

\_\_\_\_\_  
(Name – Insurance Company)

## Deposit Request – State Deposit Trust Account

\_\_\_\_\_, \_\_\_\_\_ day of \_\_\_\_\_,  
City State

INSURANCE COMMISSIONER  
State of Washington  
Olympia, Washington

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

\_\_\_\_\_ to be credited  
Bank Address  
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: \_\_\_\_\_

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(Please insert bank name and address)

Olympia Washington, \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby approve the above-described securities for deposit in the State Deposit Trust ACCOUNT of the \_\_\_\_\_  
Company Bank  
to accept said securities in trust and issue receipt therefore.

Patty Kuderer  
Insurance Commissioner, State of Washington

By \_\_\_\_\_  
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: \_\_\_\_\_