

State of Missouri

DEPARTMENT OF



INSURANCE

P.O. Box 690, Jefferson City, MO 65102-0690

MANAGING GENERAL AGENT'S CERTIFICATION AFFIDAVIT

I, _____, who holds the position of
(NAME OF INSURER REPRESENTATIVE)

_____, with the _____
(TITLE) (NAME OF INSURER)

do hereby certify that, to the best of my knowledge of the facts of which I am presently aware, _____ has honored the Managing
(NAME OF MANAGING GENERAL AGENT)

General Agent's contract in full and that _____
(NAME OF INSURER)

has obtained the attached actuarial opinion attesting to the accuracy of the loss reserves established by _____.
(NAME OF MANAGING GENERAL AGENT)

The Managing General Agent has submitted their most recent annual audit conducted by a Certified Public Accountant which I am also submitting to the Missouri Department of Insurance with this affidavit.

Date: _____

Signed: _____

Title: _____