

**STATE CORPORATION COMMISSION
BUREAU OF INSURANCE**

**APPLICATION FOR RENEWAL OF LICENSE IN VIRGINIA
YEAR BEGINNING JULY 1, 2024**

License or NAIC Number

Full and Exact Corporate Name of Company

(Corporate Office/ Statutory Home Office Address, Give Number and Street, City, State and Zip)

(Administrative Office Mailing Address, Give Number and Street, City, State and Zip)

organized under the laws of _____ hereby certifies that it is in compliance with the applicable laws of the Commonwealth of Virginia. Company hereby applies for renewal of its license to transact in the Commonwealth of Virginia the business of or classes of insurance for which it was licensed as of the year ending June 30, 2024. Company further certifies that it is duly authorized to transact in its state of domicile the business of or classes of insurance for which it hereby makes application.

I hereby certify under penalty of perjury that the foregoing statements and information appearing in this application are true and correct to the best of my knowledge and belief.

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

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

deposes and says that the declarations contained in this application are true and correct.

(Signature of Officer)

(Title)