ALABAMA DEPARTMENT OF INSURANCE

201 MONROE STREET, SUITE 1700 POST OFFICE BOX 303351 MONTGOMERY, ALABAMA 36130-3351

TELEPHONE: (334) 269-3550 FACSIMILE: (334) 241-4192

INTERNET: www.aldoi.gov

| VEHICLE PROTECTION PRODUCT WARRANTOR REGISTRATION APPLICATION | | | | | | | | | | | |
|---|-------------------|-------------|-------------------------------|-----------|-------|--------|--|--|--|--|--|
| TYPE OF AP | PPLICATION: NEW | RENEWAL OF | REGISTRATI | ON NUMBER | | | | | | | |
| NAME OF BUSINESS TO BE REGISTERED | | | | | | | | | | | |
| ASSUMED NAME(S) OR DBA NAME(S) | | | | | | | | | | | |
| ſ | PHONE NUMBER | | FEIN NUMBER | | | | | | | | |
| FAX NUMBER | | | SSN | | | | | | | | |
| | | PHYSI | CAL ADDRESS | 3 | L | | | | | | |
| PHYSICAL ADDRESS | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| City | State Zip Code | | | | | | | | | | |
| | MAILING ADDRESS | | | | | | | | | | |
| Address | | | | | | | | | | | |
| City | State Zip Code | | | | | | | | | | |
| | TYPE OF OWNERSHIP | | TYPES OF PRODUCTS SOLD | | | | | | | | |
| CORPORATION | | | ☐ IGNITION INTERRUPT | | | | | | | | |
| PARTNERSHIP | | | AUTO ALARM SYSTEMS | | | | | | | | |
| ☐ INDIVIDUAL | | | WINDOW IDENTIFICATION SYSTEMS | | | | | | | | |
| LIMITED LIABILITY COMPANY | | | OTHER | | | | | | | | |
| | | AGENT FOR S | ERVICE OF P | ROCESS | | | | | | | |
| Name | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| City | | State | Zip Code | | Phone | Number | | | | | |
| OFFICERS | | | | | | | | | | | |
| President | | | Vice Pres | sident | | | | | | | |
| Secretary | | | Vice President | | | | | | | | |
| Treasurer | | | Vice President | | | | | | | | |

OFFICERS- Continued DIRECTORS I CERTIFY THAT I HAVE READ AND WILL ABIDE BY THE ALABAMA VEHICLE PROTECTION PRODUCT ACT, ALABAMA ACT 2006-600. UPON REQUEST OF THE DEPARTMENT, I AGREE TO MAKE AVAILABLE ALL RECORDS MAINTAINED PURSUANT TO THE REQUIREMENTS OF SAID ACT AND ANY SUBSEQUENT ALABAMA DEPARTMENT OF INSURANCE REGULATIONS ENACTED PURSUANT THERETO TO THE COMMISSIONER OR HIS/HER DULY APPOINTED DESIGNEE. WITH KNOWLEDGE OF THE PENALTIES FOR FALSE STATEMENTS, I CERTIFY THAT ALL INFORMATION SUBMITTED WITH THIS APPLICATION AND ALL ATTACHED DOCUMENTATION IS TRUE AND CORRECT. TITLE APPLICANT SIGNATURE PRINTED NAME DATE

| | APPLICATION CHECKLIST |
|-------|--|
| BE AT | COME A REGISTERED VEHICLE PROTECTION PRODUCT WARRANTOR OR RENEW AN EXISTING REGISTRATION, THE FOLLOWING MUTACHED TO FORM AL-VPP-APP IN SATISFACTION OF THE REQURIEMENTS SET FORTH IN THE ALABAMA VEHICLE PROTECT UCT ACT, ALABAMA ACT 2006-600. PLEASE INDICATE BELOW THOSE ITEMS THAT HAVE BEEN ATTACHED BY CHECK PPROPRIATE BOX. |
| | CORPORATE DOCUMENTS |
| | IF NEW CORPORATE APPLICATION ATTACH COPY OF ARTICLES OF INCORPORATION, FORMATION, ASSOCIATION OR PARTNERSHIP AGREEMENT. |
| | CERTIFICATE OF GOOD STANDING STATUS |
| | A CERTIFICATE OF GOOD STANDING STATUS MUST BE SUBMITTED FOR A CORPORATION OR LIMITED LIABILITY COMPANY THAT PROVIDES VEHICLE PROTECTION PRODUCT WARRANTEES IN ALABAMA. THIS CERTIFICATE MAY BE OBTAINED FROM THE ALABAMA SECRETARY OF STATE'S OFFICE OR REQUESTED VIA THE INTERNET AT www.sos.state.al.us. |
| | FINANCIAL SECURITY DOCUMENTS |
| | THE FINANCIAL SECURITY REQUIREMENTS DESCRIBED IN SECTION 5 OF THE ACT CAN BE SATISFIED BY HAVING A REIMBURSEMENT INSURANCE POLICY OR BY ESTABLISHING A MINIMUM NET WORTH OF \$50 MILLION. PLEASE INDICATE WHICH OPTION THE APPLICANT HAS ELECTED TO USE IN SATISFACTION OF THE FINANCIAL SECURITY REQURIEMENTS. |
| | REIMBURSMENT INSURANCE POLICY |
| | IF THE REIMBURSEMENT INSURANCE POLICY OPTION IS USED THE APPLICANT MUST ATTACH A CERTIFICATE OF INSURANCE ISSUED BY AN INSURER AUTHORIZED TO DO BUSINESS IN THE STATE OF ALABAMA. |
| | \$50 MILLION NET WORTH |
| | IF THE \$50 MILLION NET WORTH OPTION IS USED, FILE AN AUDITOR'S UNQUALIFIED OPINION ALONG WITH ONE OF THE FOLLOWING: 1. AUDITED FINANCIAL STATEMENT SHOWING A NET WORTH OF AT LEAST \$50 MILLION AT THE END OF THE APPLICANT'S MOST RECENT FISCAL YEAR-END. 2. AUDITED FINANCIAL STATEMENT SHOWING A NET WORTH OF AT LEAST \$50 MILLION AT THE END OF THE APPLICANT'S PARENT CORPORATION'S MOST RECENT FISCAL YEAR-END. NOTE: IF THE PARENT CORPORATION'S FORM 10-K, 20-F OR AUDITED FINANCIAL STATEMENTS ARE USED THE PARENT COMPANY MUST HAVE ON FILE WITH THE DEPARTMENT A GUARANTEE RELATING TO WARRANTIES ISSUED BY THE WARRANTOR IN THE STATE OF ALABAMA. A BOARD RESOLUTION MUST BE ATTACHED TO THE APPLICATION ACKNOWLEDGING THE GUARANTEE AND ITS CONTINUED EXISTENCE FOR THE YEAR IN WHICH THE APPLICATION PERTAINS. |
| | CONTRACTS |
| | IF NEW APPLICATION ATTACH A SPECIMEN OF ALL WARRANTY CONTRACTS TO BE USED IN THE STATE OF ALABAMA. IF RENEWAL, USE SERFF FOR ANY CONTRACT REVISIONS OR NEW CONTRACTS TO BE USED IN ALABAMA IN THE YEAR IMMEDIATELY FOLLOWING RENEWAL. |
| | EXAMINATION AGREEMENT |
| | A PROPERLY COMPLETED AGREEMENT TO SUBMIT TO AN EXAMINATION MUST BE ATTACHED TO ALL NEW APPLICATIONS. NEW APPLICATIONS RETURNED WITHOUT AN AGREEMENT WILL BE CONSIDERED INCOMPLETE. |

Electronic remittance is available online at https://appengine.egov.com/apps/al/aldoi/examiners Use to remit application, application fees, and any other applicable documents. Checks or money orders are no longer encouraged.

BIOGRAPHICAL AFFIDAVITS

New applicants must submit an affidavit for those individuals identified in the affidavit instructions. Renewal applications should contain affidavits for those individuals identified in the affidavit instructions that did not occupy the indicated position as of the previous application submission.

| | | | AGR | EEMENT T | O SUBMIT | TO AN | IEXAMI | NAT | ION | | | |
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| THE STATE | OF | | | | | | | | | | | |
| COUNTY O | F | | | | | | | | | | | |
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| Address | | | | | | | | | | | | |
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| | (S | EAL) | | | Attested E | | nature | | | | | Its Secretary |
| | | | | | | Sign | ature | | | | | |

FORM: AL-VPP-APP Page 4 of 4 01/2007