MARYLAND INSURANCE ADMINISTRATION

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APPLICATION

Application is hereby made by:

_____ (Full Corporate Name) NAIC # _____

for authorization to transact insurance within the State of Maryland until the 30th day of June.

Application type:

☐ Risk Retention Group

This application is for:

☐ Renewal

IN WITNESS WHEREOF, the Company has caused the Certificate to be executed by its duly authorized Officer and its Corporate Seal Hereto Affixed.

_____
(Name of Officer)

_____
(Title)