



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

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 _____