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**Dividend Request Form**

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**Dividend Request Form**

Reinsurance Company Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

Date of Last Dividend: \_\_\_\_\_

Amount of Last Dividend: \_\_\_\_\_

**Share Holder Information**

(Please provide the names and addresses of all share holders of this reinsurance company)

Name: _____	Name: _____
Address: _____	Address: _____
City, State _____	City, State _____
Zip: _____	Zip: _____
Name: _____	Name: _____
Address _____	Address _____
City, State _____	City, State _____
Zip _____	Zip _____

Please list additional shareholders on schedule A

**Producer Information**

(Please provide the names and addresses of all producers ceding business into this reinsurance company)

Name: _____	Name: _____
Address: _____	Address: _____
City, State _____	City, State _____
Zip: _____	Zip: _____
Name: _____	Name: _____
Address _____	Address _____
City, State _____	City, State _____
Zip _____	Zip _____

Please list additional producers on schedule B

**Product Information**

Product	Loss Ratio	Un-Earned Premium	Trust Account Balance
VSC			
After Market			
GAP			
Other:			
Other:			

**Dividend Distribution Instructions**

Mailing address for distribution checks if different from shareholder addresses listed above:

**Signature**

\_\_\_\_\_

Signature Printed Name Date

Please send completed request to: Jessica Griffith [jgriffith@southwestre.com](mailto:jgriffith@southwestre.com)

**Dividend Request Form**

Schedule A

**Additional Share Holder Information**

(Please provide the names and addresses of all share holders of this reinsurance company)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip \_\_\_\_\_

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City, State \_\_\_\_\_  
Zip \_\_\_\_\_

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City, State \_\_\_\_\_  
Zip \_\_\_\_\_

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Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip \_\_\_\_\_

**Dividend Request Form**

Schedule B

**Producer Information**

(Please provide the names and addresses of all producers ceding business into this reinsurance company)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip \_\_\_\_\_

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City, State \_\_\_\_\_  
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