

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_____.