



**DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE
HYATTSVILLE, MD 20782**

OMB 1530-0009

***** LICENSE SHEET *****

Name of Company	
State Of Incorporation	
NAIC Company Code	
NAIC Group Code	
Contact Name	
Contact Title	
Contact Phone Number	
Contact E-Mail	
Date	

Please indicate by an (X) the states and other areas in which your company is licensed to transact SURETY business as a DIRECT WRITER. NOTE: If any restrictions have been imposed by states checked, include an explanation on an attached sheet. The explanation should include the type, reason for and time period of the imposed restriction.

<input type="checkbox"/>	AL Alabama
<input type="checkbox"/>	AK Alaska
<input type="checkbox"/>	AS Am. Samoa
<input type="checkbox"/>	AZ Arizona
<input type="checkbox"/>	AR Arkansas
<input type="checkbox"/>	CA California
<input type="checkbox"/>	CO Colorado
<input type="checkbox"/>	CT Connecticut
<input type="checkbox"/>	DE Delaware
<input type="checkbox"/>	DC District of Columbia
<input type="checkbox"/>	FL Florida
<input type="checkbox"/>	GA Georgia
<input type="checkbox"/>	GU Guam
<input type="checkbox"/>	HI Hawaii
<input type="checkbox"/>	ID Idaho
<input type="checkbox"/>	IL Illinois
<input type="checkbox"/>	IN Indiana
<input type="checkbox"/>	IA Iowa
<input type="checkbox"/>	KS Kansas

<input type="checkbox"/>	KY Kentucky
<input type="checkbox"/>	LA Louisiana
<input type="checkbox"/>	ME Maine
<input type="checkbox"/>	MD Maryland
<input type="checkbox"/>	MA Massachusetts
<input type="checkbox"/>	MI Michigan
<input type="checkbox"/>	MN Minnesota
<input type="checkbox"/>	MS Mississippi
<input type="checkbox"/>	MO Missouri
<input type="checkbox"/>	MP Northern Mariana Islands
<input type="checkbox"/>	MT Montana
<input type="checkbox"/>	NE Nebraska
<input type="checkbox"/>	NV Nevada
<input type="checkbox"/>	NH New Hampshire
<input type="checkbox"/>	NJ New Jersey
<input type="checkbox"/>	NM New Mexico
<input type="checkbox"/>	NY New York
<input type="checkbox"/>	NC North Carolina
<input type="checkbox"/>	ND North Dakota

<input type="checkbox"/>	OH Ohio
<input type="checkbox"/>	OK Oklahoma
<input type="checkbox"/>	OR Oregon
<input type="checkbox"/>	PA Pennsylvania
<input type="checkbox"/>	PR Puerto Rico
<input type="checkbox"/>	RI Rhode Island
<input type="checkbox"/>	SC South Carolina
<input type="checkbox"/>	SD South Dakota
<input type="checkbox"/>	TN Tennessee
<input type="checkbox"/>	TX Texas
<input type="checkbox"/>	UT Utah
<input type="checkbox"/>	VT Vermont
<input type="checkbox"/>	VA Virginia
<input type="checkbox"/>	VI Virgin Islands
<input type="checkbox"/>	WA Washington
<input type="checkbox"/>	WV West Virginia
<input type="checkbox"/>	WI Wisconsin
<input type="checkbox"/>	WY Wyoming

FOR TREASURY DEPT. USE ONLY		
SIMS AUTH. NEEDED: YES/NO		
INIT.	INPUT	AUTH. COMPLETED
DATE	_____	_____
	_____	_____