NAIC Company Code _____
NAIC Group Code _____

Reporting Entity Name _____
Domiciled in _____ (State)
Mailing Address:_____
Annual Statement Contact:_____
(Name) Telephone No. E-mail Address

In the Matter of the _____ Statement)
(Annual/Quarterly) **) AFFIDAVIT OF FILING**
Filing Required for the Period Ending on the) **AND FINANCIAL**
_____ day of _____, 2_____ **) STATEMENT ATTESTATION**
Mailing Date:_____

The officers of the above identified reporting entity, being duly sworn, each depose and say that on the mailing date above, a true and correct statement for the reporting period stated above and that the corresponding true and correct electronic file reflecting the statement for the above named reporting entity, has been sent to the National Association of Insurance Commissioners, according to their instructions. The statement and the corresponding electronic file are an exact and complete duplicate of the statement filed with the reporting entity's domestic state, except as to schedules, exhibits and information required to be submitted only to the reporting entity's domestic state.

Additionally, the officers of the above identified reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that for the reporting period stated above, all of the described assets in the above referenced statement were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as therein stated, and that the statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended on that date, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual, except to the extent that (1) state law may differ; or (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Signature ☐	Signature ☐	Signature ☐
(Print Name) President	(Print Name) Secretary	(Print Name) Treasurer

_____☐
Signature

Subscribed and sworn to before me this
_____ day of _____, 2____

_____
(Print Name)
Witness

_____
Notary Public
My Commission Expires: