COMPANY NAME

**AUTHENTICATION**

In accordance with the provisions of Article 61.100(1)(b) of the Puerto Rico Insurance Code, the undersigned Officers of Company Name, being duly sworn, each depose and say that they are the described officers of Company Name, and that for the reporting period date, all of the herein described assets were the absolute property of Company Name, free and clear from any liens of claims, thereon, except as therein stated, and that the statement together with the 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 Company Name as of the reporting period stated above, and of its income and deductions therefrom for the period ended date.

Officer Name and position Officer Name and position

STATE OF NAME )

) SS.

COUNTY OF NAME )

AFFIDAVIT

Subscribed and sworn to me by Officer Name, of legal age, single or married, positions/titles and resident or residents of City and state, and who are personally know to me in their capacity as positions of Company Name.

In City, State, this number of day, day of month, of year.

**SEAL**

Notary Public

**IMPORTANT:** The official character of the officer who took the acknowledgment above must be certified by the Secretary or by a County Clerk or other officer performing similar duties, or by a U.S. Consul.