

**MARYLAND INSURANCE ADMINISTRATION
RISK RETENTION GROUP – NOTICE AND REGISTRATION**

1. Name of the Risk Retention Group as it appears on its Certificate of Authority:

 (Name must include the phrase “Risk Retention Group”)

2. FEIN: _____

3. List any other name(s) by which the Risk Retention Group is known or may be doing business in this State or any other state:

4. The Risk Retention Group is 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:

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

a) _____ 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 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 Group.

6. The Risk Retention Group members are engaged in business or activities similar or related with respect to the liability to which such members are exposed by virtue of 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. List the name, social security (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 Risk Retention Group</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. 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, Federal Employer Identification Number (FEIN) address, address and telephone number of the company responsible for managing the insurance operations of the Risk Retention Group and the contact person at the company (If none, answer none):

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

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. Attach additional pages, if necessary):

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

Contact Person: _____ Telephone Number: _____

11. 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.

12. The Risk Retention Group is organized for the primary purpose of conducting the activity described under Item #11 above.
13. 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.
14. 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 (6) above for membership in this Group
15. The Risk Retention Group will comply with the unfair claim settlement practice laws of Maryland.
16. The Risk Retention Group will pay, on a non-discriminatory basis, applicable premium and other taxes which are levied on such Group under the laws of Maryland.
17. The Risk Retention Group has designated the Insurance Commissioner of Maryland to be its agent solely for the purpose of receiving service of legal documents or process by executing Part B of this form, attached hereto.
18. The Risk Retention Group will submit to examination by the Insurance Commissioner of Maryland to determine the Group's financial condition, if:
 - (a) The Insurance Commissioner 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 Insurance Commissioner is coordinated to avoid unjustified duplication and unjustified repetition.
19. The Risk Retention Group will comply with a lawful order issued in a delinquency proceeding commenced by the Insurance Commissioner of Maryland upon a finding of financial impairment, or in a voluntary dissolution proceeding.
20. The Risk Retention Group will comply with the laws of Maryland concerning deceptive, false or fraudulent acts or practices, including any injunctions regarding such conduct obtained from a court of competent jurisdiction.
21. The Risk Retention Group will comply with an injunction issued by a court of competent jurisdiction upon petition by the Insurance Commissioner of Maryland alleging that the Group is in hazardous financial condition or is financially impaired.

22. The Risk Retention Group will provide the following notice, in 10-point type, in any insurance policy issued by the Risk Retention 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."

23. The Risk Retention Group has submitted to the Insurance Commissioner of Maryland, as part of this filing and before it has offered any insurance in Maryland, 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 Risk Retention Group is chartered, as well as the Group's principal place of business, and such plan or study further includes the coverage, deductibles, coverage limits, rates, and rating classification systems for each line of insurance the Risk Retention Group intends to offer. The Risk Retention Group will promptly submit to the Insurance Commissioner of Maryland any revisions of such plan or study to reflect any changes to the plan if the Risk Retention Group intends to offer any additional lines of liability insurance, including any change in the designation of the State in which it is chartered.
24. The Risk Retention Group will submit a copy of its annual financial statement submitted to its chartering state to the Insurance Commissioner of Maryland by March 1 of each year. The annual financial statement will 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 certification and statement of opinion on loss and loss adjustment expense reserves will be submitted to the Insurance Commissioner of Maryland by the date it is required to be submitted to its chartering state.
25. The Risk Retention Group will not solicit or sell insurance to any person in Maryland who is not eligible for membership in the Group.
26. The Risk Retention Group will not solicit or sell insurance in Maryland, or otherwise operate in Maryland, if the Group is in hazardous financial condition or is financially impaired.
27. The Risk Retention Group will not issue any insurance policy in Maryland which provides coverage prohibited generally by statute of Maryland or declared unlawful by the highest court of Maryland whose law applies to such policy.
28. The Risk Retention Group has submitted a registration fee of \$25 payable to the Maryland Insurance Administration. This fee is non-refundable.
29. The Risk Retention Group will comply with all other applicable state laws.
30. The Risk Retention Group will notify the Insurance Commissioner of Maryland 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 _____ (Name of Risk Retention Group) are true and correct.

President of the Risk Retention Group

Secretary of the Risk Retention Group

State of _____

County of _____

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

Notary Public, State of:
My Commission Expires:

MARYLAND INSURANCE ADMINISTRATION
RISK RETENTION GROUP – NOTICE AND REGISTRATION

Part B

APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE AND DESIGNATION

The _____
 (“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 Maryland of its intention to do business in this State as a risk retention group pursuant to the federal Liability Risk Retention Act of 1986, hereby appoints the Insurance Commissioner of the State of Maryland, any successor in office, and any authorized deputy its true and lawful attorney, in and for the State of Maryland, upon whom all legal documents or process in any proceeding against it may be served. Such service of process shall be of the same legal force and validity as if served personally upon the Group.

The Group designates:

Name: _____

Address: _____

City, Town or Village: _____

State and Zip Code: _____

as its officer, agent or other person to whom shall be forwarded all legal documents or process served upon the Insurance Commissioner of the state of Maryland, any successors in office, or any authorized deputy, 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 Maryland.

This appointment and designation is made pursuant to a resolution by the Group’s governing body authorizing it, and a certified copy of the resolution is attached hereto. This appointment shall be binding upon any person or corporation which as successor acquires the Group’s assets or assumes its liabilities, by merger or consolidation or otherwise.

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 Maryland are in effect.

IN WITNESS OF THIS APPOINTMENT AND DESIGNATION, 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 Retention Group)

By: _____
President

Secretary

State of _____

County of _____

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

Notary Public, State of:
My Commission Expires: