

**RENEWAL
APPLICATION FOR CERTIFICATE OF AUTHORITY**

Date: _____

TO THE INSURANCE COMMISSIONER OF GUAM:

The _____

Company of _____
(Address of City) (State)

by _____, does hereby apply for authorization to transact from
July 1, _____ to June 30, _____, as an insurer, the following classes of insurance in Guam.

- | | | |
|--|--|--|
| <input type="checkbox"/> ACCIDENT, HEALTH | <input type="checkbox"/> MARINE | <input type="checkbox"/> TITLE |
| <input type="checkbox"/> FIDELITY & SURETY | <input type="checkbox"/> MISCELLANEOUS | <input type="checkbox"/> VARIABLE LIFE & ANNUITIES |
| <input type="checkbox"/> FIRE | <input type="checkbox"/> MOTOR VEHICLE | <input type="checkbox"/> WORKER'S COMPENSATION |
| <input type="checkbox"/> LIFE | <input type="checkbox"/> PROPERTY DAMAGE | <input type="checkbox"/> REINSURANCE - LIFE |
| <input type="checkbox"/> CREDIT LIFE | <input type="checkbox"/> & LIABILITY | <input type="checkbox"/> REINSURANCE - PC |

and states that it is so authorized by Articles of Incorporation (or Charter) or (or Articles of Association) under the laws of its home state of _____, and answers the following questions pertaining to the company.

Date Incorporated _____ or organized _____

and where _____. Commenced business _____

Authorized capital stock _____, Paid up capital stock _____

as of December 31st preceding, admitted assets, _____,

liabilities _____; surplus _____.

Location and Post Office Address of Principal Office _____

(The Insurance Commissioner must be notified promptly in case of change of Address)

Date of last examination _____.

State company authorized to transact business in:

By: _____