Applicant Name: Investors Consolidated Insurance Company **NAIC No.: 85189**
FEIN: 56-1090947

Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE

State of New Hampshire Office of Commissioner
(Domiciliary state of applicant) (Commissioner ,Superintendent, Officer)

I, Roger A. Sevigny, hereby certify that I am the*
(name)
Commissioner of the State of New Hampshire
(position)

and have supervision of insurance business in said State and as such I hereby certify that

INVESTORS CONSOLIDATED INSURANCE COMPANY
(name of Insurer)

of New Hampshire is duly organized under the laws of said State and is authorized
(state)

to transact the business of Life and Accident & Health
(lines of insurance)**

(Paragraphs III, IV, of RSA 401:1)

IN TESTIMONY WHEREOF, I have hereunto set my hand at Concord, New Hampshire
(location)

on this 19th day of September A.D. 2013.
(month)

(signature) Roger A. Sevigny, Commissioner
(printed name)

*Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.
**Lines of Insurance as shown on Form 3 of UCAA