LOUISIANA DEPARTMENT OF INSURANCE

AFFIDAVIT RELATIVE TO DATA SUBMITTED IN COMPLIANCE
WITH ACT NO. 427 OF THE 2014 REGULAR SESSION OF THE LOUISIANA LEGISLATURE

BE IT KNOWN that the undersigned does hereby attest to the following:

1. I serve in the capacity of ___________________________ for the ________________________ (hereinafter referred to as "the company")

2. The capacity in which I serve is regarded by the company as an executive position as per the requirement of Act No. 427 of the 2014 Regular Session of the Louisiana Legislature (Act 427; La.R.S. 22:1488).

3. As a part of my job duties with the company, I have knowledge of the data that has been presented to the Louisiana Department of Insurance (LDI) in response to the requirements set forth by Act 427.

4. The data that has been submitted to the LDI for the purpose of compliance with Act 427 is complete and accurate to the best of my knowledge.

5. I understand that there is a continuing obligation with regard to the data such that if, at any time, I become aware of the fact that the submitted information is not complete and accurate, I will supplement my company's or group's response within thirty (30) days of becoming aware of the lack of accuracy or completeness.

Signature of Affiant ____________________________
Printed Name of Affiant ____________________________

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in ____________________________
__________________________, on this _____ day of __________, ______.

__________________________
NOTARY PUBLIC

LICENSED IN THE STATE OF ______________________
BAR ROLL OR NOTARY ID NUMBER ______________________
MY COMMISSION EXPIRES ON/AT ______________________