RENEWAL AFFIDAVIT (NON-ADMITTED COS)

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 53446 (Rev. 12-2007)

Registered/Approved Entity:			
Contact Person:			
Email Address:			Telephone Number:
Contact Firm:			Date:
Mailing Address:	City:	State:	Zip Code:

This renewal Affidavit must be completed and returned by March 1st to renew or to non-renew your company's registration in North Dakota.

Please check "YES" to renew the registration or "NO" to non-renew your entity's registration. An authorized representative of the entity must also sign this Affidavit.

If renewed and there are changes to the registration, you may include them at this time. Domestic entities (those incorporated in the State of North Dakota) must file a financial statement for the past year.

A $10.00 FILING FEE MUST ACCOMPANY THIS AFFIDAVIT WHETHER THE REGISTRATION IS RENEWED OR NON-RENEWED.
N.D. Century Code Section 26.1-01-07 (19)

CONFIRMATION WILL NOT BE RETURNED UNLESS A COPY OF THIS FORM IS INCLUDED FOR RETURN ALONG WITH A SELF-ADDRESSED STAMPED ENVELOPE.

Please Check Type of Entity:

☐ Purchasing Group ☐ Reinsurer (Accredited/Trusteed)

☐ Risk Retention Company ☐ Surplus Lines Insurer

Renewed:

☐ Yes ☐ No

Signed:

Title:

600 E BOULEVARD AVE DEPT 401 - BISMARCK ND 58505-0320 - (701) 328-2440 - FAX (701) 328-4880
Consumer Hotline: 1-800-247-0560 - Relay North Dakota: 1-800-366-6888 (TTY)
Website: http://www.nd.gov/ndins