



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
**APPLICATION FOR REGISTRATION AS A
FOREIGN RISK RETENTION GROUP**

PLEASE SUBMIT TO
COMPANYLICFORMS@INSURANCE.MO.GOV

1. NAME OF COMPANY		
2. STATE IN WHICH ORGANIZED		
3. DATE OF INCORPORATION	4. DATE COMMENCED BUSINESS	
5. ADDRESS INFORMATION		
a. STATUTORY HOME OFFICE ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)		
b. MAILING ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)		
c. MAIN ADMINISTRATIVE OFFICE ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)		
d. BUSINESS ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)		
6. CONTACT INFORMATION		
a. CONTACT NAME	b. CONTACT PHONE	c. CONTACT E-MAIL
7. OWNERSHIP OF THE RISK RETENTION GROUP CONSISTS OF ONE OF THE FOLLOWING (CHECK ONE) <input type="checkbox"/> the owners of the group are the only persons who comprise the membership of the Group and who are provided insurance by the Group; <input type="checkbox"/> the sole owner of the group is:		
NAME OF ORGANIZATION		
ADDRESS OF ORGANIZATION		
8. GENERAL DESCRIPTION OF BUSINESS OR ACTIVITIES ENGAGED IN BY GROUP MEMBERS. (THE RISK RETENTION GROUP IS COMPOSED OF MEMBERS WHO ARE ENGAGED IN THE FOLLOWING DESCRIBED BUSINESS OR ACTIVITIES, WHICH ARE 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.)		
9. GENERAL DESCRIPTION OF POLICIES TO BE OFFERED IN MISSOURI AND HOW THE RISK INSURED BY THOSE POLICIES MEETS THE DEFINITION OF "LIABILITY" AT SECTION 375.1080(6), RSMO.		

10. CHECKLIST OF MATERIALS TO BE INCLUDED WITH APPLICATION

- Application fee of \$100, payable by check or electronically
- Completed Application
- Copy of certificate of authority or license authorizing the applicant to transact business as an insurance company, certified by the state of domicile – 20 CSR 200-8.100(3)(A)1
- A statement identifying the state(s) in which the risk retention group is chartered and licensed as a liability insurance company, date of chartering, its principal place of business, and the states in which the group intends to operate – 20 CSR 200-8.100(3)(A)2
- A statement identifying the initial members of the group and the identity of those individuals who organized the group or who will provide administrative services or otherwise influence or control the activities of the group – 20 CSR 200-8.100(3)(A)3
- A statement describing the amount and nature of initial capitalization – 20 CSR 200-8.100(3)(A)3
- A copy of the applicant's plan of operations or feasibility study, as well as any subsequent revision – 20 CSR 200-8.100(3)(A)4
- Copies of the applicant's most recent annual financial statement, audited financial statement, and actuarial opinion – 20 CSR 200-8.100(3)(B)1
- A copy of the most recent examination report with respect to the applicant, including a licensing examination – 20 CSR 200-8.100(3)(B)2

By signing my name below, I affirm that the applicant risk retention group will comply with sections 375.1080 to 375.1105, RSMo, 20 CSR 200-8.100, and all other Missouri insurance laws applicable to risk retention groups, will pay an annual renewal fee of \$100 pursuant to 20 CSR 200-8.100(3)(I)2, and will pay premium taxes pursuant to section 375.1085.6, RSMo. I further affirm my understanding that any insurance coverage provided by a risk retention group that does not meet the definition of liability insurance in the Liability Risk Retention Act of 1986 is outside the scope of the exemptions found therein.

PRESIDENT OR CHIEF EXECUTIVE OFFICER	SECRETARY
--------------------------------------	-----------

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

The _____

a Risk Retention Group (called the Group) duly organized under the laws of the State of _____, appoints the insurance director, of the state of Missouri, and his or her successors in office, to be its lawful attorney upon whom all legal process in any action or proceeding against it shall be served personally upon the Group. The Group gives the insurance director and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the Group could do if personally present, and ratifies all that lawfully do under the power granted by this appointment. This authority may be withdrawn only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in the state. This instrument is executed pursuant to and shall be construed to constitute full compliance with Section 3(a)(D) of the Liability Risk Retention Act of 1986.

This Group designates _____

whose address is _____

as the person to whom process against the Group served upon the director shall be forwarded.

IN WITNESS OF THIS APPOINTMENT, said Group, pursuant to a resolution duly appointed by its Board of Directors, has cause this instrument to be executed in its name by its President and Secretary, and its corporate seal to be affixed at the City of _____,

State of _____ this _____ day of _____, year _____.

ATTEST	SECRETARY
	NAME OF RISK RETENTION GROUP
	BY: PRESIDENT