

UTAH STATE INSURANCE DEPARTMENT
STATUTORY DEPOSIT REQUEST

Date: _____

Name of Company _____

We are forwarding the below described security to the Bank/Financial Institution to be credited to our deposit account. If this security meets your approval, kindly authorize the Bank/Financial Institution to deposit them and forward to us its official receipt.

Name of Bank/Financial Institution

FULL DESCRIPTION OF SECURITY

Par Value _____

Interest Rate _____

Date Purchased _____

Maturity Date _____

CUSIP or ID Number _____

Balance in Account (including above security) _____

Insurance Company Approval by _____

Print/Type Name and Title _____

STATE OF UTAH INSURANCE COMMISSIONER

I hereby approve the above describe security for deposit in the State Deposit Account of the above named company.

Approved By _____

Print/Type Name and Title _____

Bank or Financial Institution

We hereby acknowledge receipt of the above security to be added to the State Deposit Account of the above named company.

Approved By _____

Print/Type Name and Title _____