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|  | **STATE OF MAINE**  **Bureau of Insurance** | ***34 State House Station***  ***Augusta, ME 04333-0034*** |

**Application for Registration as an Approved Reinsurer**

**Workers’ Compensation Self-insurance**

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| 1. Name of Applicant Company | 2. Organized Under the Laws of(state) | 3. Date of Application |
| 4. Address of Home Office | 5. Date Incorporated | 6. Form of Organization |
| 7. Capital Stock (as of date of application)  $ | 8. Surplus (as of date of application)  $ | 9. NAIC Company Code |
| 10. Signature of Company Officer | 10. Name of Company Officer  (Printed or Typed) | 11. Title |

The President, Secretary and Treasurer or Attorney-in-fact herein represent that the company has fully complied with the provisions of its charter and by-laws, in the state of incorporation, that the company is in solid financial condition and that its methods of underwriting and conducting business are known and permitted by the insurance officials of the state where incorporated and approved by the directors of the Company.

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| IN WITNESS WHEREOF, the said Company has affixed its seal and caused this application to be signed by the President, Secretary, Treasurer and/or Attorney-in-fact on this day of 20 |  | President  \_  Secretary    Treasurer    Attorney-in-fact |
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