Applicant Name: Investors Consolidated Insurance Company

NAIC No. 85189
FEIN: 56-1090947

Uniform Certificate of Authority Application (UCAA)
Primary Application

To the Insurance Commissioner/Director/Superintendent of the State of:

Alabama		Montana	
Alaska		Nebraska	
Arizona		Nevada	
Arkansas		New Hampshire	
California		New Jersey	
Colorado		New Mexico	
District of Columbia		New York	
Connecticut		North Carolina	
Delaware		North Dakota	
Florida		Ohio	
Georgia		Oklahoma	
Hawaii		Oregon	
Idaho		Pennsylvania	
Illinois		Rhode Island	
Indiana		South Carolina	
Iowa		South Dakota	
Kansas		Tennessee	
Kentucky		Texas	
Louisiana		Utah	
Maine		Vermont	
Maryland		Virginia	
Massachusetts		Washington	X
Michigan		West Virginia	
Minnesota		Wisconsin	
Mississippi		Wyoming	
Missouri			

(Check the appropriate states in which you are applying.)

The undersigned Insurer hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are all lines of business (a) currently authorized for transaction, (b) currently transacted and (c) which the Insurer is applying to transact.

Name of Insurer: Investors Consolidated Insurance Company NAIC #85189 -- 1117
Group Code

Home Office Address: 6 Loudon Road, Concord, New Hampshire 03302

Administrative Office Address: 2727 Allen Pkwy, Suite 500, Houston, Texas 77019

Mailing Address: 2727 Allen Pkwy, Suite 500, Houston, Texas 77019

Phone: (713) 529-0045 Fax: (713) 821-6422

Are these addresses the same as those shown on your Annual Statement?

Yes [X] No [ ]

If not, indicate why.
Not Applicable.

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FEIN: 56-1090947

Date Incorporated: 01/2/1975 Form of Organization: Insurance Company

Billing Address: 2727 Allen Pkwy, Suite 500, Houston, Texas 77019
E-Mail Address: jmcgetti@manhattanlife.com Phone: (713) 821-6403 Fax: (512) 322-0301

Premium Tax Statement Address: 2727 Allen Pkwy, Suite 500, Houston, Texas 77019
E-Mail Address: jmcgetti@manhattanlife.com Phone: (713) 821-6403 Fax: (512) 322-0301

Producer Licensing Address: 2727 Allen Pkwy, Suite 500, Houston, Texas 77019
E-Mail Address: jmcgetti@manhattanlife.com Phone: (713) 821-6403 Fax: (512) 322-0301

Rate/Form Filing Address: 2727 Allen Pkwy, Suite 500, Houston, Texas 77019
E-Mail Address: jmcgetti@manhattanlife.com Phone: (713) 821-6403 Fax: (512) 322-0301

Consumer Affairs Address: 2727 Allen Pkwy, Suite 500, Houston, Texas 77019
E-Mail Address: jmcgetti@manhattanlife.com Phone: (713) 821-6403 Fax: (512) 322-0301

State or Country of Domicile: New Hampshire Date Organized: 01/01/2000

Date of Last Amendment of Charter, Bylaws or Subscriber's Agreement: December 17, 1999

Date of Last Financial Examination: 12/31/2007

Date of Last Market Conduct Examination: None.

Par Value of Issued Stock: $1.00 _Surplus as regards policyholders: $7,568,945 (06/30/13)

Certificate of Deposit (Home State) $1,720,000 (09/19/13)

Ultimate Owner/Holding Company: Harris Insurance Holdings, Inc./ David W. Harris

Has your company ever been refused admission to this or any other state prior to the date of this application?

Yes [ ] No [X]

If Yes, give full explanation in an attached letter.

The applicant hereby designates (name natural persons only) John E. McGettigan to appoint persons and entities to act as and to be licensed as agents in the State of Washington, and to terminate the said appointments.

NOTE: This does not apply to those states that do not require appointments

The following information is required of the individual who is authorized to represent the applicant before the department.

Name: Burnie Burner
Title: Outside Legal Counsel
Mailing Address: 106 E. Sixth Street, Suite 300, Austin, Texas 78701
E-Mail Address: Bburner@mwlaw.com Phone: (512) 480-5100 Fax: (512) 322-0301

If the representative is not employed by the applicant, please provide a company contact person in order to facilitate requests for detailed financial information.

Name: John E. McGettigan
Title: Secretary
Mailing Address: 10700 Northwest Freeway, Houston TX 77092
E-Mail Address: jmcgetti@manhattanlife.com Phone: (713) 821-6403 Fax: (713) 529-9425

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Please provide a listing of all other applications filed by the applicant, or any of its affiliates, that are pending before the Department.

None.

Applicant Officers' Certification and Attestation

One of the officers (listed below) of the Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant is licensed or to which the Applicant is applying for licensure.
3. I acknowledge that I am the President of the Applicant, am authorized to execute and am executing this document on behalf of the Applicant.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this 22 day of October, 2013 at Houston, TX.

10-22-13
Date

Signature of President

Daniel J. George
Full Legal Name of President

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