

*State of New Hampshire*  
**Insurance Department**

**APPLICATION FOR LIFE INSURANCE COMPANY REGISTRATION**

**To Issue Variable Product Contracts**

Application is hereby made on behalf of the company herein named for registration authorizing it to issue variable contracts in New Hampshire.

1. The exact corporate name of the life insurance company is:

\_\_\_\_\_

2. NAIC code of the company:

\_\_\_\_\_

3. State of Incorporation \_\_\_\_\_

Date \_\_\_\_\_

4. Date of first license to write life insurance in New Hampshire \_\_\_\_\_

5. Its home or U.S. Branch office is at \_\_\_\_\_

\_\_\_\_\_  
(Give number, street, city or town, and state)

6. Its principal mailing address is \_\_\_\_\_

7. The exact name under which the variable contracts will be sold:

\_\_\_\_\_

8. Type of variable contracts to be issued \_\_\_\_\_

9. Do the laws of applicant's home state authorize the sale of variable contracts by life insurance companies? \_\_\_\_\_

10. Date on which applicant first engaged in the sale of variable contracts in other states \_\_\_\_\_

11. States in which applicant is licensed to sell variable contracts: \_\_\_\_\_

\_\_\_\_\_

12. Has your company complied with all applicable requirements of the Securities and Exchange Commission? \_\_\_\_\_

13. The company agrees to abide by the rules and regulations of the Department.

There are attached hereto and made a part hereof-

- (a) Certified copy of the vote by which the company is authorized by its directors or stockholders to establish a separate variable account.
- (b) Names and addresses of the principal officers and directors that will be responsible for and manage the variable contracts program.
- (c) Name and address of the bank or trust company that will act as custodian of the assets of the account.
- (d) The latest financial statement of the separate account certified by an independent public accountant.
- (e) The maximum load or sales charge to be made.
- (f) License fee due on filing this application (fees are retaliatory).
- (g) Certificate of compliance from applying company's home state.

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_ )  
 \_\_\_\_\_ SS.  
 County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared the above named applicant who signed the foregoing application, and made oath that the statements made therein by him are true.

Before me

\_\_\_\_\_  
Justice of the Peace or Notary Public