



**DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE
HYATTSVILLE, MD 20782**

OMB 1510-0013
EXP. Date: 08/31/2012

***** 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.

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

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

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

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