



**JAMES J. DONELON
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA**

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**ANNUAL RENEWAL OF REGISTRATION AS A RISK PURCHASING GROUP
IN THE STATE OF LOUISIANA**

SECTION 1 – GENERAL INFORMATION

RISK PURCHASING GROUP NAME: _____

FEIN: _____ DOMICILE: _____

HOME OFFICE ADDRESS: _____

CONTACT NAME: _____ CONTACT TITLE: _____

PHONE: _____ FACSIMILE: _____

CONTACT ADDRESS: _____

E-MAIL: _____

SECTION 2 – INSURANCE COMPANIES List the name, domicile and NAIC number for all companies from which the group is purchasing. Do not use group names or abbreviations.

Company Name	Domicile	NAIC #

SECTION 3– FEES – Enclose payment for the proper amount

Renewal Fee - If the group is domiciled in a state where a higher fee is charged, the greater fee must be paid. See Retaliatory Fee Schedule	\$ 50.00
Total Amount This Check	_____

SECTION 4 - LIST OF MANAGEMENT AND OWNERS - Give the full name (no initials), social security number, date of birth, position and percent of ownership of all persons responsible for the conduct of affairs of the group. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly ten percent or more of the applicant and any other person who exercises control or influence over the affairs of the group. You may reproduce this page as needed.

FIRST NAME:		MIDDLE NAME:		LAST NAME:	
SOCIAL SECURITY NUMBER:			DATE OF BIRTH:		OWNERSHIP %:
POSITION:					
FIRST NAME:		MIDDLE NAME:		LAST NAME:	
SOCIAL SECURITY NUMBER:			DATE OF BIRTH:		OWNERSHIP %:
POSITION:					
FIRST NAME:		MIDDLE NAME:		LAST NAME:	
SOCIAL SECURITY NUMBER:			DATE OF BIRTH:		OWNERSHIP %:
POSITION:					
FIRST NAME:		MIDDLE NAME:		LAST NAME:	
SOCIAL SECURITY NUMBER:			DATE OF BIRTH:		OWNERSHIP %:
POSITION:					

SECTION 5 - INTERROGATORIES – Answer all of the questions and provide a full explanation of any yes answer.

1) In the previous year, has the group had an application denied by any insurance regulatory authority? (If yes, attach an explanation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) In the previous year, has the group been subject to any regulatory action including cease and desist orders or similar actions? (If yes, attach an explanation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) In the previous year has the group changed its name, domicile or made any other changes to its organizational or corporate structure? (If yes, attach an explanation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Has any person who is responsible for the conduct of affairs of the group, including but not limited to, officers, directors, partners, trustees, owners of 10 % or more or any other like person ever been convicted or pleaded guilty or nolo contendere to in any jurisdiction charging a felony other than minor traffic violations? (If yes, attach an explanation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 6 PRODUCER INFORMATION - Give the name and address and Louisiana License number of the insurance producer through which the group will be purchasing insurance. If the group will be purchasing from a surplus lines company, give the name, address and Louisiana license number of the surplus lines broker from which the group will be purchasing.

NAME:		La. License #:	
STREET:	CITY:	STATE:	ZIP:

The undersigned does hereby affirm that all information contained in this renewal and all attachments thereto are, to the best of thier knowledge, true, complete and correct.

Signature of Group Representative

Title of Group Representative

Printed Name of Group Representative

Date

Risk Purchasing Group Retaliatory Fee Schedule

Only states with fees that are greater than those imposed by Louisiana Law are included herein. If a state is not listed the annual renewal fee is \$50.00. All determinations are made based upon the state of domicile of the group as indicated in the application.

If domiciled in.....	Annual renewal fee is....
Alabama	\$100.00
Alaska	\$200.00
Arkansas	\$100.00
California	\$200.00
Idaho	\$500.00
Maine	\$100.00
Massachusetts	\$125.00
Mississippi	\$250.00
Missouri	\$100.00
Nebraska	\$100.00
New Mexico	\$200.00
Oregon	\$100.00
Oklahoma	\$400.00
Utah	\$100.00
Washington D.C.	\$250.00
Wyoming	\$200.00