



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

**ALIEN SURPLUS LINES INSURER
AFFIDAVIT OF FILING AND FINANCIAL STATEMENT ATTESTATION**

NAIC Number:			
NAIC Group Code:			
Reporting Entity Name:			
Country of Domicile:			
Mailing Address:			
NAIC Annual Filing Contact:			
	Name	Telephone No.	E-mail Address

In the Matter of the Annual Financial Statement Filing required for the Period Ending on the _____ day of _____, 20____ Mailing Date: _____

The officer of the above identified reporting entity, being duly sworn, depose and say that on the mailing date above, the reporting entity is listed on the NAIC's quarterly listing of alien insurers and is in compliance with the NAIC's requirements to maintain eligibility for the quarterly listing of alien insurers according to the International Insurers Department Plan of Operation for Listing of Alien Non-admitted Insurers.

Additionally, the officer of the above identified reporting entity, being duly sworn, depose and say that he/she is the described officer of the said reporting entity, and that for the reporting period stated above, all of the described assets in the above referenced statement were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as therein stated, and that the statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended on that date, according to the best of their information, knowledge and belief, respectively.

Signature of Officer and/or U.S. Representative
Print Name of Officer and/or U.S. Representative

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

Accredited by the National Association of Insurance Commissioners