

## Department of Commerce commonwealth of the Northern Mariana islands

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## OFFICE OF THE INSURANCE COMMISSIONER

□ NEW 201 □ EXTENSION/RENEWA □ AMENDMENT 201	L 201	PENALT RECEIPT	LICENSE FEE <u>\$30</u> Y AMOUNT \$ ' NO	<u>00.00</u>	
		FICATE OF AUT			
TO THE INSURANCE COMMI			VEALTH:		
The Company of for authority to transact busin insurer, to sell the following cla	ess for the year	ar ending Decei		apply , as	
□ Disability (Accident/I	Health)	□ Marine	□ Vehicle		
□ General Casualty	□ Property	□ Life	□ Surety		
and states that if is so authorized Association) under the laws of it and answers the following que Date incorporated:  and where:  Authorized capital stock:  as of December 31st of precedual precedual incorporated and precedual incorporated and Post Office Address.	s home state of _ stions pertainin or ommenced busi I ling year; admit; surpluess of Principal	g to the compar organized: ness: Paid-up capital s ted assets: us: Office:	stock:		
(The Insurance Commissioner r					
Date of last examination:authorized to transact busines				ently	
By:		_			
Name and Title			Date:		

Form I-A