



OFFICE OF  
INSURANCE COMMISSIONER

**Annual Filing of Compliance for Long Term Care Education Requirements  
WAC 284-17-262**

To be filed with the Washington Insurance Commissioner each year by **March 31**.

For the period of January 1 to December 31 of \_\_\_\_\_.

Company Name:

Address:

List any other company name used to issue Long Term Care policies in Washington:

**I hereby certify that all appointed agents, involved in the transaction of each long term care policy we issue in Washington, have fulfilled the requirements of WAC 284-17-264. I certify that to the best of my knowledge, we did not accept or process any applications that involved the participation of a licensee who was not in compliance with WAC 284-17-264.**

**Return Certification Form to:**

**Licensing and Education Program Manager  
Office of Insurance Commissioner  
P.O. Box 40257  
Olympia WA 98504-0257**

Signature of Officer:

Date:

Name and Title of Officer:

Prepared By:

Phone:

E-mail: