



LOUISIANA DEPARTMENT OF INSURANCE
TIMOTHY J. TEMPLE
COMMISSIONER

AGREEMENT TO ABIDE BY AND COMPLY WITH RATES, RULES AND REGULATIONS

STATE OF _____
COUNTY OR PARISH OF _____

We, _____, as President, and _____,
as Secretary of _____, an insurance company organized
under the laws of Louisiana, do hereby agree that said company shall abide by and comply with the rates, except for life, health and
accident insurance, rules and regulations formulated and adopted by the commissioner of insurance or any duly authorized state
board or commission.

Signature of Witness

Signature of Company President

Printed Name of Witness

Printed Name of Company President

Signature of Witness

Signature of Company Secretary

Printed Name of Witness

Printed Name of Company Secretary

SWORN TO and subscribed before me this _____ day of _____, 20__.

Signature of Notary

Printed Name of Notary

My Commission Expires _____