ANNUAL FILING REQUIREMENTS

RISK PURCHASING GROUPS
STATE OF WEST VIRGINIA

INSTRUCTIONS and INFORMATION
PLEASE READ – CAREFULLY

A. As of June 7, 2002, the State of West Virginia licenses non-resident excess lines brokers. Therefore, if a Risk Purchasing Group is doing business through an excess lines company, please contact the Agents Licensing Section of this Office at (304) 558-0610 to obtain a non-resident excess lines broker license.

B. Enclosed please find the Risk Purchasing Groups Statement of Premiums.

C. Address for remittance is determined by means conveyance. United States Postal Service – send to mail address. Delivery Service – send to location address.

D. Risk Purchasing Groups Statement of Premiums for the year ending December 31, is due on or before the close of business February 28. This statement must be <u>completed</u>, <u>signed</u> and <u>notarized</u>.

STATE OF WEST VIRGINIA
INSURANCE COMMISSIONER

FINANCIAL CONDITIONS DIVISION (304) 558-2100

MAIL ADDRESS:
Post Office Box 50542
Charleston, WV 25305-0542

LOCATION:
1124 Smith Street, Room 102
Charleston, WV 25301

RISK PURCHASING GROUPS

STATEMENT OF PREMIUMS

Due on or before February 28

Name of Risk Purchasing Group (PG)		For Calendar Year ending:
Mailing Address (No. & Street)	City, State & Zip Code	Organized Under the Laws of:
Contact Person:		Phone Number:

List in A, B, C, or D premiums paid for liability risks resident, situated, or located in the State of West Virginia, including policy and membership fees.

A. PLACEMENT OF COVERAGE WITH AUTHORIZED INSURERS

Name of Insurer and NAIC Code Number	Premiums Written
1.	$
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	

PGPV-1 (Rev. 01/06)

B. PLACEMENT OF COVERAGE WITH LICENSED W.VA. SURPLUS LINES BROKER		
Name of Insurer and NAIC Code Number	Name of W.V. Surplus Lines Broker	Premiums Written
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
TOTAL		

C. PLACEMENT OF COVERAGE WITH RISK RETENTION GROUP	
Name of Risk Retention Group and NAIC Code Number	Premiums Written
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL	

D. PLACEMENT OF COVERAGE WITH ANY OTHER SOURCE	
Name of Insurer and NAIC Code Number	Premiums Written
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL	

STATE OF _____

COUNTY OF _____

_____, BEING DULY SWORN, STATES THAT HE/SHE IS THE _____ OF THE ABOVE NAMED RISK PURCHASING GROUP, AND THAT THE FOREGOING IS A FULL, TRUE AND CORRECT STATEMENT OF ALL PREMIUMS AND FEES RECEIVED ON LIABILITIES INSURED WITHIN THE STATE OF WEST VIRGINIA BY SAID RISK PURCHASING GROUP DURING THE YEAR ENDING DECEMBER 31, _____, AND INCLUDES ALL POLICIES WHEREVER WRITTEN ACCORDING TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

_____
(Officer's Signature)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DATE OF _____, 20____.

_____
(Notary's Signature)

MY COMISSION EXPIRES: _____