



Financial Affairs Division
Arizona Department of Insurance

2910 N. 44th Street, Suite 210, Phoenix, Arizona 85018-7269
Phone: (602) 364-3450 | Fax: (602) 364-3989
Web: <https://insurance.az.gov>

FOREIGN RISK RETENTION GROUP REGISTRATION APPLICATION

NEW REGISTRATON

UPDATED REGISTRATION

Federal Tax ID Number:		NAIC Number:
Risk Retention Group:		
Mailing Address:		
City:	State:	ZIP:

SECTION A: GENERAL INFORMATION

1. Does the applicant plan to transact insurance under any name other than as shown above or under its initials? If yes, list the name(s) below: YES NO

2. Street address of principal administrative office:

Address:		
City:	State:	Zip:
Telephone #:	Fax #:	Toll Free #:

3. Designated contact Information:

Contact Name:	
Telephone #:	E-Mail Address:

4. The Risk Retention Group is chartered and licensed as a liability insurance company under the laws of the state of:

Domicile State:	Original Incorporation / Organization Date:
-----------------	---

FOREIGN RISK RETENTION GROUP REGISTRATION APPLICATION

5. The Risk Retention Group is authorized to engage in the transaction of insurance in the following lines under the laws of the chartering state (attach copy of Certificate of Authority):

6. Check one of the following:

- The owners of the Risk Retention Group are the only persons who comprise the membership of the group and who are provided insurance by the group.
- The sole owner of the Risk Retention Group is:

7. The Risk Retention Group is composed of members who are engaged in the following described business or activity which is similar or related with respect to the liability to which such members are exposed by virtue of related, similar or common business, trade, product, service, premises or operation:

SECTION B: DISCLOSURES

Carefully read the questions below and answer each one 'Yes' or 'No'

- | | | |
|---------------------------|--------------------------|--|
| <input type="radio"/> Yes | <input type="radio"/> No | The primary activity of the Risk Retention Group consists of assuming and spreading all, or any portion of, the liability exposure of its members. |
| <input type="radio"/> Yes | <input type="radio"/> No | The Risk Retention Group is organized for the primary purpose of assuming and spreading all or any portion of the liability exposure of its members. |
| <input type="radio"/> Yes | <input type="radio"/> No | 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. |
| <input type="radio"/> Yes | <input type="radio"/> No | The activities of the risk retention group do not include providing insurance other than the liability insurance for assuming and spreading all or any portion of the similar or related liability exposure of its group members. |
| <input type="radio"/> Yes | <input type="radio"/> No | The activities of the Risk Retention Group do not include providing insurance other than reinsurance with respect to the similar or related liability exposure of another Risk Retention Group (or member of such other Risk Retention Group) engaged in businesses or activities which qualify such other Risk Retention Group (or member) for membership in the group. |

FOREIGN RISK RETENTION GROUP REGISTRATION APPLICATION

SECTION C: Affidavit that Application & Attachments are True & Correct

I, hereby being duly sworn, depose and say that

as I am a principal or an officer of:

,

the registrant, that I have the authority to bind the registrant, and that all information previously provided in all sections of this registration statement and in all attachments thereto are true and correct to the best of our knowledge and belief, and I understand that any misrepresentation made in this registration statement or its attachments thereto are grounds for denial or removal from the Qualified List of Registered Foreign Risk Retention Groups of this State.

Signature	Date
-----------	------