

STATE OF WEST VIRGINIA
**Non-Participating Manufacturer
Quarterly Certificate of Compliance**

Pursuant to W.Va. Code § 16-9D-6(e)

Part 1: Tobacco Product Manufacturer Identification

Company Name:	
Street Address:	
City:	
State/Country:	
Postal Code:	
Telephone:	
Fax Number:	
Email:	
Name and Title of Person Completing this Report:	

Part 2: Liability Reporting Period

- First Quarter: January 1 through March 31, 2024**
 - May 1, 2024: Escrow Deposit Due in West Virginia Sub-Account
 - May 10, 2024: NPM Quarterly Certificate of Compliance Received by Attorney General
 - May 10, 2024: Account letter submitted by bank to the Attorney General

- Second Quarter: April 1 through June 30, 2024**
 - August 1, 2024: Escrow Deposit Due in West Virginia Sub-Account
 - August 12, 2024: NPM Quarterly Certificate of Compliance Received by Attorney General
 - August 10, 2024: Account letter submitted by bank to the Attorney General

- Third Quarter: July 1 through September 30, 2024**
 - November 1, 2024: Escrow Deposit Due in West Virginia Sub-Account
 - November 11, 2024: NPM Quarterly Certificate of Compliance Received by Attorney General
 - November 11, 2024: Account letter submitted by bank to the Attorney General

- Fourth Quarter: October 1 through December 31, 2024**
 - February 3, 2025: Escrow Deposit Due in West Virginia Sub-Account
 - February 10, 2025: NPM Quarterly Certificate of Compliance Received by Attorney General
 - February 10, 2025: Account letter submitted by bank to the Attorney General

Part 3: Sales by Brand Family

Brand Family	Quarterly Units Sold

Part 4: Escrow Account Information

Name of Financial Institution:	
Street Address:	
City:	
State/Country:	
Postal Code:	
Contact Name/Title:	
Telephone:	
Fax Number:	
Escrow Account Number:	
West Virginia Sub-Account Number:	

The Financial Institution/Escrow Agent listed above is required to provide **directly** to the Attorney General’s Office the following:

1. Proof of the amount and date of deposit to West Virginia’s segregated sub-account for the 2024 quarterly sales.
2. A current ledger of the tobacco product manufacturer’s segregated sub-account for West Virginia.

Part 5: Quarterly Escrow Calculation for 2024 Sales

1. List on Line A the total cigarettes sold by the NPM in West Virginia during the quarter. (Note: For RYO, divide the total number of ounces sold by 0.09 and round up to the next whole unit) A. _____
(units)
2. Line B contains the minimum rate per unit sold in 2024 (\$0.0188482) plus the estimated inflation adjustment for 2024 (\$0.0258746).* B. \$0.0447228
3. Multiply Line A and B to determine the total escrow due for the quarter. C. _____

*This minimum rate is based on a minimum upward inflation adjustment of 3 percent. If the Consumer Price Index (CPI-U) increases by more than 3 percent in 2024, the 2024 NPM escrow rate will be greater than \$0.0447228 per stick. Therefore, if the CPI-U increases by more than 3 percent, a supplemental escrow deposit may be necessary.

ANY REQUIRED QUARTERLY ESCROW PAYMENT MUST BE DEPOSITED INTO THE SEGREGATED WEST VIRGINIA SUB-ACCOUNT BY THE DUE DATE INDICATED IN PART 2.

Part 6: Additional Information

- A. The registered agent identified in the NPM's most recent Annual Certification has not changed since that certification. Yes No
- B. The financial institution information provided in the NPM's most recent Annual Certification has not changed since that certification. Yes No
- C. The escrow agreement provided in the NPM's most recent Annual Certification has not changed since that certification. Yes No
- D. If the NPM responded no to Questions A, B, or C, please provide an explanation in attachment.

Part 7: Execution by Authorized Designee

An authorized officer of the NPM MUST sign this form and have it notarized.

Under penalty of perjury, I certify that the tobacco product manufacturer on whose behalf this certification is made is in full compliance with West Virginia Code § 16-9B-1 *et seq.*, that the information contained in this certificate of compliance is true and accurate, and that I am authorized to signed this certification. I understand that the West Virginia Office of the Attorney General may require additional information and/or documentation to determine the veracity of assertions and representations made in this certification.

Designee:	
Title:	
Street Address:	
City:	
State/Country:	
Postal Code:	
Telephone:	
Email:	
Signature of Designee:	
Date:	

Subscribed and sworn to before me this _____ day of _____, 20_____.

County of _____

Signature of Notary Public: _____

Notary Commission Expires: _____

Mail Completed Certificate of Compliance to:

West Virginia Office of the Attorney General
Tobacco Litigation Unit
Attn: Cassandra L. Means-Moore
State Capitol Complex
Building 1, Room W-435
Charleston, WV 25305