



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

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 _____