

**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION, BUREAU OF INSURANCE**

**QUARTERLY UPDATE TO THE CERTIFICATE OF ASSUMING INSURER  
FOR THE QUARTER ENDED \_\_\_\_\_**

A PROPERLY EXECUTED FORM SHOULD BE FILED FOR EACH QUARTER BY ACCREDITED, SUBSTANTIALLY SIMILAR AND TRUSTEED REINSURERS OPERATING IN VIRGINIA.

**PART I: IDENTIFYING DATA**

\_\_\_\_\_  
State of Domicile or Entry

\_\_\_\_\_  
NAIC Co. Code

\_\_\_\_\_  
Name of Assuming Insurer

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**PART II: AFFIDAVIT AND SUBMISSIONS**

Has the Assuming Insurer begun assuming business from an insurer domiciled in Virginia in the past quarter?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, list the names of the these insurers below.

Name of Insurer	Date Began:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Has the Assuming Insurer ceased assuming business from an insurer domiciled in Virginia in the past quarter?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, list the names of these insurers below.

Name of Insurer	Date Ended:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

On behalf of \_\_\_\_\_,  
("Assuming Insurer")

\_\_\_\_\_, \_\_\_\_\_,  
(Name of Officer) (Title)

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_,

being duly sworn according to law, deposes and says that the answers to the questions and the declarations contained in this certificate are true and correct.

\_\_\_\_\_  
(Signature of Officer) (Title)