

ANNUAL REPORT  
For the Year Ended December 31, 2023  
OF THE CONDITION AND THE AFFAIRS OF

\_\_\_\_\_  
(Name of Discount Plan Organization)  
Organized under the Laws of the State of \_\_\_\_\_, made to the  
INSURANCE COMMISSIONER OF THE STATE OF WASHINGTON  
PURSUANT TO THE LAWS THEREOF

Mail Address: \_\_\_\_\_

Primary Location of  
Books and Records: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_ being duly sworn, says that this annual report, including all attached exhibits and schedules, is an accurate and true statement of the affairs of said discount plan organization.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 2024

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_