APPLICATION FOR INSURANCE COMPANY LICENSE

Application is hereby made on behalf of the company herein named for a license authorizing it to transact business in New Hampshire through duly licensed agents.

1. The EXACT corporate name of the company is: ____________________________________________

   (If the corporate name is not in English, state it and give exact literal translation)

2. NAIC code of the company: ____________________________________________________________

3. Organized under the Laws of the State of _______________________________________________

4. Its home or U.S. Branch office is at ____________________________________________________

   (Give number, street, city or town, and state)

5. Its principal Mailing Address is _______________________________________________________

6. The classes of insurance it desires to transact are:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

7. The company is a member of the following rating or statistical bureaus:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

8. The company agrees to abide by the rules and regulations of the department.

9. The company agrees to subscribe to the assigned risk plans on automobile public liability and property damage insurance and on workmen's compensation insurance if such policies are to be issued in this state.

10. The license or authority of the company in any state, district or country has at no time been revoked, suspended or cancelled, nor has it been refused admission to any state, district or country, except as stated below. (State in full detail any exceptions).

   __________________________________________________________

   President
   Secretary
   United States Manager

Date _____________________________