

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

**APPLICATION FOR RENEWAL OF LICENSE
IN VIRGINIA YEAR BEGINNING JULY 1, 2019**

_____/_____
NAIC Group/Co. Code

(Full and Exact Corporate Name of Fraternal Benefit Society)

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

(Administrative Mailing Address)

organized under the laws of _____ hereby certifies that it is in compliance with the applicable laws of the Commonwealth of Virginia and applies for renewal of its license to transact in the Commonwealth of Virginia the classes of insurance for which it was licensed as of the license year ending June 30 next preceding the effective date of the license herein applied for. Said company further certifies that it is duly authorized to transact in its State of Domicile the classes of insurance for which it hereby makes application.

FRATERNAL BENEFIT SOCIETIES MUST SUBMIT THIS FORM IN HARDCOPY ALONG WITH A CHECK MADE PAYABLE TO THE TREASURER OF VIRGINIA FOR THE \$20.00 ANNUAL LICENSE FEE.

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 application are true and correct.

(Signature of Officer)

(Title)

Mail to: SCC Bureau of Insurance
Financial Regulation Division
6th Floor
1300 East Main Street
Richmond, VA 23219