



**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 certify that each appointed or affiliated producer, involved in the transaction of each long-term care policy we issue in Washington, have fulfilled the requirements of RCW 48.83.130 *before* selling, soliciting or negotiating the sale of our long-term care policies. 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 RCW 48.83.130 *before* selling, soliciting or negotiating the sale of our long-term care products.

Return Certification Form to:

Licensing and Education Program Manager
Office of Insurance Commissioner

X

X

Signature of Officer and Date

Name and Title of Officer

Prepared By:

Phone:

Email: