LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

REQUEST FOR COMMISSIONER TO HOLD DEPOSIT ON BEHALF OF INSURER

Insurer Name:_____

NAIC #: _____ **FEIN:**_____

Minimum Amount of Deposit to be Held:_____

States or Jurisdictions Requiring Deposit:

The above named insurer is requesting the Commissioner of Insurance of Louisiana to hold a statutory deposit in compliance with La. R.S. 22:801. The undersigned officer of the insurer hereby affirms that the deposit in the amount indicated above is required by the states and jurisdictions indicated as a condition of obtaining and/or maintaining a Certificate of Compliance, license or surplus lines approval in those states or jurisdictions. The safekeeping or trust receipt confirming the deposit with a bank or savings and loan association doing business in Louisiana and the pledge to the Commissioner of Insurance is attached hereto and the insurer acknowledges our responsibility to file a safekeeping or trust receipt at least annually no later than March 1.

_____ _____
Signature of Officer **Date**

_____ _____
Printed Name of Officer **Title of Officer**