

VERMONT INSURANCE BOND

_____ Service Contract Provider
_____ Other (please specify) _____

_____ Life Settlement Provider

(CHECK ONE OF THE ABOVE)

BOND NUMBER _____

AMOUNT \$ _____

KNOW ALL PERSONS BY THESE PRESENTS:

THAT I, _____, of _____,
County of _____ and State of _____, as principal, and _____,
a corporation organized and existing under the laws of the State of _____ and authorized to
do business in the State of Vermont, as surety, are held and firmly bound unto the State of Vermont for the
use of the State and of any person or persons aggrieved as a result of a violation of the condition hereinafter
described, in the penal sum of _____ thousand dollars, good and lawful money of the United
States of America, to be paid to the Commissioner of Financial Regulation of the State of Vermont, for which
payment well and truly made, we bind ourselves, our heirs, executors, administrators, successors and
assigns, jointly and severally firmly by the presents.

WHEREAS, the above bounden Principal has made application to the Commissioner of Financial Regulation
of the State of Vermont pursuant to the applicable Vermont insurance Laws and Regulations (8 V.S.A.) for
licensure as a _____;

NOW, THEREFORE, the condition of this obligation is such that if the said principal shall faithfully and
honestly comply with, and abide by, all insurance laws of the State of Vermont (Title 8 Vermont Statutes
Annotated) and all rules and regulations lawfully made by the Commissioner, and will pay to the
Commissioner of Financial Regulation and to any person or persons entitled thereto any and all monies that
may become due and owing to the Commissioner of Financial Regulation, State of Vermont, and to such
person or persons from said Obligors, under and by virtue of the provisions of the aforementioned laws and
regulations, then and in the event this obligation shall be null and void; otherwise to remain in full force and
effect, it being expressly understood and agreed that in no event shall the aggregate liability of the surety for
any and all claims hereunder exceed the penal sum of this bond. This bond is executed by the surety upon
the express condition that the said surety may, if it shall so elect, cancel said bond by giving sixty (60) days
notice in writing by certified mail to the Licensee and the Commissioner of Financial Regulation, 89 Main
Street, Montpelier, Vermont 05620-3101, Attn: Company Licensing. This bond shall be deemed canceled at
the end of the sixty (60) days.

Contact information fro the collection of the amount above:

Name & Address:

Phone Number:

IN WITNESS WHEREOF, we have hereunto set our hands and seals this _____ day of _____,
_____ (year).

Principal

By _____
Legal Signature

Surety

By _____
Attorney-in-Fact

Attest:

Secretary

(Corporate Seal)