

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

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
9. Applicant Main Company Contact information:
Name
Title
Address
City
State
Zip Code
Phone NumberEmail Address
10a. Applicant's Mailing Address:
,
StateZip Code
10b. Applicant's Statutory Home Office Address:
Address
• City
• State
Zip Code

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t's Main Administrative Office Address: ddress
ddressityity
tate
p Code
ther name(s) by which the Applicant is known or may be doing business as in this State or any other
cant is authorized to engage in the following lines and/or classifications of liability insurance under the artering state:
neral description of the liability insurance coverages the Applicant plans to write in North Carolina.
applicant's domiciliary state approved the Applicant to register and expand its writings in North
p of the Applicant consists of one or the other of the following (check one):
the owners of the Applicant are only persons who comprise the membership of the Applicant and who rovided insurance by the Applicant.
_ the sole owner of the Applicant is:
e and Address of Organization)
ganization which has as its members only persons who comprise the membership of the Applicant and has as its owners only persons who comprise the membership of the Applicant and who are provided ance by the Applicant.
cant's members are engaged in businesses or activities similar or related with respect to the liability to lembers are exposed by virtue of any related, similar, or common business (whether profit or nonprofit)

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

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. ii.	Liability insurance for assuming and spreading all or any portion of the similar or related exposure of its members; and Reinsurance with respect to the similar or related liability exposure of another risk retent any member of such other group, that is engaged in businesses or activities so that such member meets the requirement under Item 16 above for membership in the group that pushed reinsurance.	tion group, or h group or
22.	The	e Applica	ant agrees to the following and signifies this agreement by initialing next to each stateme	ent:
	a.	The Ap	oplicant will comply with the unfair claims settlement practices laws of this State	
	b.		oplicant will pay, on a non-discriminatory basis, applicable premium and other taxes whicl h group under the laws of this State	h are levied
	C.		oplicant has designated the Insurance Commissioner of this State to be its agent solely force of receiving service of legal process by executing Part B of this form, attached hereto.	
	d.		oplicant will submit to examination by the Insurance Commissioner of this State to determent's financial condition if:	ine the
		i. ii.	The Insurance Commissioner of the Applicant's chartering state has not begun or has reinitiate an examination of the Applicant; and Any such examination by the Insurance Commissioner shall be coordinated to avoid unjudication and unjustified repetition.	
	e.	Insurar	oplicant will comply with a lawful order issued in a delinquency proceeding commenced be note Commissioner of this State upon a finding of financial impairment or in a voluntary dis- eding.	•
	f.	-	oplicant will comply with the laws of this State regarding deceptive, false or fraudulent actes, including any injunctions regarding such conduct obtained from a court of competent	
	g.	Insurar	oplicant will comply with an injunction issued by a court of competent jurisdiction upon per nce Commissioner of this State alleging that the Applicant is in hazardous financial condit ally impaired	•
	h.		oplicant will provide the following notice, in at least 10-point type, in any insurance policy in ant:	issued by the
			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.	and <u>before</u> it has offer it has filed with the Insthe state in which the plan or study further in systems for each line to the Insurance Complan or study, including	that it has submitted to the Insurared any insurance in this State, a curance Commissioner of its charted Applicant is chartered, as well as tolludes the coverages, deductibles of liability insurance the Applicant missioner of this State any revisions, but not limited to, additional line in the designation of the Applicant	opy of the plan of opera ering state. This plan of he Applicant's principal s, coverage limits, rates intends to offer. The Ap is of such plan or study s of liability insurance v	ation or feasibility study which study includes the name of place of business, and such , and rating classification oplicant will promptly submit to reflect any changes to the which the Applicant intends to	
j.	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 independ public accountant and include a statement of opinion on loss and loss adjustment expense reserves ma 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 be submitted to the Insurance Commissioner of this State by the date it is required to be submitted to its chartering state				
k.	k. The Applicant will not solicit or sell insurance to any person in this State who is not eligible for membersh in the Applicant				
l.	I. The Applicant will not solicit or sell insurance in this State, or otherwise operate in this State, if the Applica 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 highes 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 applical state laws					
0.	The Applicant will notificate included in this form.	fy the Insurance Commissioner as	to any subsequent cha	nges in any of the items	
		ar and affirm that the foregoing sta			
	(Na	ame of Applicant)			
		President of the Applicant		 Date	
		Secretary of the Applicant		 Date	
State o	of	_)			
County	<i>y</i> of)			
Sworn	before me this	day of	, 20		
		, Notary Public.	My Commissioner Exp	ires:	

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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 preser 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 the 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, 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: __

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