SWORN STATEMENT

_______________________________, President and ___________________________, Secretary of ________________________________________, declare on oath that we are the persons describe as officers of the mentioned insurer, that the Annual Report of Contingent Commissions Paid to General Agents and Authorized Representatives (Form number AP-R84-2009) was completed according to the instructions given by the Commissioner of Insurance of Puerto Rico; that the aforesaid report contains complete, true, and correct information of the contingent commissions paid in 20__ for the business transacted by the insurer during the period ended on December 31, 20__; and that all information and statement contained in said report is correct and certain in all its extremes, according to our best information, knowledge and belief. Likewise, we both recognize that the false representation of any material fact of this statement constitutes a violation to the Insurances Code of Puerto Rico.

___________________________
President

___________________________
Secretary

Sworn to and subscribed before me on this_____ day of______________, 20____.

________________________________
Public Notary

Form: AP-DJR84-2008