COMMISSIONER OF INSURANCE, Topeka, Kansas:

On behalf of the [Name of Company or Association] of [City] (State) (Zip), a [Kind of Company or Association] organized under the laws of the state or country of [State or Country], I, hereby apply for a CERTIFICATE OF AUTHORITY as indicated above authorizing and empowering the above-named [Name of Company or Association] to transact the following kinds of insurance in the State of Kansas until such certificate is suspended, revoked or terminated by the Commissioner of Insurance of Kansas.

Please indicate the kinds of insurance which your company or association is requesting authority to write in Kansas. Place an “X” for each kind of insurance for which direct writing and reinsurance authority is desired. Place an “R” for each kind of insurance for which “reinsurance only” authority is desired.

LIFE COMPANY
X. Life..........................................................
A. Accident and Health..........................
V. Viatical.............................................

MEDICAL INDEMNITY CORPORATION
Y. Medical Benefits..............................

HOSPITAL SERVICE CORPORATION
N. Hospitalization..............................

BURIAL COMPANY
X. Life..........................................................
A. Accident and Health..........................

HEALTH MAINTENANCE ORGANIZATION
N. Hospitalization..............................
Y. Medical Benefits..............................

FRATERNAL SOCIETY

DENTAL SERVICE CORPORATION
Y. Medical Benefits..............................

HEALTH AND ACCIDENT ASSOC.
A. Accident and Health..........................

OPTOMETRIC SERVICE CORPORATION
N. Hospitalization..............................
Y. Medical Benefits..............................

*Life Insurance Company, Burial Company, Fraternal Society, etc., as the case may be.

If you are applying for a Certificate of Authority to be a Viatical Settlement Provider, to determine if your application will also need to be reviewed by the Kansas Securities Commission division of the Kansas Insurance Department please answer the following question.

Do you intend to offer or sell viatical investments in Kansas to accredited, institutional, or other investors? ☐ Yes ☐ No

If the answer to the above question is no, if this answer changes and you decide to sell viatical settlements, please be advised that the Kansas Securities Commission would need to review your documents and Plan of Operation.
It is hereby certified that the company or association executing this application is duly incorporated under the laws of
__________________________________________ and, having complied with all the laws relating to such company or association, is
fully authorized (state here limitation and/or expiration date, if any, of company’s or association’s authority
__________________________________________) to transact in this state each and all of the kinds of
insurance or Viatical Settlement contracts, indicated on the foregoing schedule, for which authority is requested to write
in the State of Kansas.

The undersigned swear under oath that they have duly executed the above application dated ________________
for and on behalf of ____________________________________________; that they are respectively the ____________ and Secretary of such company, and that they are
authorized to execute and file such instrument. Deponents further swear under oath that they are familiar with such
instrument and the contents thereof and that the facts therein set forth are true to the best of their knowledge,
information and belief.

(Please circle appropriate title)  
______________________________  President - Vice President (Other Chief Officer)

and

______________________________  Secretary

Subscribed and sworn to before me this ______ day of ____________, 20____.

(SEAL)

Notary Public

My Commission expires ________________________________

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<thead>
<tr>
<th>KANSAS</th>
<th>SCHEDULE OF FEES</th>
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<tbody>
<tr>
<td></td>
<td>**ADMISSION</td>
</tr>
<tr>
<td>Life Company</td>
<td>$635.00***</td>
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<tr>
<td>Mutual Health &amp; Accident Assn</td>
<td>$610.00</td>
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<tr>
<td>Fraternal Society</td>
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<tr>
<td>Viatical Company</td>
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<td>Burial Company</td>
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<tr>
<td>Hospital Service Corp.</td>
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<td>Medical Service Corp.</td>
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<td>Optometric Service Corp.</td>
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<tr>
<td>Health Maintenance Organization</td>
<td>$150.00</td>
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</tbody>
</table>

* Retaliatory provision of K.S.A. 40-253 applies to companies organized under laws of any other state, territory or
country.

** Includes a $500.00 non-refundable fee which is to be submitted with the application for a Certificate of
Authority for all companies except health maintenance organizations.

*** A $25.00 fee is included for filing an application for sale of stock or certificate of indebtedness.