

INFORMATION NEEDED FOR COMPANY FORMATION IN TURKS AND CAICOS ISLANDS, BWI

Thank you for choosing GPW and Associates, Inc. ("GPW") for the formation of your new Turks and Caicos Islands ("TCI"), British West Indies domiciled reinsurance Company. To enable us to better serve you the following information is required before the company can be processed, incorporated or licensed.

COMPLETION CHECKLIST

- Have you answered each question fully and legibly, and have you attached supplemental pages or documents when necessary to respond to a question? Answer "None" or "Not Applicable" where pertinent.
- Have you attached a notarized ***Affidavit in Support of Application for Insurance License*** and legible, color copy of the passport for each Director/Officer/Shareholder of the reinsurance company? If a passport is unavailable, a color copy of the driver's license is acceptable. **As part of the compliance with the Anti-Money Laundering Regulations, the Turks and Caicos Islands requires this information as part of its background check.**
- If a shareholder is a trust, have you attached a copy of the trust?
- Have you completed section "16. ADDITIONAL INFORMATION THAT MAY AFFECT THE TAXATION OF THE INSURANCE COMPANY"?
- Have you included a check for \$3,900 for a single stock class reinsurance company (\$4,900 for a multiple stock class company) made payable to GPW and Associates, Inc.?

GPW has included a sample of a Stock Buy-Sell Agreement for any shareholder. GPW recommends that your attorney review the agreement prior to execution.

This company formation has been authorized by: _____
An individual to be an officer of the Company

Please complete and mail the following checklist to:
GPW and Associates, Inc.
2700 N. Third Street, Suite 3050
Phoenix, Arizona 85004

and

Laura Gehring - AGWS
Fax or Email to
630-387-7226 or Lgehring@agwsinc.com

If you have any questions, please contact either
Brenda Canty at bcanty@gpwa.com (602-200-6935)

or

Greg Petrowski at gpetrowski@gpwa.com (602-200-6924)

1. **Type of Company:** Simple (voting common stock only)
(check one) Multiple Class (additional types of stock authorized)

2. **Requested Name of Company:** First Choice: _____
Second Choice: _____

Your selection must: (1) include the word "Reinsurance" in name; and (2) be approved by the TCI Insurance Supervisor (GPW will reserve name).

3. **Primary Contact Person for Reinsurance Company:** Send all correspondence directly to this contact
(check one) DO NOT send correspondence to this contact

Name: _____ Phone: _____ Fax: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Website: _____

- Agent or Administrative Contact for Reinsurance Company:** Send all correspondence directly to this contact
(check one) CC this contact on all correspondence
 N/A

Name: _____ Phone: _____ Fax: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Website: _____

Please attach an additional sheet if necessary

As part of the compliance with the Anti-Money Laundering Regulations, the Turks and Caicos Islands (TCI) requires the following information to be completed as part of its background check to incorporate and license any new reinsurance company.

Please attach an *Affidavit in Support of Application for Insurance License* and **legible** color copy of the passport for each Director, Officer, and Shareholder (or beneficial owner(s) if shareholder is a Trust) of the reinsurance company. If a passport is unavailable, a color copy of the driver's license is acceptable. Please indicate which is attached.

4. Shareholder(s)

Shareholders are not limited to individuals; a shareholder can also be an entity, such as a trust, corporation or limited liability company. If the shareholder is a trust, provide the name(s) and address(es) of the beneficial owner(s). Please provide the Social Security Number (SSN), Employer Identification Number (EIN) or Taxpayer Identification number (TIN) and Affidavit in Support of Application for Insurance License

Full Legal Name: _____ This is a trust (each beneficiary's name/address attached)
SSN/EIN/TIN: _____ Ownership %: _____ Color copy of Passport DL
Mailing Address: _____ City: _____ State: _____ Zip: _____

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SSN/EIN/TIN: _____ Ownership %: _____ Color copy of Passport DL
Mailing Address: _____ City: _____ State: _____ Zip: _____

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Mailing Address: _____ City: _____ State: _____ Zip: _____

Full Legal Name: _____ This is a trust (each beneficiary's name/address attached)
SSN/EIN/TIN: _____ Ownership %: _____ Color copy of Passport DL
Mailing Address: _____ City: _____ State: _____ Zip: _____

Please attach an additional sheet if necessary

5. Directors

A minimum of two Directors are required.

Full Legal Name: _____ Color copy of Passport DL
Mailing Address: _____ City: _____ State: _____ Zip: _____

Full Legal Name: _____ Color copy of Passport DL
Mailing Address: _____ City: _____ State: _____ Zip: _____

Full Legal Name: _____ Color copy of Passport DL
Mailing Address: _____ City: _____ State: _____ Zip: _____

Full Legal Name: _____ Color copy of Passport DL
Mailing Address: _____ City: _____ State: _____ Zip: _____

Please attach an additional sheet if necessary

6. Officers

A minimum of three Officers are required. A person may hold more than one office; however **the president and secretary may not be the same person.**

President (required)

Full Legal Name: _____ Color copy of Passport DL
Mailing Address: _____ City: _____ State: _____ Zip: _____

Secretary (required)

Full Legal Name: _____ Color copy of Passport DL
Mailing Address: _____ City: _____ State: _____ Zip: _____

Treasurer (required)

Full Legal Name: _____ Color copy of Passport DL
Mailing Address: _____ City: _____ State: _____ Zip: _____

Vice President (optional)

Full Legal Name: _____ Color copy of Passport DL
Mailing Address: _____ City: _____ State: _____ Zip: _____

Please attach an additional sheet if necessary

7. Officers who will be authorized signatory on corporate bank account: (select all that apply)

- President Secretary Treasurer Vice President

8. Combined Initial Capital and Surplus: _____

9. Annual Meeting Date: _____ (December 31st will be assumed unless instructed otherwise).

10. U.S. Registered Agent:: GPW and Associates, Inc. will assume these duties.

The U.S. Registered Agent must be knowledgeable and able to comply with TCI regulations and laws.

I prefer the U.S. Registered Agent be someone other than GPW and Associates, Inc.

(Name and Address of U.S. Registered Agent if not GPW and Associates, Inc.)

11. The TCI License is very specific and will list each line of business.

Select all Lines of Business that apply and list the Primary Insurer(s) for each Line of Business

Line of Business:	Primary Insurer(s)/Ceding Company(ies):
<input type="checkbox"/> Credit Life & Credit Disability	_____
<input type="checkbox"/> Credit Property Insurance	_____
<input type="checkbox"/> Dent & Ding	_____
<input type="checkbox"/> Etch/Theft	_____
<input type="checkbox"/> GAP	_____
<input type="checkbox"/> Key Replacement	_____
<input type="checkbox"/> Lifetime Powertrain	_____
<input type="checkbox"/> Paint & Fabric (Chemical)	_____
<input type="checkbox"/> Prepaid Maintenance	_____
<input type="checkbox"/> Tire & Wheel	_____
<input type="checkbox"/> Vehicle Service Contract (VSC)	_____
<input type="checkbox"/> Windshield Repair	_____
<input type="checkbox"/> Other:	_____

Please attach an additional sheet if necessary

12. Name and address of dealership(s) from which the business will be produced:

<u>Full legal name of entity including any DBAs</u>	<u>State of Incorporation</u>	<u>Address</u>

Please attach an additional sheet if necessary

13. Business Plan Information - the following information is required:

This section can be substituted with a product proforma provided by product administrator, agent or primary insurance company.

<u>Product</u>	<u>Estimated Annual Premiums</u>	<u>Front End Commission</u>	<u>Ceding Fees</u>	<u>Premium Taxes</u>	<u>Estimated Loss Ratio</u>	<u>Expenses</u>
Credit Life & Credit Disability	\$ _____	_____ %	_____ %	_____ %	_____ %	\$ _____
Credit Property Insurance	\$ _____	_____ %	_____ %	_____ %	_____ %	\$ _____
Dent & Ding	\$ _____	N/A %	_____ %	_____ %	_____ %	\$ _____
Etch/Theft	\$ _____	N/A %	_____ %	_____ %	_____ %	\$ _____
GAP	\$ _____	N/A %	_____ %	_____ %	_____ %	\$ _____
Key Replacement	\$ _____	N/A %	_____ %	_____ %	_____ %	\$ _____
Lifetime Powertrain	\$ _____	N/A %	_____ %	_____ %	_____ %	\$ _____
Paint & Fabric (Chemical)	\$ _____	N/A %	_____ %	_____ %	_____ %	\$ _____
Prepaid Maintenance	\$ _____	_____ %	_____ %	_____ %	_____ %	\$ _____
Tire & Wheel	\$ _____	N/A %	_____ %	_____ %	_____ %	\$ _____
Vehicle Service Contract (VSC)	\$ _____	N/A %	_____ %	_____ %	_____ %	\$ _____
Windshield Repair	\$ _____	_____ %	_____ %	_____ %	_____ %	\$ _____
Other: _____	\$ _____	_____ %	_____ %	_____ %	_____ %	\$ _____

Please attach an additional sheet if necessary

14. Other Agreements/Understandings

If there are any other agreements and/or understandings with any affiliates or other entities (i.e. management agreements, experience commission agreements, investment agreements, etc.), we may need to disclose and submit copies of agreement(s) to the Insurance Supervisor. If you are contemplating this type of arrangement, please call us to discuss.

Please attach an additional sheet if necessary

15. Please include check made payable to GPW and Associates, Inc.

(check one based on the type of company)

- \$3,900 for a single stock class reinsurance company is included
- \$4,900 for a multiple stock class reinsurance company is included

16. Do the shareholder(s) own any other companies taxed as a C corporation?

(check one)

Yes - Insurance or Reinsurance Company Yes - Non-Insurance Company No

17. Controlled Group Information

If the shareholder(s) own any other companies taxed as a C corporation, please complete the following:

Company Name: _____ Ownership %: _____
Contact: _____ Phone: _____ Email: _____

Company Name: _____ Ownership %: _____
Contact: _____ Phone: _____ Email: _____

Company Name: _____ Ownership %: _____
Contact: _____ Phone: _____ Email: _____

Company Name: _____ Ownership %: _____
Contact: _____ Phone: _____ Email: _____

Please attach an additional sheet if necessary