

# Reinsurance Intermediary Manager

## CERTIFICATION OF ANNUAL PREMIUM MANAGED

\_\_\_\_\_, being first duly sworn upon oath, pledges that I am,  
(Name)

\_\_\_\_\_ of the \_\_\_\_\_  
(Title) (RIM Name)

and is familiar with the statutes, rules and regulations concerning the licensure of Reinsurance Intermediary Manager in the State of Indiana.

I further certify on behalf of the Reinsurance Intermediary Manager, that the following figures are accurate for the Direct Gross Written Premium for the above named Company.

**ANNUAL PREMIUM MANAGED FOR 20\_\_\_\_\_ : \$\_\_\_\_\_**

\_\_\_\_\_  
Signature

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.