CERTIFICATE OF AUTHORITY FOR LIFE INSURANCE

Date: _____

From: _____

Address: _____

_____

Dear Mr. Bailey:

This will certify that _____ is an insurer authorized to write life insurance policies, pursuant to New Hampshire RSA 260:14(V)(a)(10). Further, LexisNexis Risk Solutions Inc. is an authorized representative and agent of _____ with respect to obtaining motor vehicle records for the proper purposes as prescribed by law. In addition, the Vice President of LexisNexis Insurance Services and his/her relevant technology staff are authorized to receive motor vehicle records on behalf of _____.

_____ will provide written notice to the applicant/policy holder that the person's motor vehicle records will be accessed.

This certificate is valid for one (1) year from the date hereof, unless revoked prior to that time and written notification by _____ is provided to the New Hampshire Division of Motor Vehicles of such revocation.

(List all companies for which New Hampshire MVRs will be ordered)

Company(ies)	AM Best Number(s)
_____	_____
_____	_____
_____	_____

Sincerely,

_____

[Signature of Director, Officer or Branch Manager of Insurance Company]

_____

[Printed Name and Title of Signatory]

cc: LexisNexis Risk Solutions Inc.

12.22.10