

**Wyoming Insurance Department
Service Contract Provider
Faithful Performance Verification Form
For the Year Ending December 31, 2011**

* THIS FORM IS DUE SEPTEMBER 1, 2012 *

Name of Service Contract Provider: _____ FEIN: _____

Mailing Address: _____

Contact Person and email address: _____

Number of Contracts in force in Wyoming as of December 31, 2011: _____

Please check the option your company is using to assure faithful performance of its service contracts in Wyoming and complete the more specific questions relating to that section of the statute below.

_____ W.S. § 26-49-103(d)(i) _____ W.S. § 26-49-103(d)(ii) _____ W.S. § 26-49-103(d)(iii)

1. If using W.S. § 26-49-103(d)(i), please complete items a. and b. below:

a. Name of insurer that issued your reimbursement insurance policy:

b. Has this policy and/or insurer changed since last year's filing?

___ Yes ___ No

If yes, please submit a copy of the new policy with this filing, if you have not already filed it.

2. If using W.S. § 26-49-103(d)(ii), please complete items a. through c. below:

a. Gross consideration received on Wyoming in-force contracts: \$ _____

Less: claims paid _____

Multiplied by 40% _____

Equals minimum reserve requirement \$ _____

Please attach financial statements that show the reserve amount.

b. Gross consideration received on Wyoming in-force contracts: \$ _____

Less: claims paid _____

Multiplied by 5% _____

Equals minimum security deposit requirement \$ _____

Please attach proof that your security deposit meets the minimum requirements.

c. Please check the option you are using for your security deposit:

_____ Surety Bond (Name of issuer: _____)

_____ Securities

_____ Cash

_____ Letter of Credit (Name of issuer: _____)

3. If using W.S. § 26-49-103(d)(iii), please attach the most recent copy of your company's or your parent company's financial statements showing compliance with the net worth/stockholders' equity requirement of \$100,000,000.

Completed by (Name, Title): _____

Date: _____ Phone No. _____