Foreign Risk Retention Group (FRRG) Application for Registration

The name and Tax ID number of the FRRG must be entered as indicated on each form and/or indicated in the upper right corner of each attachment to this application.

Name of Foreign Risk Retention Group (FRRG) Applicant – name must include the phrase "Risk Retention Group"				TPA Tax ID number (FEIN)						
dba's (assumed names) used in this or any other state	NAI	C Code	è							

Provide the following information regarding the FRRG Applicant:

State of Domicile	Date of Charter	Principal Business Address Line 1 (must include street addre	ess)		
Lines of Insurance the FRRG is authorized to engag	e in by the chartering state:	Address Line 2			
		City	State	ZIP Code	

Describe the ownership of the risk retention group by checking one box below:			up by checking one box below:	Name of organization			
	The owners are persons who comprise the membership of	OR		The owners are persons who are provided insurance			
	the risk retention group and are provided insurance by the group.			by the group. If you checked this box, enter the name and address of	Address		
	5 1			the organization.	City	State	ZIP Code

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	check if	□ None		Principle agent or broker responsible for marketing the risk retention group's insurance policies	or check if	□ None		
Company name				Name				
Contact Person Name and Title				Producer License Number	State Licensed In			
Street Address Floor / Suite Number				Street Address Floor / Suite Number				
Address Line 2				Address Line 2				
City State ZIP Code			City	State	ZIP Code			
Telephone Number (including Area Code)				Telephone Number (including Area Code)				
Fax Number (including Area Code)				Fax Number (including Area Code)				
Email Address				Email Address				

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Identify each of the following types of affiliate in relation to the FRRG applicant. Attach additional pages if necessary.

- ALL officers* of the corporation, partners, or owner
- ALL stockholders of 10% or more
- ALL 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 an FIS 0361 Affiliation Statement to submit with this application in order for the application to be considered complete and to be reviewed for approval.

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

- Attach FIS 0361 Affiliation Statement forms, 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.
- Attach a signed, completed FIS 0234 Foreign Risk Retention Group Consent to Service form.
- Attach a signed, completed FIS 0364 Report of Operations form.
- Attach a check or money order payable in US Dollars to "State of Michigan" in the amount of \$25.00.

- ☐ 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:

Department of Insurance and Financial Services Insurance Licensing Section PO Box 30165 Lansing, MI 48909-7665

CERTIFICATION:

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

Signer's Name (typed or printed)	Signer's Title (typed or printed)
Signature	Date signed



Michigan Department of Insurance and Financial Services

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