APPENDIX A

STATEMENT OF REGISTRATION
STATE OF NEW JERSEY

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP
(All information should be typed)

1. List the corporate name of the Risk Retention Group.

   _____

   (Name must include the phrase "Risk Retention Group")

2. The Risk Retention Group is chartered and licensed as a liability insurance company under the laws of the State of _____, and is authorized to engage in the following lines of insurance under the laws of its chartering State:

   _____

   _____

   _____

3. Ownership of the Risk Retention Group consists of one of the following (check one):

   ___ the owners of the 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 Group is _____

   _____

   _____

   (Give name and address of organization)

   an organization whose members only comprise the membership of the Group, and whose owners are only persons who comprise the membership of the Group and who are provided insurance by the Group.

4. Give a general description of business or activities engaged in by Group members:

   _____

   _____

   _____

5. List the name, address, fax number and telephone number of each officer of the Risk Retention Group and the key officer or staff person (Not an employee of the group's management company) responsible for overseeing "hands on management" of the group. (Attach additional pages if necessary.)

_____

_____

_____

_____

6. **A.** List the home office address of the Risk Retention Group:

_____

_____

_____

B. List the mailing address of the Risk Retention Group:

_____

_____

_____

7. List the name, address and telephone number of the company responsible for management of the insurance operations of this risk retention group. (If none, answer none.)

_____

_____

_____

_____

8. List the name, address and telephone number of the principal agent or broker responsible for marketing the group's insurance policies, pursuant to **N.J.S.A. 17:22A-1 et seq.**

NAME:_____

ADDRESS:_____

PHONE NUMBER:_____

PRODUCER ID REFERENCE NUMBER:_____

9. The items described below should be attached to the registration form:

A. If not previously submitted, registration fee in the amount of $100.00 made payable to the "State of New Jersey General Treasury."

B. Completed and signed Service of Process.

C. A listing of the individual(s) who organized the group and the individuals who are providing administrative services or otherwise influence or control the activities of the group.

As President or Chief Executive Officer of the _____, I hereby certify that the information contained in this registration is true and correct and in conformance with **15 USC 3901 et seq., N.J.S.A. 17:47A et seq.** and **N.J.A.C. 11:2-36 et seq..** Further, I certify that:

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.

The primary activity of this Risk Retention Group consists of assuming and spreading all, or any portion, of the liability exposure of its members.

The Risk Retention Group is organized for the primary purpose of conducting the activity described above.

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.

The activities of the Risk Retention Group do not include the provision of insurance other than:

(a) liability insurance for assuming and spreading all or any portion of the similar or related liability exposure of its Group members; and

(b) reinsurance with respect to the similar or related liability exposure of another Risk Retention Group (or a member of such other Risk Retention Group) engaged in business or activities which qualify such other Risk Retention Group (or member) under item (6) above for membership in this Group.

In addition all required documents as set forth in 15 **USC 3901 et seq.,** **N.J.S.A. 17:47A** et seq. and **N.J.A.C. 11:2-36** et seq. are being including in this filing.

_____
President or Chief Executive Officer

_____
Secretary

Sworn before me this _____
day of _____,
19___.

_____
Notary Public, State of:
My Commission Expires: