. The Applicant will not solicit or sell insurance to any person in this State who is not eligible for membership in the Applicant. _____
- l. The Applicant will not solicit or sell insurance in this State, or otherwise operate in this State, if the Applicant is in hazardous financial condition or is financially impaired. _____
- m. The terms of any insurance policy provided by the Applicant shall not provide or be construed to provide insurance policy coverage prohibited generally by statute of this State or declared unlawful by the highest court of this State whose law applies to such policy. _____
- n. To the extent required by the Liability Risk Retention Act, the Applicant will comply with all other applicable state laws. _____
- o. The Applicant will notify the Insurance Commissioner as to any subsequent changes in any of the items included in this form.

The undersigned hereby swear and affirm that the foregoing statements and information regarding their principal, the _____ are true and correct.

(Name of Applicant)

President of the Applicant

Date

Secretary of the Applicant

Date

State of _____)

County of _____)

Sworn before me this _____ day of _____, 20 ____.

_____, Notary Public. My Commission Expires: _____

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Part B:

Appointment of Attorney to Accept Service and Designation

_____ (the "Group"), a risk retention group which is chartered and licensed as a liability insurance company under the laws of the State of _____, having notified the Insurance Commissioner of the State of North Carolina of its intention to do business in this State as a risk retention group pursuant to the Federal Liability Risk Retention Act of 1986, appoints the Insurance Commissioner of the State of North Carolina, and his or her successors in office, to be its true and lawful attorney, in and for the State of North Carolina, upon whom all legal process in any action or proceeding against it shall be served and further agrees that any lawful process against it, which is served upon this attorney, shall have the same legal force and validity as if served personally upon the Group.

The Group gives the Insurance Commissioner of the State of North Carolina, and his or her successors in office, full authority to do every act necessary to be done under this appointment as fully as the Group could do if personally present and ratifies all that is lawfully done under the power granted by this appointment. This appointment may be withdrawn only upon a written notice of termination and, in any event, shall not be terminated by the Group or its successor so long as any contracts or liabilities or duties arising out of contracts entered into by the Group while it was doing business in this State are in effect.

The Group designates:

(Name)

(Address)

(City, State, Zip Code)

as the person to whom shall be forwarded all legal process served upon the Insurance Commissioner of the State of North Carolina, and his or her successors in office, for the Group. This designation shall continue in full force and effect until superseded by a new written designation filed with the Insurance Commissioner of the State of North Carolina.

IN WITNESS OF THIS APPOINTMENT, the Group, in accordance with the resolution of its Board of Directors duly passed on _____, 20 _____, has affixed its corporate seal, and caused the same to be subscribed and attested in its name by its President and Secretary, at the City of _____ in the State of _____ on _____, 20 _____.

(Name of Risk Purchasing Group)

By: _____ President

_____ Secretary

State of _____)

County of _____)

Sworn before me this _____ day of _____, 20 _____.

_____, Notary Public. My Commissioner Expires: _____