Fiscal 50 W. Town St., 3rd Fl. Suite 300 Columbus, OH 43215 (614) 644-2683 Fax #(614) 644-3478 www.insurance.ohio.gov

John R. Kasich – Governor Mary Taylor – Lt. Governor/Director

Book Entry Legal Deposit



Instructions for Form INS2011

- Top of form to be completed by Insurance Company.
- Item 1 to be completed by the Insurance Company indicating the description of the investment the Insurance Company would like to place through book entry.
- Item 2 to be completed by the Insurance Company using information from the approved form INS2011. Affidavit to be completed and notarized by the Insurance Company.
- Item 3 to be completed by the Insurance Company only if the investment described in item 1 is to be used as a replacement investment.
- Item 4 to be completed by the Ohio Department of insurance to indicate Items I and 2 have been approved.
- Item 5 to be completed by the Ohio Department of Insurance in order to release Item 3.
- Item 6 MUST BE completed by the Direct Participant/Member Bank (not the Insurance Company) to indicate they are in receipt of the investment described in Item 1. Please include ALL requested information in its entirety. IF ITEM 6 IS NOT COMPLETED IN FULL, THE FORM WILL BE REFUSED AND RETURNED TO THE BANK.

Upon receipt of the completed form INS2011, the Ohio Department of insurance will forward copies to the Insurance Company and the Bank.

If you have any questions concerning the Book Entry form number INS2011, please contact Diane Wiggins, Fiscal Officer at (614) 644-3266 or at <u>Diane.Wiggins@insurance.ohio.gov</u>.

Latest edition of forms may be found on our website at <u>www.insurance.ohio.gov</u> under Forms, Fiscal and by our form number.

Mary Taylor – Lt. Governor/Director

Book Entry Legal Deposit



Use only for investments with maturity dates of more than one year.

| Insurer Name: | |
|------------------------------------|--|
| Federal Tax Identification Number: | |
| Name of Contact Person at Insurer: | |
| Address: | |
| | |
| Telephone Number: | |
| Fax Number: | |
| Internet/Email Address: | |

DEPOSITS

Item 1. Insurer submits the following described investment to the Superintendent for purposes of satisfying a legal deposit requirement and for the Superintendent's approval under the applicable investment code. For all purposes, the following described investment is under the control of the Superintendent.

Description of Investment

| CUSIP Number | Name of Issuer | Rate | Maturity | Par Value |
|--------------|----------------|------|----------|-----------|
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| Item 2. The investment will be in uncertificated form pursuant to an agreement ODIBA | (ODI form number INS2010) |
|--|---------------------------------|
| approved by the Superintendent, with | Direct Participant/Member Bank. |
| Account Name: | |
| Account Number : | |
| The agreement between Insurer and Direct Participant/Member Bank has number ODIE | BA (if known) and was |
| approved by the Superintendent on (if know | /n). |

State of

,SS County of

The undersigned being duly cautioned and sworn, says that the statements made in Item 1 and Item 2 of this form are true. Further affiant saith not.

| | Affiant: | | |
|--|------------------|------------|-----|
| INSURER SEAL | Title: | | |
| | Insurer: | | |
| Sworn to before me and subscribed in a | ny presence this | day of | ,20 |
| NOTARY SEAL | Notary: | | |

REPLACEMENTS

Item 3. (Use only if applicable) The investment described in Item 1 will replace the following described investment which is currently a legal deposit in the control of the Superintendent with the Direct Participant/Member bank.

Description of Investment to be released to Insurer by Direct Participant/Member Bank

| CUSIP Number | Name of Issuer | Rate | Maturity Date | Par Value |
|--------------|----------------|------|---------------|-----------|
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| | Insurer: |
|--------------|--------------------------|
| INSURER SEAL | Signature: |
| | Name (printed or typed): |
| | Title: |
| | Telephone Number: |
| | |

Accredited by the National Association of Insurance Commissioners (NAIC)

APPROVAL/DISAPPROVAL

Item 4.

A). The Ohio Department of Insurance approves the investment described above in Item 1 under the investment code.

OHIO SEAL

Ohio Department of Insurance by: _______As designee of the Superintendent Date: ______

B). The Ohio Department of Insurance disapproves the investment described above in **Item 1** under the investment code for the following reason:

OHIO SEAL

Ohio Department of Insurance by: ________As designee of the Superintendent Date: _______

RELEASES

Item 5. The Ohio Department of Insurance releases from its control the investment described in Item 3 upon receipt in the Superintendent's control of the investment described in Item 1 by Direct Participant/Member Bank.

OHIO SEAL

| Dhio Department of Insurance | |
|-----------------------------------|--|
| by: | |
| As designee of the Superintendent | |
| Date: | |

The designee of the Superintendent is **NOT** authorized by the Ohio Department of Insurance to release control of an investment when the principle amount of an investment described in Item 1 is **LESS** than the principle amount of the investment described in Item 3. In that instance, this form must also be approved by the Assistant Director of Financial Regulation, at the Ohio Department of Insurance or his designee.

RECEIPT

Item 6. Receipt by Direct Participant/Member Bank.

To Insurer and Superintendent:

Direct Participant/Member Bank acknowledges receipt of the following described investment and states that the investment is held as a legal deposit under control of the Superintendent according to agreement number ODIBA (if known).

Description of Investment Received by Direct Participant/Member Bank

| CUSIP Number | Issuer | Rate | Issue Date | Maturity Date | Par Value |
|--------------|--------|------|------------|---------------|-----------|
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Name of Direct Participant/Member bank

Officer Signature

Bank Seal or Medallion Stamp

Name (printed or typed)

Title

Telephone Number

Below must be completed by Bank or entire form will be returned.

Bank Mailing Address:

Account Administrator Information:

Name of Account Administrator

Telephone Number

Fax Number

E-Mail Address