

I hereby certify that I am in compliance with and will continue to comply with all requirements of W. Va. Code §§33-38-1 et. seq. with regard to a reinsurance intermediary.

The following applies to Reinsurance Intermediary Manager only:

I further certify that the contracts provided to the Insurance Commissioner pursuant to W. Va. Code §33-38-7(a) contain all terms required by that section. Any provisions not consistent with West Virginia statutes will be null and void.

Signature of Applicant

Type or Print Name

Title

Name of Reinsurance Intermediary Organization

Date

Herewith submitted are the following documents:

Reinsurance Intermediary Broker and Reinsurance Intermediary Manager:

- 1) Resident applicants must submit a completed Form RI-1.
- 2) Non-resident applicants must provide evidence of being currently licensed as a resident reinsurance intermediary or insurance producer and in good standing in his or her home state and submit either a copy of the application for licensure submitted to his or her home state or a completed Form RI-1.
- 3) A \$500.00 non-refundable application fee.
- 4) If applicable an attachment listing: (a) For a firm or an association, the name of each member of the firm or association and each employee of the firm or association who will act as a reinsurance intermediary under the license; and (b) for a corporation the name of each officer, director or employee of the corporation who will act as a reinsurance intermediary under the license.

In addition to above Reinsurance Intermediary Managers must also submit:

- 5) A copy of each reinsurer's bond and errors and omissions requirements.
- 6) Evidence that the reinsurance intermediary manager has obtained the bond and errors and omissions coverages required by each reinsurer.
- 7) A copy of all contracts with each reinsurer represented.
- 8) A completed Reinsurance Intermediary Manager Contract Review Form RI-3 for each contract submitted.

Forward application with supplements to:

Mailing Address:

Financial Conditions Division
PO Box 50540
Charleston, WV 25304-0540

Shipping Address:

Financial Conditions Division
1124 Smith Street, Room 102
Charleston, WV 25301