

GERALD B. FARLOW & ASSOCIATES, LTD.
REINSURANCE COMPANY FORMATION AUTHORIZATION
COMPANIES DOMICILED IN THE TURKS & CAICOS ISLANDS

I, _____, of _____
[FULL LEGAL NAME] [FULL RESIDENTIAL ADDRESS]

[FULL RESIDENTIAL ADDRESS, CONTINUED]

HEREBY AUTHORIZE Gerald B. Farlow & Associates, Ltd. and its agents, representatives, assigns, and successors in interest, to prepare and sign off on the Application Form and Checklist necessary to apply for the Insurance License in the Turks & Caicos Islands.

I swear under penalty of perjury that all particulars contained in this authorization and in the documents accompanying it or otherwise furnished in support hereof are true and correct to the best of my knowledge and belief.

[APPLICANT SIGNATURE]

[DATE]

[APPLICANT PRINTED FULL LEGAL NAME]

The person named above personally appeared before me being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

[NOTARY SIGNATURE]

[DATE]