

Part A:

North Carolina Department of Insurance Mike Causey, Commissioner Financial Analysis Division 1203 Mail Service Center Raleigh, NC 27699-1203

### Risk Purchasing Group Notice and Registration Application

1. Name of Applicant
3. Applicant Main Company Contact information:  Name  Title
3. Applicant Main Company Contact information:  Name  Title
litle
litle
Address
1 (dai 000
City
State
Zip Code
Phone Number
Email Address
4. List any other name(s) by which the Applicant is known or may be doing business as in this State or any other jurisdiction.
5. Form of organization (i.e., corporation, partnership, association, etc.) and the state in which organized.
6. Purpose(s) of organization.
7. The Applicant is domiciled in the state of
8. List the states in which the Applicant intends to do business.
9a. Applicant's Mailing Address:  • Address
• City
State
• Zip Code
9b. Applicant's Statutory Home Office Address:
Address
• City
• State
Zip Code

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9c. Applicant's Main Adr					
• Zip Code					
10. The Applicant intend thereof:	s to purchase the follow	ing classifications of lia	bility insurance a	nd/or subclassifications	
	-	=		from the below insurance ensed insurer or a surplus	
	Otata of Daniella	NAIC C. C. d.	FEIN	Lianna ad an Old	
Name of Company	State of Domicile	NAIC CoCode	FEIN	Licensed or SLI	
12. List the name, addre Applicant. (Attach addition	_	. ,	n of each officer a	and director of the	
Name	Address	Ş	SSN	Position	
13. List the name, SSN, knowledgeable about the additional pages, if nece	e Applicant's insurance լ ssary.)	orogram, including men	nbership criteria a	and coverages. (Attach	
Name	SSN	Ad	dress	Telephone Number	
14. List the name, FEIN, insurance program for th		e number of the compar	ny that managers	or administers the	
Name	FEIN	Ad	dress	Telephone Number	
				•	

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	SSN	Address	Telephone Numbe
er(s) responsible for the	, and address(es) of the licen purchase of liability insuranc tach additional pages, if nece	e for the Applicant and its n	•
Name	SSN	Address	State Licensed
Yes No  b. Had denied any a  Yes No	application for a professional,	vocational or business lice	nse?
	or revoked any such license?		
Yes No	<u></u>		
	r surrendered any such appli	cation or license to avoid po	
d. Had withdrawn or against licensee?		oundir of mostroo to avoid po	otential disciplinary action
	,		otential disciplinary action
against licensee?	,	·	

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19. Review the statements below and confirm that the Applicant will comply with each statement by initialing next to

each statement. a. The Applicant purchases the liability insurance listed in Item 10 above only for its group members and only to cover their similar or related liability exposure, as described in Item 18 above. b. The Applicant has as one of its purposes the purchase of liability insurance on a group basis. 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 not purchase any insurance policy in this State which provides coverage prohibited generally by statute of this State or declared unlawful by the highest court of this State whose law applies to such policy. e. The Applicant will comply with all other applicable state laws. The Applicant will notify the Insurance Commissioner of any subsequent changes in any of the items f. 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 \_\_\_\_\_\_)

\_\_\_\_\_, Notary Public. My Commissioner Expires: \_\_\_\_\_

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Sworn before me this day of , 20 .

#### Part B:

#### **Appointment of Attorney to Accept Service and Designation**

		(the "Group"), a risk purchasing group organized under the
Retention Act of 1986, approffice, to be its true and law or proceeding against it sha	oints the Insurar Iful attorney, in a all be served an	, having notified the Insurance Commissioner of the State of North his State as a risk purchasing group pursuant to the Federal Liability Risk nee Commissioner of the State of North Carolina, and his or her successors in and for the State of North Carolina, upon whom all legal process in any action d further agrees that any lawful process against it, which is served upon this and validity as if served personally upon the Group.
authority to do every act ne and ratifies all that is lawful only upon a written notice of	ecessary to be d ly done under th of termination ar	ner of the State of North Carolina, and his or her successors in office, full one under this appointment as fully as the Group could do if personally present ne power granted by this appointment. This appointment may be withdrawn ad, in any event, shall not be terminated by the Group or its successor so longing out of contracts entered into by the Group while it was doing business in this
The Group designates:		
		(Name)
		(Address)
		(City, State, Zip Code)
North Carolina, and his or huntil superseded by a new IN WITNESS OF THIS APPressed on	ner successors i written designat POINTMENT, th , 2 its President ar	all legal process served upon the Insurance Commissioner of the State of n office, for the Group. This designation shall continue in full force and effect ion filed with the Insurance Commissioner of the State of North Carolina.  e Group, in accordance with the resolution of its Board of Directors duly 0, has affixed its corporate seal, and caused the same to be subscribed ad Secretary, at the City of in the State of, 20
	· · · · · · · · · · · · · · · · · · ·	
(Name of Risk Purchasing	Group)	
Ву		President
		Secretary
State of	)	
County of	)	
Sworn before me this	day of	, 20
		, Notary Public. My Commissioner Expires:

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