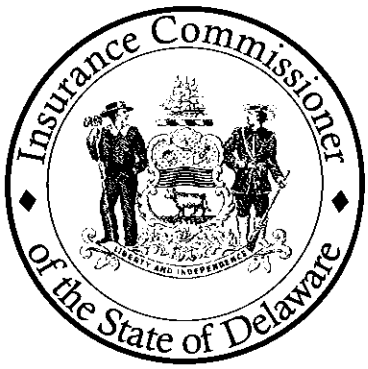
Matthew Denn
Insurance Commissioner



Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

DOCUMENTS NEEDED TO PROCESS APPLICATION FOR DEMUTUALIZATION OF A NON-DOMESTIC COMPANY

The following steps must be accomplished in order for the Department to issue a new Certificate of Authority as a Stock company:

1. provide copies of the Plan of Demutualization and Approval Order, certified by the home state;

2. complete and return attached Form 3P;

3. return original Delaware Certificate of Authority presently issued to the company for cancellation (new certificate will be issued as a stock company). If the original certificate cannot be located, an Officer of the company must state before a Notary Public that the original cannot be located and if ever found, it will be returned to the Delaware Department of Insurance.

4. submit a copy of the Company's amended articles/certificate of incorporation, certified to by the home state;

5. submit a copy of the amended By-Laws, if applicable, certified to by the Secretary of the company.

6. provide a check in the amount of $120.00 or $110.00 ($100.00 for the new certificate of authority, $10.00 for filing amended charter documents and $10.00 for filing amended by-laws, if applicable. All fees are subject to retaliatory tax.

Regarding the forms presently filed with this Department, and if a name change is involved, please contact the Rates and Forms Department regarding instructions on refilling forms, and filing the Name Change Endorsement. If a life company, please contact Jennifer Dawson, Life/Health Insurance Forms and Rates Analyst at (302)674-7385 or Jennifer.Dawson@state.de.us. If a property/casualty company, please contact Ann Lyon, Property/Casualty Insurance Forms & Rates Analyst at (302)674-7372 or Ann.Lyon@state.de.us.

Any questions regarding agents presently appointed, should be directed to the attention of Linda Long, Office Manager, Producers' Licensing Section (302)674-7392 or Linda.Long@state.de.us.

Contact for Questions other than Rates and Forms and Producers' Licensing: Dorothy J. Speight, Insurance Compliance Specialist, (302)674-7344 or Dorothy.Speight@state.de.us.

State of Delaware
Department of Insurance
APPLICATION FOR INSURANCE COMPANY CERTIFICATE OF AUTHORITY

Application is hereby made by

_____
Corporate Title

_____
Corporate Address

_____
Administrative/Mailing Address

Incorporated or Organized on _____, in _____ as a

_____ (stock, mutual, reciprocal, mutual benefit etc.) Insurer for a Certificate of Authority to transact the business of insurance within the State of Delaware for the following lines, as set forth in Title 18, Delaware Code.

- ☐ Life, including annuities
- ☐ Variable Life
- ☐ Variable Annuities
- ☐ Credit Life
- ☐ Health
- ☐ Credit Health
- ☐ Property
- * ☐ Surety
- ☐ Title
- ☐ Marine and Transportation

Casualty, including:

- ☐ Vehicle
- ☐ Liability
- ☐ Burglary & Theft
- ☐ Personal Property Floater
- ☐ Glass
- ☐ Boiler & Machinery
- ☐ Credit
- * ☐ Workers' Compensation & Employer's Liability

- ☐ Leakage & Fire Extinguisher Equipment
- ☐ Malpractice
- ☐ Elevator
- ☐ Congenital Defects
- ☐ Livestock
- ☐ Entertainments
- ☐ Miscellaneous

***SPECIAL DEPOSITS REQUIRED ($100,000 WORKERS' COMPENSATION AND $10,000 SURETY)**

FED. EMPLOYERS I.D. # (EIN) _____ NAIC # _____

TELEPHONE # (_____) _____

_____
Date

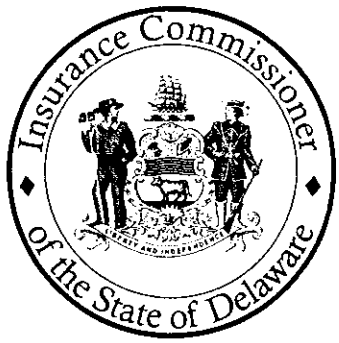
_____
Corporate Title

_____
Officer

_____
Title

NOTE: Multiple Line Authority Conferred Through Licensing of Component Coverages

Matthew Denn
Insurance Commissioner



Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

DESIGNATION OF PERSON FOR RECEIPT OF SERVICE OF PROCESS

TO: THE INSURANCE COMMISSIONER OF THE STATE OF DELAWARE

_____
(NAME OF COMPANY)

hereby designates the following as the person to whom process served upon the Commissioner against the above-cited company is to be forwarded [18 Del. C. Section 524(e)]

NAME OF DESIGNEE: _____

TITLE: _____

ADDRESS: _____

_____

PHONE: ( ) _____ FAX: ( ) _____

EIN #: _____ STATE OF INCORPORATION: _____

NAIC #: _____

WITNESS my hand and seal of the Company affixed hereto this _____day of _____, 20____.

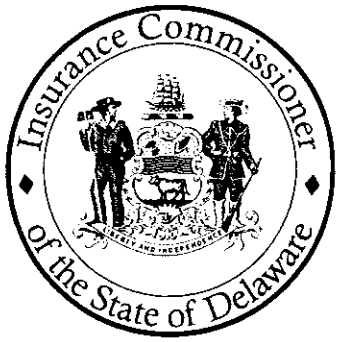
(SEAL)

BY: _____

TITLE: _____

FORM D-1, REVISED 02/12/07

Matthew Denn
Insurance Commissioner



Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

DESIGNATION OF PERSON TO RECEIVE DELAWARE REGULATIONS, BULLETINS, DIRECTIVES AND NOTICE OF REGULATORY PROCEEDINGS

TO: THE INSURANCE COMMISSIONER OF THE STATE OF DELAWARE

_____
(NAME OF COMPANY)

hereby designates the following person to receive from the Delaware Department of Insurance copies of Regulations, Bulletins, Directives, and Notice of Regulatory Proceedings:

NAME OF DESIGNEE: _____

TITLE: _____

ADDRESS: _____

_____

PHONE: ( ) _____ FAX: ( ) _____

NAIC #: _____ STATE OF INCORPORATION: _____

WITNESS my hand and seal of the Company affixed hereto this _____ day of _____, 20____.

BY: _____

(SEAL)

TITLE: _____

FORM D-2, REVISED 09/13/00