Nature of Applicant & Background

1. Risk Retention Group (RRG) Name: _____
2. Domicile: _____
3. Company FEIN: _____
4. NAIC Company Code: _____
5. NAIC Group Code: _____
6. Company type (i.e., mutual, reciprocal, stock, captive): _____
7. Please attach a copy of the RRG's Certificate of Authority or License, if amended or revised since last report or submission to this Department.
8. Street Address or Home Office: _____
   _____
   _____
9. Principal Place of Business: _____
10. Website, if any: _____
11. Officers
    a. President: _____
       Since: _____
    b. Secretary: _____
    c. Treasurer: _____
    d. Officer of RRG Responsible for Management: _____
12. Management Firm or Administrator: _____
    a. Address: _____
    b. Telephone number: _____
    c. Toll free number (if available): _____

d. Fax number: _____

e. Email: _____

13. Contact for CA Regulatory Matters: _____

a. Address: _____

b. Telephone number: _____

c. Toll free number (if available): _____

d. Fax number: _____

e. Email: _____

1. **FILING FEE**
Remit the $300 filing fee for Risk Retention Group Renewal per Cal. Ins. Code § 132(j).

2. **BUSINESS AND INCORPORATION INFORMATION**
- Incorporated Date: _____
- Commenced Business in CA: _____
- Authorized Lines of Business: _____
- Date of most recent Plan of Operation: _____
- States in which the RRG is Registered to do Business: _____
- Types of coverage offered: _____

(Should be liability insurance only.)

3. **OWNER MEMBER/INSURED INFORMATION**
- Confirmation of ownership by all member insureds ☐ Yes ☐ No
(If no, please attach an explanation as to current ownership)
- Total Number of Members: _____
- Number of Members in CA: _____
- Total Number of Insureds: _____
- Number of Insureds in CA: _____

(If number of insureds differs from number of members, please attach a written explanation why there is a difference.)

4. **PREMIUM VOLUME**
   - Total Premium Volume in California for each of the previous three years
     - Year: _____ Total Premium Volume: _____
     - Year: _____ Total Premium Volume: _____
     - Year: _____ Total Premium Volume: _____
   - Percentage of Overall Premium in CA: _____

5. **FINANCIAL INFORMATION**
   - Minimum Capital & Surplus Required in Domicile
     - Capital $ _____
     - Surplus $ _____
   - Is the RRG required to file the NAIC Annual Statement Blank? ☐ Yes ☐ No
     (If no, please attach a written explanation.)

6. **OUTSIDE AUDIT INFORMATION**
   - Was an outside audit of the RRG performed in the previous three years? ☐ Yes ☐ No
     - By whom? _____
     - If no, please attach a written explanation.
   - Please attach a certified copy if the RRG has not already provided it.

7. **EXAMINATION INFORMATION**
   - Provide the date of the RRG's most recent examination by its domiciliary or another state.
     - Date: _____
     - Please attach a certified copy if the RRG has not already provided it.
     - If the RRG has never been examined, please attach a written explanation.
   - Is an examination of the RRG presently noticed or in progress? ☐ Yes ☐ No
     - If so, as of what date? _____
     - Who is conducting the examination? _____

8. **REGULATORY PROCEEDINGS**
   Has the RRG been the subject of any regulatory proceedings conducted by any State or Federal Agency? ☐ Yes ☐ No
   - If so, when? _____
   - By whom? _____

9. **VEHICLE SERVICE CONTRACTUAL LIABILITY**
   Do you insure vehicle service contractual liability insurance in California? ☐ Yes ☐ No

10. **STATUTORY NOTICE**

Do you provide the statutory notice (Insurance Code section 132 g) on all application forms and on all insurance policies including certificates issued on master policies? ☐ Yes ☐ No

11. **STOP LOSS CONFIRMATION**

Please confirm that you do not provide stop loss insurance on employee health benefits.

12. **REINSURANCE CONFIRMATION**

- Do you act as a reinsurer? ☐ Yes ☐ No
- If yes, do you only reinsurer other RRGs? ☐ Yes ☐ No
- If you act as a reinsurer and you reinsure any insurers that are not RRGs, is the reinsurance you provide to insurers other than RRGs limited to reinsuring policies issued to your members? ☐ Yes ☐ No
- If you act as a reinsurer, please attach documentation evidencing the nature of the policyholders of the underlying risks reinsured.

The undersigned certify under penalty of perjury under the laws of the State of California that the foregoing statements and information regarding _____ are true and correct. (Name of Risk Retention Group)

_____
President of the Risk Retention Group

_____
(Print or type full name)

_____
Secretary of the Risk Retention Group

_____
(Print or type full name)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)
County of _____)

On _____ before me, _____
(Notary Public)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)