

REINSURANCE COMPANY FORMATION PROCESS

Below is a list of the documentation needed to start the formation of a new Reinsurance Company.

1. Fill out and sign the attached request form to start the Preliminary Due Diligence process and Name Search Request. The form includes the following information –
 - 1. List three choices for Reinsurance Company Name in the order of preference.
 - 2. List complete Board Member Information (there must be at least two)
 - 3. List the Shareholder information and number of shares each will hold.
 - 4. List Officers of the Corporation. (Please note the President and Secretary must be different.)
2. For each person listed in the attached sheet, please provide the following.
 - Driver's License- A **color** copy of each individuals ID, for every Shareholder, Officer, or Director. Each ID must be notarized on the face of the copy.
 - Utility Bill- Copy of a utility bill, for each individual, showing their name and current address. Acceptable bills are electricity, water, phone, or gas. If they do not have a bill in their name and current address, a letter from their CPA or Attorney on letterhead attesting to their address is acceptable.
 - Email address and phone number for each individual.
3. Submit a check \$5,000 payable to Federal Assist Company

Once we receive all the requested items, we will submit for name approval and background check. Upon name approval, we will fill out remaining paperwork, on their behalf, for the next step in the process, and send for signature as needed.

Century Automotive Service Corporation

Revision date: 04/11/2025 Version: 1.0

Dear Sir or Madam:

It is our desire to form a company with the characteristics outlined below.

- The company should have 5000 issued shares at one dollar (\$1.00) per share.
- Please License the Reinsurance Company to sell the following products:

☐ Extended Service Contract
American Commerce Insurance Company
211 Main St Webster, MA 01570-0758

☐ Aftermarket- Theft Code, Finishing Touch
American Commerce Insurance Company
211 Main St Webster, MA 01570-0758

- We ask that you submit at least three name choices (*NO initials, please*). We will notify you once we have name approval.

_____ Reinsurance Company, Ltd

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_____ Reinsurance Company, Ltd.

- The first Board of Directors should be _____ in number (*NOT less than two*). The first Board of Directors of the Company shall be:
(Please copy for additional members).

BOARD MEMBER #1

Name	_____	Social Security #	_____
Address	_____	Date of Birth:	_____

BOARD MEMBER #2

Name	_____	Social Security #	_____
Address	_____	Date of Birth:	_____

BOARD MEMBER #3

Name	_____	Social Security #	_____
Address	_____	Date of Birth:	_____

BOARD MEMBER #4

Name	_____	Social Security #	_____
Address	_____	Date of Birth:	_____

- The authorized shareholders are listed below in the respective amounts: *(please copy for additional shareholders)*

Shareholder	Social Security #	Date of Birth	Shares
Name: _____ Address: _____ _____	_____	_____	_____
Name: _____ Address: _____ _____	_____	_____	_____
Name: _____ Address: _____ _____	_____	_____	_____
Name: _____ Address: _____ _____	_____	_____	_____
Name: _____ Address: _____ _____	_____	_____	_____
Name: _____ Address: _____ _____	_____	_____	_____

- The initial officers of the corporation shall be as follows *(fill out as applicable, **President** and **Secretary** must be different)*:

President _____

Vice President _____

Secretary _____

Treasurer _____

The undersigned Shareholder has delivered this letter on the _____ day of _____, 20____

Name: