

# NOTIFICATION OF DIVIDEND or DISTRIBUTION TO SHAREHOLDERS from WASHINGTON INSURERS

Company Name: \_\_\_\_\_

Company Type: Life  Non-Life

1. Amount of dividend or distribution ..... \$ \_\_\_\_\_
2. How will this dividend or distribution be paid ... Cash / Property (Circle One)
3. Date this dividend or distribution was declared .. \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Date this dividend or distribution is to be paid.... \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Dividends paid and distributions made within the previous twelve months from the date on Line 4:

<u>Date</u>	<u>How Dividend was Paid *</u>	<u>Amount</u>
____/____/____	_____	\$ _____
____/____/____	_____	\$ _____

\* Describe the property to be distributed and the method used to determine its fair market value.

6. Total dividends paid and distributions made within the previous twelve months (total of 5) .... \$ \_\_\_\_\_
7. Total dividends paid and distributions made (sum of amounts of lines 1 and 6)... \$ \_\_\_\_\_
8. **Capital & Surplus Amount** as of the previous year-end..... \$ \_\_\_\_\_
9. Ten percent of **Capital & Surplus Amount** on Line 8..... \$ \_\_\_\_\_
10. If *Life* Insurer, **Net Gain from Operations after P/H dividend & FIT before Realized Capital Gains (Losses)** as of the previous year-end.  
If *Non-Life* insurer, **Net Income** less realized capital gains as of the previous year-end ..... \$ \_\_\_\_\_
11. The lesser of Line 9 or Line 10 ..... \$ \_\_\_\_\_
12. Line 7 minus Line 11..... \$ \_\_\_\_\_

13. If Line 12 is negative, Line 1 is ordinary dividend, check this box. ....  ordinary

If Line 12 is positive, Line 1 is extraordinary dividend, check this box. ....  extraordinary

Notification of any dividend payment is required within fifteen business days after declaration under RCW 48.31B.025(5).

No extraordinary dividend payment can be made until thirty days after sufficient notice has been declared by and not disapproved within that period, or the commissioner has approved the payment within the 30 day period under RCW 48.31B.030(2).

14. Does this dividend or distribution include any carryforward net income from the previous two calendar years? Yes/No  
State the amount of carryforward net income less realized capital gains and dividends paid in the second and immediate preceding calendar years. \_\_\_\_\_
15. Please provide under this notice, the Insurer's
  1. Projected unassigned surplus less any realized capital gains before and after the proposed payment;
  2. Statement of proposed payment complies with other provisions in RCW Title 48 and WAC Title 284; and
  3. Expected use of funds within the next twelve months, which may exceed five percent of its current capital and surplus and any potential material events that may affect the Company's financial condition.

**Signature:**

\_\_\_\_\_  
**Title of Company Officer**

\_\_\_\_\_  
**Date**