Consumer Guaranty Contracts
Obligor Registration Form

IMPORTANT: Consumer Guaranty Contracts are subject to New Hampshire Revised Statutes Annotated RSA 415-C. Each registrant is responsible to review and understand the law before completing this form.

<table>
<thead>
<tr>
<th>Subject of Contract</th>
<th>New Registration</th>
<th>Renewal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Motor Vehicle</td>
<td>□ $300</td>
<td>June 14th 200__</td>
</tr>
<tr>
<td>□ Home Warranty</td>
<td>□ $300</td>
<td>June 14th 200__</td>
</tr>
<tr>
<td>□ Consumer Goods</td>
<td>□ $300</td>
<td>June 14th 200__</td>
</tr>
<tr>
<td>□ Pre-Paid Legal</td>
<td>□ $300</td>
<td>June 14th 200__</td>
</tr>
<tr>
<td>□ Debt Cancellation/Suspension</td>
<td>□ $300</td>
<td>June 14th 200__</td>
</tr>
<tr>
<td>□ Other: __________________________</td>
<td>□ $300</td>
<td>June 14th 200__</td>
</tr>
</tbody>
</table>

TOTAL AMOUNT ENCLOSED: $_________

Make check payable to “Treasurer, State of New Hampshire”

1. Obligor business name: ________________________________
   (a) Tax Identification Number: ________________
   (b) Current home office street address: ________________________________
       City: ________________ State: ________________ Zip: _____ - _____
   (c) Type of Organization: □ Sole Proprietorship □ Corporation □ LLC □ LLP
       □ Partnership □ Other: ____________
   (d) Organization was incorporated or formed on ________ date in ________ state.
   (e) Attach all that apply:
       □ Certificate of incorporation or formation issued by appropriate state agency.
       □ Current certificate of registration as a foreign entity issued by the NH Secretary of State.
       □ Certified copy of Charter and Bylaws
       □ Certified copy of Operating / Partnership Agreement
       □ Other organization formation documents not listed above: __________________________

Note: Foreign corporation, LLCs, LLPs and partnerships must provide a copy of their home state registration and proof of registration as a foreign entity with the NH Secretary of State
2. Name and title of highest ranked contact person for New Hampshire business:
   Phone: _______________  Fax: _________________  Email: _______________
   Address: (Same as □ no. 1)  Street: ______________________________
   City: _________________  State: ________________  Zip: _____ - ____
3. Location of Obligor's books and records for New Hampshire Business
   Address (Same as □ no. 1, □ no. 2), Street: ______________________________
   City: _________________  State: ________________  Zip: _____ - ____
4. All trade names used for Consumer Guaranty Contracts: __________________

Note: Registrants who propose to use trade names must provide proof of trade name registration issued by the NH Secretary of State. The owner of trade name must match name of Obligor.

5. New Hampshire counties where Obligor will offer Consumer Guaranty Contracts: (“all” if statewide)

6. States outside of New Hampshire where Obligor plans to or does offer Consumer Guaranty Contracts:

7. Name of agent or attorney located in NH for service of process: _________________
   Current Address:
   Phone: _______________  Fax: _________________  Email: _______________

ADDITIONAL INFORMATION NEEDED:

Please provide a list of all Administrators being used by the Obligor.
Proof of Financial Responsibility

IMPORTANT: RSA 415-C:3 requires that the obligor’s president and secretary attach a certificate with the registration giving a full statement, under oath, that the fiscal requirements stated in this RSA 415-C are met.

Please select option below to show proof of financial responsibility.

1. [ ] Bond (RSA 415-C: 4(I)):
   Please select the greater of the following two choices, up to a maximum of
   $250,000
   ❑ $25,000, or
   ❑ 5 percent of all consumer guarantee contracts sold in New Hampshire.
   Attach copy of bond and certified documentary proof of sales activity if applicable.

2. [ ] Reimbursement Insurance Policy (RSA 415-C: 4(II)):
   Insurer must be authorized to do business in this state to issue policy.
   Name and address of insurer:
   ________________________________
   Name and address of producer (if applicable):
   ________________________________
   Policy Number: ______________________________
   Effective Dates: ______________________________
   Attach copy of declaration page and policy.

3. [ ] Capital (RSA 415-C: 4(III)):
   Please select from below and
   ❑ Minimum net worth of $25,000,000, or
   ❑ Minimum stockholders’ equity of $25,000,000.
   Attach Obligor’s annual audited financial statement, certified by a public accountant,
   or Form 10K or 20F filed with the SEC.
Certification by President / Managing Partner

The undersigned deposes and says that he/she has duly executed this registration dated ________________ for and on behalf of (Obligor Name), and that he/she holds the executive position of ______________________________ (Title) of such company; and that he/she is authorized to execute and file this registration. Deponent further states he/she is familiar with this instrument, including all documents and laws related to this registration and the contents thereof, and that the facts herein set forth are true to the best of his/her knowledge, information and belief and he/she hereby certifies that ________________ (Obligor Name) is in compliance with all legal and fiscal requirements, including those found in NH RSA 415:C.

Signature ______________________________

Print Name ______________________________

Notary Information

State of ______________________________

County of ______________________________

On this ____ day of ___________ in the year ______, before me, personally appeared __________

________________________________________(Person’s name) to me known to be the ______________________________ (Title) of the above named organization, and who being duly sworn according to law, did depose and say the he/she read, signed, is knowledgeable regarding the contents of the foregoing registration and certification, including all related documents, represents that he or she is authorized to sign this document on behalf of the organization and that the statements contained in this registration and certification are true and complete.

(Notary Public)

My Commission Expires __________________
Certification by Secretary

The undersigned deposes and says that he/ she has duly executed this registration dated ___________________for and on behalf of (Obligor Name), and that he/ she holds the executive position of _____________________________ (Title) of such company; and that he/ she is authorized to execute and file this registration. Deponent further states he/ she is familiar with this instrument, including all documents and laws related to this registration and the contents thereof, and that the facts herein set forth are true to the best of his/ her knowledge, information and belief and he/ she hereby certifies that _____________________________ (Obligor Name) is in compliance with all legal and fiscal requirements, including those found in NH RSA 415:C.

Signature _____________________________

Print Name _____________________________

Notary Information

State of _____________________________

County of _____________________________

On this ____ day of ____________ in the year ______ , before me, personally appeared _____________________________[Person’s name] to me known to be the _____________________________(Title) of the above named organization, and who being duly sworn according to law, did depose and say the he/ she read, signed, is knowledgeable regarding the contents of the foregoing registration and certification, including all related documents, represents that he or she is authorized to sign this document on behalf of the organization and that the statements contained in this registration and certification are true and complete.

{Notary Public}

My Commission Expires ___________________