



STATE OF MAINE
Bureau of Insurance

*34 State House Station
Augusta, ME 04333-0034*

Overnight delivery:
Deliveries such as FedEx and
UPS
76 Northern Ave.
Gardiner, ME 04345

License # _____
This section for Bureau use only

Risk Retention Group Registration Application
(All Information Should Be Typed)

Name of the Risk Retention Group as it appears on its Certificate of Authority:		NAIC #
D.B.A.: (if applicable)(list all used; use separate sheet if necessary)		Federal ID#:
Principle Place of Business of Retention Group: (including City, State, ZIP)		
Business Mailing Address: (including City, State, ZIP)		
Risk Retention Group Contact:	Telephone:	E-mail:

- The Risk Retention Group 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 members.
- The Risk Retention Group is organized for the primary purpose of conducting the activity described under Item #1 above.
- Date of chartering and organization: _____
- The Risk Retention Group was chartered and licensed as liability insurance company under the laws of the State of _____, and is authorized to engage in the following lines and/or classifications of insurance under the laws of its chartering State:

- The Risk Retention Group does not exclude any person from membership in the Group solely to provide for members of the Group a competitive advantage over such a person.

Ownership of the Risk Retention Group consists of one or the other of the following (*check one*):

- _____ the owners of the Group are the only persons who comprise the membership of the Group and who are provided insurance by the Group.

b) The sole owner of the Group is _____
 (Name and Address of the Organization) _____

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

6. The Risk Retention Group members are engaged in businesses or activities similar or related with respect to the liability to which such members are exposed by virtue or related, similar or common business, trade, product, services, premises or operations. Give a general description of businesses or activities engaged in by the Group's members:

7. The activities of the Risk Retention Group do not include the provision of insurance other than:

- a) liability insurance for assuming and spreading all or any portion of the similar or related liability exposure of its Group members; and
- b) reinsurance with respect to the similar or related liability exposure of another Risk Retention Group (or a member of such other Risk Retention Group) engaged in business or activities which qualify such other Risk Retention Group (or member) under Item #8 above for membership in the Group.

8. a) List the name, social security number (SS#) and address of each officer and director of the Risk Retention Group: (Attach additional pages, if necessary.)

<u>Name</u>	<u>SS #</u>	<u>Position with RRG</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b) Identify and give the telephone number of the officer or director of the Risk Retention Group who can be contacted for any information regarding the management of the insurance activities of the Group:

Name: _____ Telephone Number: _____

9. List the name, address, telephone number and Federal Employer Identification Number (FEIN) of the company responsible for managing the insurance operations of the Risk Retention Group. (If none, answer none.)

<u>Name</u>	<u>FEIN</u>	<u>Address</u>	<u>Telephone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name: _____ Telephone Number: _____

10. List the name(s), SS#(s) and address(es) of the licensed insurance agent(s) or broker(s) responsible for marketing the Risk Retention Group's insurance policies and the state(s) in which they are licensed: (If none, answer none.)

<u>Name</u>	<u>SS #</u>	<u>Address</u>	<u>State(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 11. The Risk Retention Group will comply with the unfair claim settlement practices laws of this State.
- 12. Each Risk Retention Group shall be responsible for the payment of premium tax in accordance with Title 36, section 2513-A.
- 13. The Risk Retention Group has designated a Resident Agent of this State to be its agent solely for the purpose of receiving service of legal documents or process by executing Exhibit 1 of this form, attached hereto.
- 14. The Risk Retention Group will submit to examination by the Superintendent of Insurance of this State to determine the Group's financial condition, if:
 - a) the Insurance Superintendent [Commissioner, Director] of the Group's chartering State has not begun or has refused to initiate an examination of the Group; and
 - b) any such examination by the Superintendent of Insurance is coordinated to avoid unjustified duplication and unjustified repetition.
- 15. The Risk Retention Group will comply with a lawful order issued in a delinquency proceeding commenced by the Superintendent of Insurance of this State upon a finding of financial impairment, or in a voluntary dissolution proceeding.
- 16. The Risk Retention Group will comply with the laws of this State concerning deceptive false or fraudulent acts or practices, including any injunctions regarding such conduct obtained from a court of competent jurisdiction.
- 17. The Risk Retention Group will comply with an injunction issued by a court of competent jurisdiction upon petition by the Superintendent of Insurance of this State alleging the Group is in hazardous financial condition or is financially impaired.
- 18. The Risk Retention Group will provide the following notice, in at least 10-point type, in any insurance policy issued by the Group:

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. State insurance insolvency guaranty funds are not available for your risk retention group.



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**RISK RETENTION GROUP
APPOINTMENT OF RESIDENT AGENT TO RECEIVE
SERVICE OF PROCESS**

Name of Risk Retention Group		Company's State of Maine License # (should be left blank if new Applicant)	
Name of Agent to Receive Service of Process (Must be an agent located in Maine)			Business Phone
Street Address of Agent	City	Zip	

The above risk retention group duly organized under and by virtue of the laws of the State of _____ with its principal place of business in _____, State of _____, being authorized to transact business in the State of Maine, hereby appoints the above, pursuant to 24-A M.R.S.A. Chapter 72-A §6095(1c), to serve as its agent to receive service of legal process issued against it in the State of Maine. The forenamed agent is hereby authorized and empowered to receive and accept such service of process and such service shall be taken and held as valid as if served upon the company as attested to by the enclosed Board of Directors Resolution.

Signature of Principal Officer

Type or Print Name of Principal Officer

Title