

**MARYLAND INSURANCE ADMINISTRATION
APPLICATION FOR RATING ORGANIZATION**

In compliance with the provisions of the Laws of Maryland applicable to rate making for the kind(s) of insurance specified herein, the

(Name of the Applicant)

(Address)

hereby makes application for renewal of its license to act as a Rating Organization in the State of Maryland and encloses herewith a check in the amount of \$25.00 to cover license fee.

Kind(s) of Insurance:

The applicant further states that there has been no unapproved change since the immediate prior license in its:

1. Constitution or Articles of Agreement or Association or Certification of Incorporation and By-Laws and Rules.
2. List of insurers who are or have agreed to become members or subscribers to application organization.
3. Name and address of resident in Maryland upon whom notices or orders of the Board affecting applicant organization may be served.

If there are any exceptions to Items 1, 2 or 3, please submit appropriate exhibits.

Date: _____

(Signature)

(Telephone Number)

(Title)

(Email Address)