

**RETURN TO:** Laura A. Condon, Executive Director  
New Hampshire Life and Health  
Insurance Guaranty Association  
P.O. Box 10606  
Bedford, NH 03110  
Phone: (603)472-3734  
lcondon@nhlifega.org

**NEW HAMPSHIRE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION  
ACCEPTANCE OF THE PLAN OF OPERATION**

The undersigned member insurer hereby accepts the Plan by causing its corporate name to be hereunto subscribed by its president or by an authorized officer. Each member so accepting does hereby declare its unqualified authorization to the Board to levy such assessments, and to take such other actions as are deemed by the Board to be necessary to assure the fair, reasonable and equitable administration of the Association, as required by law.

Enclosed please find a \$25.00 Class A assessment **payable to New Hampshire Life and Health Insurance Guaranty Association** to be used for administrative purposes.

Date Accepted: \_\_\_\_\_

Name of Member Insurer: \_\_\_\_\_

NAIC# \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Assessment Email: \_\_\_\_\_

Annual Meeting Notice/Proxy Email: \_\_\_\_\_

Phone: \_\_\_\_\_

By: \_\_\_\_\_

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

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