

STATE OF WASHINGTON
INSURANCE DEPARTMENT

INSURANCE COMMISSIONER.
Olympia, Washington

Dear Commissioner:

You are hereby notified that as provided for in RCW 48.19.050, the

INSURANCE COMPANY hereby adopts the Rules, Forms, Rates and Rating Schedules filed and to be filed by the Washington Surveying and Rating Bureau.

INSURANCE COMPANY

By

Title

Dated at _____ this _____ day of _____, 20_____