

THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR



DIVISION OF
BANKING, INSURANCE AND
FINANCIAL REGULATION

MEMORANDUM

TO: All Foreign, Domestic and Alien Insurance Companies, Mutual Nonprofit Benefit Societies and Rating Organizations Authorized to Conduct Business in the U.S. Virgin Islands

FROM: The Division of Banking, Insurance and Financial Regulation

RE: Certificate of Authority, Certificate of Licensure or Permit Renewal

The company's License will expire on December 31st of each year. Please complete the Application for Renewal and submit it along with the required renewal fee as followed:

Certificate of Authority or Certificate of Licensure Renewal ----- \$600.00

Or

Permit Renewal ----- \$ 25.00

A late penalty of **\$50.00** will be assessed against any renewal application and payment received after January 15th of the following year.

Be reminded that the company is under a continuing obligation to satisfy all requirements listed in your conditional letter previously received in order to remain in good standing with the Division.

Should you need any additional information, please contact the Division at 340-774-7166. Please direct all mailings to:

**Office of the Lieutenant Governor
Division of Banking, Insurance and Financial Regulation
#5049 Kongens Gade
Charlotte Amalie, St. Thomas, USVI 00802-6487**

**TERRITORY OF THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING, INSURANCE AND FINANCIAL REGULATION**

***APPLICATION FOR RENEWAL OF CERTIFICATE OF AUTHORITY
CERTIFICATE OF LICENSURE or PERMIT***

1. Name of Company _____
(Please indicate Company's full legal name)

Company's President _____

E-Mail: _____ Telephone No. _____

Company's FEIN No. _____ NAIC No. _____

State of Incorporation _____ Date of Incorporation _____

Business Address _____

Telephone No. _____ Fax No. _____

Statutory Home Office Address _____

Telephone No. _____ Fax No. _____

Main Administrative Office Address _____

Telephone No. _____ Fax No. _____

Mailing Address: _____

2. Domicile Type: Domestic Foreign Alien

3. Company Type: Life Health Property Casualty Title Surety All Lines
 Other _____

4. Organization Type: Association Corporation Mutual Non-profit
 Other _____

5. Contact Person for Premium Tax Quarterly Filings

Name/Title: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-Mail _____

6. Contact Person for Annual Statement and Audited Financial Report Filing

Name/Title: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-Mail _____

7. Contact Person for Licensure and related filings

Name/Title: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-Mail _____

8. Contact Person for Policy Forms

Name/Title: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-Mail _____

9. Contact Person for Consumer Complaints

Name/Title: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-Mail: _____

10. Contact Person – Company’s Statutory Deposit

Name/Title: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-Mail _____

11. Authorized Signatory to Appoint and Terminate Agents in the U.S. Virgin Islands

Print Name

Signature

12. List Name of Agent(s)/Agency currently representing Company in the U.S. Virgin Islands for marketing of products:

13. General Agent resident in the U.S. Virgin Islands to appoint subagents:

14. Contact Person for company's participation in V.I. Guaranty Fund (if applicable):

Name/Title: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-Mail: _____

IMPORTANT NOTICE: The Company must promptly notify the Division of Banking, Insurance and Financial Regulation of any changes in the information reported on this application.

PERSON COMPLETING THIS APPLICATION:

Name _____ Date _____
(Please Print)

Signature _____

Relationship to Company _____

E-mail: _____ Telephone No. _____