



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

1000 Washington Street, Suite 810 • Boston, MA 02118-6200
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http://www.mass.gov/doi

Application for Renewal of Foreign Company License
to Transact Insurance Business in Massachusetts

Pursuant to the provisions of MGL Chapter 175, § 151, application is hereby made to renew the
license to transact insurance for the following company for the year beginning July 1, 2017:

- Corporate Name of Company:
NAIC Company Code #: Company Federal ID #:
Has the company's mailing address changed? (Yes / No) If "Yes", fill in the address below.
New Company Mailing Address:
Have the company's telephone numbers changed? (Yes / No) If "Yes", fill in below.
Company Main Telephone #: Toll Free Telephone #:
Name and address of United States Manager (for alien companies only):
Within the last five years, has the license or authority of the company, in any state, district, or
country been revoked, suspended, or canceled, or has the company been refused admission to
any state, district, or country? (Yes / No) (If "Yes", explain on a separate attachment.)
Is "Direct Writing" one of the company's marketing tools in Massachusetts? (Yes / No)
Has the company filed a Signed Jurat Page for the December 31, 2016 Annual Statement?
(Yes / No) (If "No", explain in detail on a separate attachment.)
I, (type or print name) hereby certify that the above statements
are true to the best of my knowledge and belief and are made subject to penalties of perjury.

Date:
President
Secretary
U.S. Manager Direct Telephone #: ()

This form, accompanied by the Annual Filing Fee and Insurance Company License Renewal
Lock Box Form and the appropriate check made payable to the Commonwealth of
Massachusetts Division of Insurance, should be mailed to:

Massachusetts Division of Insurance
Annual Filing Fee / Company Licensing Renewal
PO Box 370039
Boston, MA 02241-0739

The Massachusetts Division of Insurance is compiling a database of the primary and
secondary claims contacts for each insurer licensed in Massachusetts. The contact
information we are seeking should be those people that the Division should contact after a
disaster. This information will be updated annually.

Primary (Claims) Secondary (Claims)
Disaster Liaison Contact Information Disaster Liaison Contact Information
Name: Name:
E-Mail Address: E-Mail Address:
Phone Number: Phone Number: