Office of the
Commissioner

Delaware
Department of Insurance

REINSURANCE INTERMEDIARY
CORPORATION/PARTNERSHIP APPLICATION

[ ] Corporation **[ ] Partnership**

To the Insurance Commissioner of the State of Delaware

The UNDERSIGNED hereby applies for a reinsurance intermediary license under Title 18 *Del. C.* §1603 and for that purpose submits the following statements and answers to the questions contained in this application.

TYPE OF LICENSE APPLIED FOR:

[ ] Reinsurance Intermediary Broker [ ] Resident

[ ] Reinsurance Intermediary Manager [ ] Non-Resident

This application must be executed on behalf of the Corporation/Partnership and verified by each of its officers, any designated employees and directors who desire to be named to act as reinsurance intermediary in the license applied for herein.

1. Name of Applicant: ______________________________

   Federal I.D. No.: ______________________________

2. Principal Business Address: ______________________________
   Street Address

   ____
   City County State Zip Telephone

   If principal business address is changed, the Insurance Department must be notified in writing.

   Does your corporation or any officer(s), or designated director(s) and employee(s) intend to act as a reinsurance intermediary from an address in the state of Delaware? ______________
   If yes, where? ______________________________

3. Date of Incorporation/Organization of Partnership of applicant: ______________
   Under the laws of what state was applicant incorporated/partnership organized? ______________
   (Attach copy of current Certificate of Authority for state of incorporation and Certificate of Authority for State of Delaware.)

4. List all officer(s), partner(s), member(s), and director(s) and give information requested below. (List officers first followed by designated directors and employees.) *Add pages if necessary*

   Name: ______________________ Title: ______________

   Director Partner Member Date of Birth: ____________ Sex: _____

Will act as Intermediary: _____ Y/N Social Security No: ___________________

Residence Address: ____

Name: _______________________________ Title: _______________________

Director Partner Member Date of Birth: _____________ Sex: _____

Will act as Intermediary: _____ Y/N Social Security No: ___________________

Residence Address: ____

Name: _______________________________ Title: ___________________________

Director Partner Member Date of Birth: ____________ Sex: _____

Will act as Intermediary: _____ Y/N Social Security No: _________________________________

Residence Address: ____

Name: _______________________________ Title: __________________________

Director Partner Member Date of Birth: ____________ Sex: _____

Will act as Intermediary: ____ Y/N Social Security No: ___________________

Residence Address: ____

5. ***(Complete if Corporation and N/A if Partnership)*** Give full name and address of each stockholder of record of applicant-corporation and percentage of shares owned by each. Give the line of business in which each of the 10 largest stockholders is engaged. *Add pages if necessary*

Name: ____ Percentage of Shares ________

Address: ____

Business: ____

Name: ____ Percentage of Shares ________

Address: ____

Business: ____

Name: ____ Percentage of Shares ________

Address: ____

Business: ____

b. If any of such shares of stock is held by such stockholder in any capacity other than as beneficial owner, give information requested below:

Name: ____ Percentage of Shares _________

Address: ____

Name of Owner of Record: ____

6. List any person, firm, association or corporation who directly or indirectly has the power to direct or cause to be directed, the management, control or activities of the applicant.
   If none, check here. [ ]

   Name: ____

   Address: ____

   Name: ____

   Address: ____

   Name: ____

   Address: ____

7. ***(Complete if Corporation and N/A if Partnership)*** Quote below the provision or provisions of applicant's charter or certificate of incorporation which confers upon it the right to act as reinsurance intermediary.

   ____

   ____

   ____

8. Has applicant, or any of its officers, directors, designated employees, or controlling person, or any partnership or corporation with which they are, or were formerly associated during their connection therewith, ever:
   a. Been discharged by or had a contract of agency terminated by insurer or employer? ________
   b. Been charged in any capacity whatsoever with irregularities in money or any other transactions? ________
   c. Compromised his/her, or its liabilities with creditors; been insolvent or adjudged a bankrupt? ________
   d. Been refused a license or had an existing one suspended or revoked by the Insurance Department, or by any state or governmental agency or authority? ________
   e. Been fined by any state or governmental agency or authority? ________
   f. Excluding minor traffic violations, been convicted of any crime which has not been annulled by a court? ________

9. Upon approval of corporation's non-resident application as a reinsurance intermediary, if applicable, we hereby agree to designate the Commissioner, State of Delaware Insurance as agent for service of process and further pursuant to Title 18 *Del. C.* §1603(d)(2) to provide the following resident of Delaware upon whom notices and orders of the Commissioner or process affecting such non-resident reinsurance intermediary may be served.

   Name: ______________________________ Telephone No.: ______________

   Address: ____

ANSWERS TO ALL QUESTIONS, NOTING SPECIFICALLY QUESTION 8, MUST BE ACCURATE AND COMPLETE. INFORMATION OBTAINED THROUGH INVESTIGATION SHOWING MISSTATEMENTS, INCLUDING AN INCOMPLETE ANSWER TO QUESTION 8 IS SUFFICIENT CAUSE TO AUTOMATICALLY VOID THIS APPLICATION OR FOR THE IMMEDIATE REVOCATION OF ANY LICENSE. THIS IS IN ADDITION TO OTHER PENALTIES.

Under penalty of perjury (I) or (We) affirm that the statements made in the aforegoing application are true to the best of (my) or (our) knowledge.

Dated: ______________________ ______________________________
Name of Corporation

______________________________ By: ______________________________
Signature- Officer/Director/Partner/Member

______________________________ By: ______________________________
Signature- Officer/Director/Partner/Member

______________________________ By: ______________________________
Signature- Officer/Director/Partner/Member

______________________________ By: ______________________________
Signature- Officer/Director/Partner/Member

This application must be verified and signed by all named in the answer for Question No. 4 above.