
(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.
-----------	--------------	-------------	--------------------------	-------	----------	----------

New Balance \$ _____
(including above securities)

Company

By: _____

Title: _____

(Please insert blank name and address)

Olympia Washington, _____ day of _____, _____.

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.

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: _____