

# STATE CORPORATION COMMISSION

Bureau of Insurance

ATTN: Financial Regulation Division  
P.O. Box 1157  
Richmond, VA 23218

## REINSURANCE INTERMEDIARY LICENSE RENEWAL APPLICATION

Renewal Fee - \$500.00

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REINSURANCE INTERMEDIARY

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ADDRESS

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CITY

STATE

ZIP CODE

FEIN # : \_\_\_\_\_

PHONE: \_\_\_\_\_

RESIDENT/NONRESIDENT

BROKER/MANAGER

CONTACT PERSON:

TITLE:

In order to renew a Reinsurance Intermediary license effective July 1, 2025 as required by §38.2-1348 of the Code of Virginia, licensee must submit a check or money order in the amount of \$500.00, payable to the STATE CORPORATION COMMISSION. The check or money order should be submitted along with this form and any required documentation to the Bureau of Insurance at the above address by no later than June 1, 2025.

FAILURE TO RENEW THE LICENSE BY JUNE 30, 2025 WILL RESULT IN TERMINATION OF THE REINSURANCE INTERMEDIARY LICENSE IN VIRGINIA. A COPY OF YOUR CURRENT AUDITED FINANCIAL STATEMENTS MUST BE RETURNED WITH THIS FORM.

CERTIFICATION MUST BE COMPLETED AND NOTARIZED IN ORDER FOR THIS RENEWAL APPLICATION TO BE PROCESSED.

## CERTIFICATION

The undersigned, on behalf of the above-referenced licensed Reinsurance Intermediary, hereby requests renewal of such license effective July 1, 2025. Under penalty of perjury, the undersigned hereby certifies:

- 1) That the Reinsurance Intermediary is in full compliance with Article 8 of Chapter 13 of the Code of Virginia.
- 2) That all contracts with insurers are in writing and comply with the requirements of §38.2-1349 of the Code of Virginia (for Brokers) or §38.2-1352 of the Code of Virginia (for Managers).

3) (CHECK ONLY 1)

The information filed with the Bureau of Insurance as part of the original license application remains valid and correct.

The information filed with the Bureau of Insurance as part of the original license application is no longer in effect, and a copy of the current information is attached to this Renewal Application.

4) (CHECK ONLY 1) **For Managers Only**

That the Errors and Omissions Policy filed with the Bureau of Insurance as part of the original license application remains valid and in full force and effect.

That the Errors and Omissions Policy filed with the Bureau of Insurance as part of the original license application is no longer in effect, and a copy of the current policy is attached to this Renewal Application.

5) (CHECK ONLY 1) **For Managers Only**

That the Fidelity Bond filed with the Bureau of Insurance as part of the original license application remains valid and in full force and effect.

That the Fidelity Bond filed with the Bureau of Insurance as part of the original license application is no longer in effect, and a copy of the current Fidelity Bond is attached to this Renewal Application.

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Authorized Signature

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Name (Please Print)

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Date

STATE OF \_\_\_\_\_

COUNTY OR CITY OF \_\_\_\_\_

This day the above individual appeared before me, the undersigned Notary Public in and for the jurisdiction stated above, acknowledged the above signature as his or her own, and made oath that the matters and things stated in the foregoing are true to the best of his or her information, knowledge, and belief.

GIVEN UNDER MY HAND THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

MY COMMISSION EXPIRES THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

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Signature of Notary Public

(seal)