

(Your FSM Captive Insurance Company name)
P.O. Box _____, Kolonia, Pohnpei, 96941
Federated States of Micronesia

_____(Date)_____

Honorable Ms. Rose Nakanaga, Secretary
Department of Finance and Administration
P.O. Box PS-158
Palikir, Pohnpei 96941 FM
Federated States of Micronesia

Re: Initial Report for a newly established corporation in the FSM

Dear Ms. Secretary,

As required by Public Law 13-71, I am submitting to you our Initial Report.

The true and correct name of this corporation is:_____.

The Company has already opened a bank account at the following bank _(bank name and address)_____. The Company has either already deposited at least US\$100,000 or its equivalent into that bank account (the Company is prepared to send a bank statement to the Secretary within 30 days of any request to give evidence of such a bank account) representing the Initial Capital of the Company, or it has transferred the ownership of other assets (e.g., securities or title to properties) to the Company with values exceeding US\$100,000. As defined by Public Law 21-49, \$100,000 is the minimum capital that any FSM captive insurance company must carry. The Company is therefore a Major Corporation.

The number of the Certificate of Incorporation for The Company is _____.

The mailing address of The Company is: P.O. Box _____, Kolonia, Pohnpei, FSM, 96941.

The name, address, telephone, and fax number of the authorized representative for The Company is: _____ P.O. Box _____, Kolonia, Pohnpei, FSM 96941, Tel: _____, and Fax: _____.

The nature of the Major Corporation's principal business is: _____

The last day of the Major Corporation's fiscal year is:_____.

Sincerely

_____(signature)_____

_____(print name)_____.

_____(Print title)_____

cc: FSM Registrar of Corporation, P.O. Box PS-105, Palikir, Pohnpei 96941 FM, FSM