



DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
WASHINGTON, DC 20227

OMB 1530-0009  
FS Form 2208

\*\*\* LICENSE SHEET \*\*\*

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

Please indicate by selecting the check mark in the box beside the states and other areas in which your company is licensed to transact SURETY business as a DIRECT WRITER.

Upon completion, this form should be submitted to Treasury as an EXCEL file type.

<input type="checkbox"/>	AL Alabama	<input type="checkbox"/>	KY Kentucky	<input type="checkbox"/>	OH Ohio
<input type="checkbox"/>	AK Alaska	<input type="checkbox"/>	LA Louisiana	<input type="checkbox"/>	OK Oklahoma
<input type="checkbox"/>	AS Am. Samoa	<input type="checkbox"/>	ME Maine	<input type="checkbox"/>	OR Oregon
<input type="checkbox"/>	AZ Arizona	<input type="checkbox"/>	MD Maryland	<input type="checkbox"/>	PA Pennsylvania
<input type="checkbox"/>	AR Arkansas	<input type="checkbox"/>	MA Massachusetts	<input type="checkbox"/>	PR Puerto Rico
<input type="checkbox"/>	CA California	<input type="checkbox"/>	MI Michigan	<input type="checkbox"/>	RI Rhode Island
<input type="checkbox"/>	CO Colorado	<input type="checkbox"/>	MN Minnesota	<input type="checkbox"/>	SC South Carolina
<input type="checkbox"/>	CT Connecticut	<input type="checkbox"/>	MS Mississippi	<input type="checkbox"/>	SD South Dakota
<input type="checkbox"/>	DE Delaware	<input type="checkbox"/>	MO Missouri	<input type="checkbox"/>	TN Tennessee
<input type="checkbox"/>	DC District of Columbia	<input type="checkbox"/>	MP Northern Mariana Islands	<input type="checkbox"/>	TX Texas
<input type="checkbox"/>	FL Florida	<input type="checkbox"/>	MT Montana	<input type="checkbox"/>	UT Utah
<input type="checkbox"/>	GA Georgia	<input type="checkbox"/>	NE Nebraska	<input type="checkbox"/>	VT Vermont
<input type="checkbox"/>	GU Guam	<input type="checkbox"/>	NV Nevada	<input type="checkbox"/>	VA Virginia
<input type="checkbox"/>	HI Hawaii	<input type="checkbox"/>	NH New Hampshire	<input type="checkbox"/>	VI Virgin Islands
<input type="checkbox"/>	ID Idaho	<input type="checkbox"/>	NJ New Jersey	<input type="checkbox"/>	WA Washington
<input type="checkbox"/>	IL Illinois	<input type="checkbox"/>	NM New Mexico	<input type="checkbox"/>	WV West Virginia
<input type="checkbox"/>	IN Indiana	<input type="checkbox"/>	NY New York	<input type="checkbox"/>	WI Wisconsin
<input type="checkbox"/>	IA Iowa	<input type="checkbox"/>	NC North Carolina	<input type="checkbox"/>	WY Wyoming
<input type="checkbox"/>	KS Kansas	<input type="checkbox"/>	ND North Dakota		

**NOTES:**

1. If state licenses were added during the current year, **provide a copy of the state certificate of authority.**
2. If any restrictions have been imposed by states checked, include an explanation below. The explanation should include the type, reason for and time period of the imposed restriction.
3. Please disclose any additional details below as necessary.