



**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-2.
- 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-2.
- 3)  A \$200.00 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 Unit  
PO Box 50540  
Charleston, WV 25305-0540

**Shipping Address:**

Financial Conditions Unit  
900 Pennsylvania Avenue  
Charleston, WV 25302

Accredited by the National Association of Insurance Commissioners