



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

Risk Retention Group
State of Domicile Certification

It is hereby certified that _____ is
domiciled in this State and meets the financial requirements of a risk retention group in
this State as of this date.

The minimum net worth required of the risk retention group in this State as of this date is:

_____ Capital	_____ Code Cite
_____ Surplus	_____ Code Cite

Please note any concerns regarding this risk retention group:

Department of Insurance of _____ (State)

Print Name of Insurance Department Official

Signature of Insurance Department Official

Title

Date

Accredited by the National Association of Insurance Commissioners