

Louisiana Department of Insurance

James J. Donelon

Commissioner

**LOUISIANA DEPARTMENT OF INSURANCE**

**AFFIDAVIT RELATIVE TO DATA SUBMITIED 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**

P. O. Box 94214 • Baton Rouge, Louisiana 70804-9214

Phone (225) 342-5900 • Fax (225) 342-3078

*http://www.ldi.la.gov*