



**COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE**

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<http://www.mass.gov/doi>

Fraternal Benefit Society License Renewal

To the Commissioner of Insurance of Massachusetts:

_____ of _____ ,
(Name of Fraternal Benefit Society) (City)

_____ hereby applies for authority to operate in the Commonwealth of
(State)

Massachusetts, during the year ending June 30, 2017 as a fraternal benefit society as specified under the provisions Massachusetts General Laws, Chapter 176. The benefits to be paid, as a fraternal benefit society, being contingent on the following: _____

_____ of its members.
(Please state all contingencies in which benefits are paid, such as death, disability, accidental death or disability from disease, accident, etc.)

(Signature of an executive officer of the society)

(Official Title)

(Place of Execution)

(Date of Execution)

Note - Licenses expire June 30 and must be renewed on or before July 1 of each year.