
(Name – Insurance Company)

Deposit Request – State Deposit Trust Account

_____, _____, _____ day of _____, _____.
City State

INSURANCE COMMISSIONER
State of Washington
Olympia, Washington

Dear Sir:

We are today forwarding the below described securities to _____ at
Account Administrator

_____ to
Bank Address
be credited to our deposit trust account. If these securities meet with your approval, kindly authorize the bank to deposit them in trust and forward to us its official receipt.

Par Value	Market Value	Description	Coupons or Interest Rate	Dated	Year Due	Bond No.
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New balance \$ _____
(including above securities)

Company

By: _____

Title _____

(Please insert bank name and address)

Olympia, Washington, _____ day of _____, _____.

GENTLEMEN:

I hereby approve the above described securities for deposit in the State Deposit Trust ACCOUNT of the _____ . This will
authorize the _____
Company
Bank to accept said securities in trust and issue receipt therefore.

Mike Kreidler
Insurance Commissioner, State of Washington

By _____
James T. Odiome, CPA, JD
Deputy Insurance Commissioner
Company Supervision Division

We hereby acknowledge receipt of the above-described securities to be added to the State Deposit Trust Account of the above-named company.

Bank

By: _____

Title: _____