



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Company Analysis and Examinations Division

**Captive Insurance Company
Compliance Statement**

To the Insurance Commissioner of West Virginia:

Company Name _____

Mailing Address _____

by _____, President and _____ Secretary,

hereby applies for a license to transact insurance.

Application is for Authority to transact the kind of insurance as indicated:

- Association Captive**
As defined in W. Va. Code §33-31-1(3)
- Industrial Insured Captive**
As defined in W. Va. Code §33-31-1(11)
- Pure Captive**
As defined in W. Va. Code §33-31-1(17)

In consideration of the issuance of license to transact insurance, affirmation is hereby made to accept in good faith, the terms and obligations prescribed by all of the insurance laws of the State of West Virginia applicable to the company.

President _____

Secretary _____

State of _____ County of _____

The foregoing instrument was acknowledged before me, this _____ (Date) by

_____ as President/Secretary of _____

(Company), a _____ (State of Domicile) corporation, on behalf of the Corporation.

My Commission expires:

Notary Public (signature)

Accredited by the National Association of Insurance Commissioners