

REQUEST FOR COMMISSIONER TO HOLD DEPOSIT ON BEHALF OF INSURER

Insurer Name:		
NAIC #:	FEIN:	
Minimum Amount of Depo	sit to be Held:	
States or Jurisdictions Requ	ມ່ring Deposit:	
compliance with La. R.S. 22: amount indicated above is re- maintaining a Certificate of safekeeping or trust receipt of Louisiana and the pledge to t	301. The undersigned office equired by the states and ju Compliance, license or surp onfirming the deposit with a he Commissioner of Insura	er of Insurance of Louisiana to hold a statutory deposit in the of the insurer hereby affirms that the deposit in the deposit
Signature o	of Officer	Date
Printed Nam	e of Officer	Title of Officer