



## ***Book Entry Legal Deposit***

### **Instructions for Form INS2011**

- Top of form to be completed by Insurance Company.
- **Item 1** to be completed by the Insurance Company indicating the description of the investment the Insurance Company would like to place through book entry.
- **Item 2** to be completed by the Insurance Company using information from the approved form INS2011. Affidavit to be completed and notarized by the Insurance Company.
- **Item 3** to be completed by the Insurance Company only if the investment described in item 1 is to be used as a replacement investment.
- **Item 4** to be completed by the Ohio Department of insurance to indicate Items 1 and 2 have been approved.
- **Item 5** to be completed by the Ohio Department of Insurance in order to release Item 3.
- **Item 6** MUST BE completed by the Direct Participant/Member Bank (not the Insurance Company) to indicate they are in receipt of the investment described in Item 1. Please include **ALL** requested information in its entirety. **IF ITEM 6 IS NOT COMPLETED IN FULL, THE FORM WILL BE REFUSED AND RETURNED TO THE BANK.**

Upon receipt of the completed form INS2011, the Ohio Department of insurance will forward copies to the Insurance Company and the Bank.

If you have any questions concerning the Book Entry form number INS2011, please contact Diane Wiggins, Fiscal Officer at (614) 644-3266 or at [Diane.Wiggins@insurance.ohio.gov](mailto:Diane.Wiggins@insurance.ohio.gov).

Latest edition of forms may be found on our website at [www.insurance.ohio.gov](http://www.insurance.ohio.gov) under Forms, Fiscal and by our form number.



State of \_\_\_\_\_, SS County of \_\_\_\_\_

The undersigned being duly cautioned and sworn, says that the statements made in **Item 1** and **Item 2** of this form are true. Further affiant saith not.

**INSURER SEAL**

Affiant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Insurer: \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**NOTARY SEAL**

Notary: \_\_\_\_\_

**REPLACEMENTS**

**Item 3.** (Use only if applicable) The investment described in Item 1 will replace the following described investment which is currently a legal deposit in the control of the Superintendent with the Direct Participant/Member bank.

**Description of Investment to be released to Insurer by Direct Participant/Member Bank**

CUSIP Number	Name of Issuer	Rate	Maturity Date	Par Value

**INSURER SEAL**

Insurer: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Name (printed or typed): \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

**APPROVAL/DISAPPROVAL**

**Item 4.**

A). The Ohio Department of Insurance approves the investment described above in **Item 1** under the investment code.

**OHIO SEAL**

Ohio Department of Insurance  
by: \_\_\_\_\_  
As designee of the Superintendent  
Date: \_\_\_\_\_

**B).** The Ohio Department of Insurance disapproves the investment described above in **Item 1** under the investment code for the following reason: \_\_\_\_\_

**OHIO SEAL**

Ohio Department of Insurance  
by: \_\_\_\_\_  
As designee of the Superintendent  
Date: \_\_\_\_\_

**RELEASES**

**Item 5.** The Ohio Department of Insurance releases from its control the investment described in **Item 3** upon receipt in the Superintendent's control of the investment described in **Item 1** by Direct Participant/Member Bank.

**OHIO SEAL**

Ohio Department of Insurance  
by: \_\_\_\_\_  
As designee of the Superintendent  
Date: \_\_\_\_\_

The designee of the Superintendent is **NOT** authorized by the Ohio Department of Insurance to release control of an investment when the principle amount of an investment described in Item 1 is **LESS** than the principle amount of the investment described in Item 3. In that instance, this form must also be approved by the Assistant Director of Financial Regulation, at the Ohio Department of Insurance or his designee.

**RECEIPT**

**Item 6.** Receipt by Direct Participant/Member Bank.

To Insurer \_\_\_\_\_ and Superintendent:

\_\_\_\_\_ Direct Participant/Member Bank acknowledges receipt of the following described investment and states that the investment is held as a legal deposit under control of the Superintendent according to agreement number ODIBA \_\_\_\_\_ (if known).

**Description of Investment Received by Direct Participant/Member Bank**

CUSIP Number	Issuer	Rate	Issue Date	Maturity Date	Par Value

\_\_\_\_\_  
Name of Direct Participant/Member bank

\_\_\_\_\_  
Officer Signature

**Bank Seal or Medallion Stamp**

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

**Below must be completed by Bank or entire form will be returned.**

**Bank Mailing Address:**

**Account Administrator Information:**

\_\_\_\_\_  
Name of Account Administrator

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address