

**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 RCW 48.83.130. 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.**

Return Certification Form to:

Licensing and Education Program Manager

Office of Insurance Commissioner

P.O. Box 40255

Olympia WA 98504-0255

Signature of Officer: Date:

Name and Title of Officer:

Prepared By:

Phone:

E-mail: