



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE  
**VEHICLE PROTECTION PRODUCT  
 WARRANTOR REGISTRATION**

Email Application To: dci.ins.deposit@insurance.mo.gov

Mail: Missouri Department of Commerce and Insurance  
 PO Box 4001

Jefferson City, MO 65102

Questions: regulatory.services@dci.mo.gov

NEW     RENEWAL     AMENDED

**INSTRUCTIONS**  
 This registration must be accompanied by a \$500 registration fee. Each warrantor must register annually between January 1 and February 1 of each calendar year following the calendar year in which the warrantor originally registered. Amended applications for current warrantors do not require an additional fee. For further information, please review §§ 385.400 through 385.436, RSMo.

**SECTION 1. WARRANTOR INFORMATION (TYPE OR PRINT)**

WARRANTOR NAME

BUSINESS ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

MAILING ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

BUSINESS TELEPHONE	BUSINESS CONTACT NAME	BUSINESS EMAIL ADDRESS
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**SECTION 2. ADMINISTRATOR INFORMATION**

DOES THIS WARRANTOR USE THE SERVICES OF ONE OR MORE ADMINISTRATORS?

Yes     No    If yes, state the name and address of each administrator below (attach additional pages, if necessary)

ADMINISTRATOR NAME

BUSINESS ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

MAILING ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

**SECTION 3. FINANCIAL RESPONSIBILITY**

How will this warrantor assure the faithful performance of the warrantor's obligations to its warranty holder? Check which one of the following methods this warrantor will use to assure such performance:

- Insure all service warranties under a reimbursement insurance policy issued by an insurer authorized to transact insurance in this state (if checked, a copy of entire insurance policy must be attached to this Warrantor Exhibit, along with proof that policy is current and still in effect).
- Maintains a net worth of at least fifty million dollars (\$50,000,000) (if checked, one of the following must be attached [check applicable attachment(s)]):
  - Warrantor's most recent Form 10-K or Form 20-F filed with the Securities and Exchange Commission (SEC).
  - Warrantor's audited financial statements, which must show a net worth of fifty million dollars (\$50,000,000).
  - The warrantor's parent company's written agreement to guarantee the obligations of the warrantor relating to vehicle protection product warranties sold by the warrantor in this state **and** one of the following (check applicable additional attachment):
    - Warrantor's parent company's most recent Form 10-K or Form 20-F filed with the Securities and Exchange Commission (SEC).
    - Warrantor's parent company's audited financial statements, which must show a net worth of fifty million dollars (\$50,000,000).

**SECTION 4. ATTACHMENTS**

Attach:

- A. If the warrantor is not an individual, attach a certified copy of the warrantor’s certificate of good standing, fictitious name registration, or similar certification, from the Missouri Secretary of State.
- B. Any attachments required by Sections 1, 2 or 3.
- C. If the warrantor is “doing business as” a DBA, submit a certified copy of the Certificate in Fact from the Missouri Secretary of State.
- D. A registration fee of \$500. Amended applications do not require an additional fee.

**SECTION 5. WARRANTOR’S CERTIFICATION AND ATTESTATION**

The undersigned affirms or swears that the information stated in this registration and any attachments thereto is true and correct to the best of his or her belief, information and knowledge, and the undersigned has read and understood the legal requirements printed with this form.

SIGNATURE	TYPED OR PRINTED NAME	TITLE
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MONTH/DAY/YEAR

**Renewal Applicants, Submit Completed Application Per Instructions Provided in the Vehicle Protection Product Warrantor Renewal Fee Invoice.**

**New Applicants, Email Completed Application and Attachments To:** [dc.ins.deposit@insurance.mo.gov](mailto:dc.ins.deposit@insurance.mo.gov)  
Applications submitted via email will receive a response email outlining convenient electronic payment instructions.

**OR**

**Mail Completed Application and Attachments To:**  
Missouri Department of Commerce and Insurance  
P.O. Box 4001  
Jefferson City, MO 65102  
Payment will be in the form of a check or money order.