

GERALD B. FARLOW & ASSOCIATES, LTD.
REINSURANCE COMPANY FORMATION INFORMATION

The following information is needed to form your new reinsurance company. Please ensure that all fields are filled out completely to avoid delays in the formation process. If you have any questions about this form, please don't hesitate to contact our office for assistance.

DOMICILE

Please select the domicile you prefer to use for your reinsurance company:

Delaware Tribe of Indians Tribal Domicile Turks & Caicos Islands

PRODUCTS & CEDING INSURANCE COMPANY

Please select the products to be reinsured and identify the ceding insurance company for each:

<input type="checkbox"/> ESC/VSC	_____	<input type="checkbox"/> GAP	_____
<input type="checkbox"/> VIN Etch	_____	<input type="checkbox"/> Tire Guard	_____
<input type="checkbox"/> Paint & Fabric	_____	<input type="checkbox"/> Prepaid Maintenance	_____
<input type="checkbox"/> Window Protect	_____	<input type="checkbox"/> Dent Protect	_____
<input type="checkbox"/> Credit Life	_____	<input type="checkbox"/> Credit Accident	_____
<input type="checkbox"/> Credit Disability	_____	<input type="checkbox"/> Other Products (specify below)	_____

NAME REQUEST

Please enter three names for your reinsurance company in order of preference:

- 1. _____
- 2. _____
- 3. _____

Please note that we will add "Reinsurance" and "Ltd." or "Inc." as needed to ensure name compliance.

CONTACT INFORMATION

Please enter the mailing address and contact information for your reinsurance company:

Street Address: _____

City, State, Zip Code: _____

Contact Name: _____

Primary Telephone: _____ Cellular Telephone: _____

Email Address: _____

SHAREHOLDER INFORMATION

Shareholders of a reinsurance company may be individuals, corporations, or trusts. See the detailed notes at the end of this form for any additional information that might be required and attach additional pages as needed.

Please enter the shareholder information for your reinsurance company:

- SHAREHOLDER 1 -

Full Legal Name: _____

SSN/EIN: _____ % of Ownership: _____

This shareholder has ownership in another active reinsurance company

- SHAREHOLDER 2 -

Full Legal Name: _____

SSN/EIN: _____ % of Ownership: _____

This shareholder has ownership in another active reinsurance company

- SHAREHOLDER 3 -

Full Legal Name: _____

SSN/EIN: _____ % of Ownership: _____

This shareholder has ownership in another active reinsurance company

- SHAREHOLDER 4 -

Full Legal Name: _____

SSN/EIN: _____ % of Ownership: _____

This shareholder has ownership in another active reinsurance company

- SHAREHOLDER 5 -

Full Legal Name: _____

SSN/EIN: _____ % of Ownership: _____

This shareholder has ownership in another active reinsurance company

- SHAREHOLDER 6 -

Full Legal Name: _____

SSN/EIN: _____ % of Ownership: _____

This shareholder has ownership in another active reinsurance company

- ADDITIONAL SHAREHOLDERS -

There are additional pages attached containing shareholder information

OFFICER INFORMATION

Officers of a reinsurance company must be individuals, and only the President and Secretary are required. See the detailed notes at the end of this form for any additional information that might be required and attach additional pages as needed.

Please enter the officer information for your reinsurance company:

- PRESIDENT -

Full Legal Name: _____

SSN: _____

- VICE PRESIDENT -

Full Legal Name: _____

SSN: _____

- SECRETARY -

Full Legal Name: _____

SSN: _____

- TREASURER -

Full Legal Name: _____

SSN: _____

- OTHER OFFICER 1 -

Full Legal Name: _____

SSN: _____ Title: _____

- OTHER OFFICER 2 -

Full Legal Name: _____

SSN: _____ Title: _____

- OTHER OFFICER 3 -

Full Legal Name: _____

SSN: _____ Title: _____

- OTHER OFFICER 4 -

Full Legal Name: _____

SSN: _____ Title: _____

- ADDITIONAL OFFICERS -

__ There are additional pages attached containing officer information

DIRECTOR INFORMATION

Directors of a reinsurance company must be individuals, and only two directors are required. See the detailed notes at the end of this form for any additional information that might be required and attach additional pages as needed.

Please enter the director information for your reinsurance company:

- DIRECTOR 1 -

Full Legal Name: _____
SSN: _____

- DIRECTOR 2 -

Full Legal Name: _____
SSN: _____

- DIRECTOR 3 -

Full Legal Name: _____
SSN: _____

- DIRECTOR 4 -

Full Legal Name: _____
SSN: _____

- DIRECTOR 5 -

Full Legal Name: _____
SSN: _____

- DIRECTOR 6 -

Full Legal Name: _____
SSN: _____

- DIRECTOR 7 -

Full Legal Name: _____
SSN: _____

- DIRECTOR 8 -

Full Legal Name: _____
SSN: _____

- ADDITIONAL DIRECTORS -

___ There are additional pages attached containing director information

ASSOCIATED BUSINESS INFORMATION

Associated business are the producers of the business to be ceded into your reinsurance company, such as an auto dealership, furniture dealership, or direct sales organization. Attach additional pages as needed.

Please enter the associated business information for your reinsurance company:

- ASSOCIATED BUSINESS 1 -

Legal Name: _____
Full Address: _____
EIN: _____ State of Domicile: _____

- ASSOCIATED BUSINESS 2 -

Legal Name: _____
Full Address: _____
EIN: _____ State of Domicile: _____

- ASSOCIATED BUSINESS 3 -

Legal Name: _____
Full Address: _____
EIN: _____ State of Domicile: _____

- ASSOCIATED BUSINESS 4 -

Legal Name: _____
Full Address: _____
EIN: _____ State of Domicile: _____

- ASSOCIATED BUSINESS 5 -

Legal Name: _____
Full Address: _____
EIN: _____ State of Domicile: _____

- ASSOCIATED BUSINESS 6 -

Legal Name: _____
Full Address: _____
EIN: _____ State of Domicile: _____

- ADDITIONAL ASSOCIATED BUSINESSES -

___ There are additional pages attached containing associated business information

NOTES REGARDING SHAREHOLDERS, OFFICERS, AND DIRECTORS

- FOR DELAWARE TRIBE OF INDIANS TRIBAL DOMICILE COMPANIES -

Forming reinsurance companies in the Delaware Tribe of Indians Tribal Domicile requires the following documents to be submitted once for each reinsurance company before the process can begin:

1. Reinsurance Company Formation Information form (this form)

The following additional documents must be submitted once for each individual listed as shareholder, officer, and/or director of the reinsurance company, and/or once for each shareholder or member of a corporation (including LLCs and Partnerships) listed as a shareholder of the reinsurance company:

1. Reinsurance Company Formation Contact form
2. A list of shareholders or members with ownership percentages for each corporation listed as a shareholder of the reinsurance company

The following additional documents must be submitted once for each individual named as grantor of a revocable trust or beneficiary of an irrevocable trust listed as shareholder of the reinsurance company:

1. Reinsurance Company Formation Contact form
2. A copy of the trust

- FOR TURKS & CAICOS ISLANDS COMPANIES -

Forming reinsurance companies in the Turks & Caicos Islands requires the following documents to be submitted once for each reinsurance company before the process can begin:

1. Reinsurance Company Formation Information form (this form)
2. Reinsurance Company Formation Authorization form

The following additional documents must be submitted once for each individual listed as shareholder, officer, and/or director of the reinsurance company, and/or once for each shareholder or member of a corporation (including LLCs and Partnerships) listed as a shareholder of the reinsurance company:

1. Reinsurance Company Formation Affidavit form
2. A list of shareholders or members with ownership percentages for each corporation listed as a shareholder of the reinsurance company

The following additional documents must be submitted once for each individual named as grantor of a revocable trust or beneficiary of an irrevocable trust listed as shareholder of the reinsurance company:

1. Reinsurance Company Formation Affidavit form
2. A copy of the trust

FOR QUESTIONS OR ASSISTANCE

If at any point you have any questions or need assistance with these documents and forms, please don't hesitate to contact us:

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