

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

**REQUEST FOR INFORMATION REGARDING REINSURANCE INTERMEDIARIES (RIs)
For the year ended December 31, 2009**

This form is to be completed for each person acting as a Reinsurance Intermediary IN VIRGINIA OR ELSEWHERE. If there is no information to report, both parts of question 1 should be answered "NONE" and the form signed, notarized and returned.

INSURER'S NAME: _____ NAIC Group/ Co. Code: _____ / _____

1. A. How many RI Brokers as defined in § 38.2-1347 of the Code of Virginia represent the insurer? _____
(Include RI Brokers in Virginia, as well as RI Brokers in the other states, including the District of Columbia.)

B. How many RI Managers as defined in § 38.2-1347 of the Code of Virginia represent the insurer? _____
(Include RI Managers in Virginia, as well as RI Managers in the other states, including the District of Columbia.)

If the answer to both parts of question 1 is "NONE," the remaining questions do not have to be completed except for the certification at the end of this form.

An insurer represented by one or more RIs should complete the remaining questions for each RI representing the insurer.

2. Type of RI (check one) () Broker () Manager

3. Name of RI: _____

4. Taxpayer Identification Number of RI: _____

5. Administrative Mailing Address of RI: _____

6. Business Telephone Number of RI: _____

7. Is the RI licensed in Virginia? () NO () YES

8. Does the RI maintain an office in Virginia? () NO () YES

9. List all states (including the District of Columbia), other than Virginia, in which the RI is licensed.

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Questions 10 and 11 apply only to RI Brokers:

10. Is the contract between the insurer and the RI Broker in writing and does it comply with the other requirements of § 38.2-1349 of the Code of Virginia? () YES () NO

If the answer to the above question is "NO," provide an explanation.

11. Has the insurer complied with all of the requirements of § 38.2-1351 of the Code of Virginia in dealing with the RI Broker? () YES () NO

If the answer to the above question is "NO," provide an explanation.

Questions 12 and 13 apply only to RI Managers:

12. Has the contract between the insurer and the RI Manager been approved by the Bureau of Insurance as required by § 38.2-1352 of the Code of Virginia? () YES () NO

If the answer to the above question is "NO," provide an explanation.

13. Has the insurer complied with all of the requirements of § 38.2-1354 of the Code of Virginia in dealing with the RI Manager? () YES () NO

If the answer to the above question is "NO," provide an explanation.

Dated and signed this _____ day of _____, 20____ at _____.

_____, being duly sworn according to law, deposes and
(Name of Officer)

says that the answers to the questions and the declarations contained in this report are true and correct.

(Signature of Officer)

(Title)

State of _____

City/County of _____

Personally appeared before me the above named _____, personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

Notary Public

My Commission Expires: _____