CERTIFICATION AS AN INSURER OF AUTOMOBILE WARRANTY CONTRACTS

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 54357 (Rev. 7-2013)

Name of Entity		CoCode	State of Domicile	
Mailing Address	City		State	Zip Code

The undersigned, on behalf of the above-named entity, is authorized to complete this certification as an insurer writing contractual liability policies as a back up for automobile warranty and similar programs and hereby affirms that:

1. The above-named entity is licensed or registered to do business in the State of North Dakota.

2. The above-named entity has filed and received an approval for a contractual liability policy with the North Dakota Insurance Commissioner to provide coverage for persons that issue an automobile warranty, automobile mechanical breakdown, or automobile service contract.

3. The above-named entity meets one of the following financial criteria, as set out in N.D.C.C. § 26.1-40-18 (check one box):

   ☐ The combined amount of surplus as to policyholders and paid-in capital equals or exceeds $15 million.

   ☐ The combined amount or surplus as to policyholders and paid-in capital is between $10 million and $15 million and the ratio of net written premiums (wherever written) to policyholder surplus and paid-in capital is not greater than three to one.

4. The above-named entity will annually file the audited financial statement, NAIC annual statement, and actuarial certification with the National Association of Insurance Commissioners and with the entity's state of domicile.

This certification continues indefinitely; provided, however, that if a company's status changes, the company must notify the Commissioner of the following:

- That the combined surplus and paid-in capital that was certified as equaling or exceeding $15 million has decreased to less than $15 million;
- That the combined surplus and paid-in capital that was certified as less than $15 million but more than $10 million has decreased to $10 million or less; or
- That the ratio of written premiums to surplus and paid-in capital has increased to greater than three to one.

I do hereby swear and affirm that the aforementioned statements and information are true and correct.

Officer's Signature	
Title	Date

Mail completed form to: North Dakota Insurance Department
Company Licensing
600 East Boulevard Ave, Dept 401
Bismarck, ND 58505-0320

Legal References: N.D. C.C. § 26.1-40-18
Bulletin 2009-1- see:
http://www.nd.gov/ndins/compliance/bulletins