Accounting Code 96-14-01

Foreign Risk Retention Group Application for Registration

Complete this application. Do not leave any question blank - Enter "N/A" or "None" if not applicable. Use the checklist on this form to assure that all required documents are attached. File application with original signatures.

Please place the Risk Retention Group Name and Tax ID Number in the upper right corner of each attachment to this application.

Name of Risk Retention Group (name must include the phrase "Risk Retention Group")

Tax ID number (FEIN)

dbas (assumed names) used in this or any other state

NAIC Code

This foreign risk retention group is licensed and domiciled in another state. Describe below:

State of domicile

Date of charter

Principal business address (must include street address)

Lines of insurance group is authorized to engage in by the chartering state

Address line 2

City | State | Zip

Describe the ownership or the risk retention group by checking one box below:

☐ The owners are persons who comprise the membership of the risk retention group and who are provided insurance by the group.

☐ The owners are persons who are provided insurance by the group. *If you checked this box, enter name and address of organization.*

Name of organization

Address

City | State | Zip

The risk retention group is composed of members who are engaged in business or activities which are similar or related with respect to the liability to which such members are exposed by virtue of a related, similar or common business, trade, product, service(s), premises or operations. Please describe the business or activities that members of the group are engaged in:

Company responsible for management of the insurance operations of the risk retention group *or check if* ☐ *None*

Company name

Contact person name and title

Number, street and floor or suite number

Address line 2

City | State | Zip

Telephone number *(include area code)*

EMail address

Principal agent or broker responsible for marketing the risk retention group's insurance policies *or check if* ☐ *None*

Name

Number, street and floor or suite number

Address line 2

City | State | Zip

Telephone number *(include area code)*

EMail address

Producer license number

State licensed in

Affiliates. Identify each of the following in relation to the applicant: ***Attach additional list if necessary***

- ALL officers* of the corporation, partners, or owner
- A*LL* stockholders of 10% or more
- A*LL* members if company is organized as a limited liability company
- ALL members of the Board of Directors of the corporation including Board of Trustees, Executive Committee, and any other governing body

** Officers include, but are not limited to: Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), President, Vice President, Secretary, Treasurer*

Name	Title and/or stock %	Name	Title and/or stock %

IMPORTANT NOTE: *Each person listed above must complete and submit form FIS 0361 Affiliation Statement before this application can be reviewed for approval.*

Filing checklist: *Please place the Risk Retention Group Name and Tax ID Number in the upper right corner of each attachment to this application.*

- ☐ Attach copies of form FIS 0361 Affiliation Statement, completed and signed by each affiliate listed on this application.
- ☐ Attach a copy of group's plan of operation, or feasibility study, and any revisions filed in group's charter state.
- ☐ Complete and attach form FIS 0234 Consent to Service-Foreign Risk Retention Group.
- ☐ Complete and attach form FIS 0364 Report of Operations.
- ☐ Attach a check or money order for $25.00, payable in U.S. Dollars to "State of Michigan."
- ☐ Attach an exhibit of historical or expected loss experience; financial statements for 3 years or projections for 3 years.
- ☐ Attach appropriate opinions by a qualified independent casualty actuary.

Send completed application package with payment enclosed to:

Office of Financial and Insurance Services
611 W. Ottawa Street
PO Box 30220
Lansing MI 48909-7720

Certification

I swear under penalties of perjury that the information above and attached is true, accurate and complete.

Signature | Date signed

Signer's name and title *(typed or printed)*

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.