**Securities Valuation Office**

**National Association of Insurance Commissioners**

**Military Housing Transaction Certification Form**

1. **Introduction**

**a.** Use this Form to request the SVO to review and assign a NAIC Designation to the following military housing transaction.

**2. Instructions for Completing this Form**

**a.** Name of Issuer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**b.** Issue Description (e.g., $5,000,000 7.5% Senior Notes due 2005): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**c.** First Eight Digits of the CUSIP/PPN/CINS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **d.** Attach a Securities Acquisition Report (Initial Filing) or an Annual Update ATF for the security to

 this Form.

1. Attacha detailed analytical memorandum that addresses the following key risk factors:

1) Stabilized / Permanent Debt Service Coverage;

 2) Stabilized / Permanent Occupancy

3) Developer Opinion

4) Political (BRAC) Opinion

5) Expense Ratio (if applicable)

6) Overall Credit Opinion

1. Attach a prospectus or offering memorandum for the security or securities.
2. Attach the most recent audited financial statements for the issuer.

Notwithstanding the insurer satisfying the informational requirements stated in 2 (e),(f) and (g), pursuant to Part Five, Section 2 of the *Purposes and Procedures Manual of the NAIC Securities Valuation Office*, the SVO may request additional information, if necessary.

**3. Certification Statement:**

**I am an officer of the reporting insurance company named above, qualified to attest to the accuracy of the information used in the attached analytical memorandum, and I hereby certify that, as of this date, the information used in the memorandum is true.**

Name of Reporting Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Certifying Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Certifying Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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