



**STATE OF MAINE**  
**Bureau of Insurance**

34 State House Station  
Augusta, ME 04333-0034

License # \_\_\_\_\_

Cash # \_\_\_\_\_

This section for Bureau use only

**Registration Application for**  
**(check one)**

**Service Contract Provider**

**Service Contract Administrator**

(This registration is not required if provider is administering only its own service contracts)

1. Name of Applicant:

2. D.B.A.:  
(if applicable)  
(list all used; use separate sheet if necessary)

3. Federal ID#:

4. Business Mailing Address:  
(including City, State, ZIP)

5. Business Street Address:  
(including City, State, ZIP)

6. State of Organization:

7. Contact Person:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Direct telephone: \_\_\_\_\_ Email: \_\_\_\_\_

8. Billing Contact Person (if different than above):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Direct telephone: \_\_\_\_\_ Email: \_\_\_\_\_

9. Service of Process Agent: (submit completed Service of Process form as an exhibit to this Application)

Name: \_\_\_\_\_

10. *NOTE: Foreign Corporations, Foreign Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships (Title 31 §852) may also be required to apply to the Maine Secretary of State for authority to do business in Maine. See Secretary of State website for additional information. <http://www.maine.gov/sos/cec/corp/foreign.html>*

11. Is the Applicant a motor vehicle dealer licensed under 29-A M.R.S. Ch. 9?

Yes  No If "yes," submit a copy of the Applicant's current dealer license and skip to Question 13.

12. **(Applicable only if registering as a Service Contract Provider)**

The Applicant will ensure the performance of its obligations to service contract holders by either (select one):

**Reimbursement Policy Option:**

Insurer or Risk Retention Group Name: \_\_\_\_\_ NAIC #: \_\_\_\_\_  
(must be Maine licensed or registered)

Policy #: \_\_\_\_\_ Policy Period: \_\_\_\_\_  
(attach a copy of the complete policy)

The above insurer or risk retention group either (select one):

- maintains policyholder surplus and paid-in capital of at least \$15,000,000 and will annually file with the Superintendent copies of its audited financial statement, its annual statement under 24-A M.R.S.A. § 423, and the actuarial certification required by and filed in its domicile state.

As of \_\_\_\_\_ (most recent year end), the above insurer or risk retention group has policyholder surplus and paid-in capital of \$\_\_\_\_\_.

Or

- maintains policyholder surplus and paid-in capital of at least \$10,000,000; maintains a ratio of net written premiums, wherever written, to policyholder surplus and paid-in capital of not greater than 3 to 1; and will annually file with the Superintendent copies of its audited financial statements, annual statement under 24-A M.R.S.A. § 423 and the actuarial certification required by and filed in its domicile state.

As of \_\_\_\_\_ (most recent year end), the above insurer or risk retention group has:

- policyholder surplus and paid-in capital of \$\_\_\_\_\_, and
- premium to surplus and capital ratio of \_\_\_\_\_ to 1.

**OR**

**Tangible Net Worth Option:**

The Applicant must maintain tangible net worth of at least \$100,000,000, including that of its parent company if the Applicant's financial statements are consolidated with those of its parent.

As of \_\_\_\_\_, the Applicant's tangible net worth is \$\_\_\_\_\_.  
(most recent year end)

The Applicant either:

- does not have its financial statements consolidated with those of its parent. Submit either:
- a copy of Applicant's most recent Form 10-K or Form 20-F annual report filed with the U.S. Securities and Exchange Commission within the last calendar year, or
  - a copy of the Applicant's audited financial statement showing tangible net worth of at least \$100,000,000, if the Applicant does not file with the SEC,.

Or

- does have its financial statements consolidated with those of its parent. Submit both:
- a copy of the parent's most recent Form 10-K or Form 20-F filed with the U.S. SEC. If the parent does not file with the SEC, submit a copy of the parent's audited financial statement showing tangible net worth of at least \$100,000,000, and
  - the parent's guaranty of the Applicant's service contract obligations (Bureau Form of Unconditional Guaranty of Service Contract Provider Obligations).

13. ***If the Applicant will be a provider***, identify each administrator (must be Maine registered) that the Applicant has designated to be responsible for administration of its Maine service contracts. (If the provider is administering its own contracts, simply indicate "self" below. A separate registration as administrator is not required.) ***If the Applicant will be an administrator***, identify each provider (must be Maine registered) whose Maine service contracts the Applicant will administer (attach additional sheets if needed):

Name	Address	Contact Person	Tel. No.	Maine Registration #

14. **Affidavit**

As the authorized representative, and on behalf, of the Applicant, I hereby:

- certify that I hold the executive position identified below and that all of the information submitted in this application and its attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this registration application is grounds for revocation or denial of registration and may subject the Applicant and me to civil or criminal penalties;
- grant permission to the Superintendent of Insurance to verify with any federal, state or local government agency, or current or former insurance company any information in or submitted with this Application;
- acknowledge that the Applicant understands and will comply with all applicable laws and regulations of the State of Maine;
- certify that the Applicant's activities as a service contract provider or administrator do and will comply with, and that the service contracts either issued or administered by the Applicant in the State of Maine do and will meet the requirements of, Title 24-A as it applies to service contracts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**FEE:** The registration fee is \$200. Payment should accompany this application. Please make check payable to: Treasurer, State of Maine.

**CONTACT:** Jane Lee, Insurance Company Examiner  
Maine Bureau of Insurance  
Financial Analysis Division  
34 State House Station  
Augusta, ME 04333  
Telephone: (207) 624-8492  
E-mail: [Jane.G.Lee@Maine.Gov](mailto:Jane.G.Lee@Maine.Gov)

**OVERNIGHT DELIVERY:**  
Deliveries such as FedEx and UPS  
76 Northern Ave.  
Gardiner, ME 04345.

US Postal Service  
34 State House Station  
Augusta, ME 04333