



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

SWORN STATEMENT

I, _____, President of _____
_____ depose and declare that the information supplied in
the forms denominated "Statistical Report on Single Interest Automobile Physical
Damage Insurance" and "Total Commissions Paid to Single Interest Insurance Producers"
are correct and faithfully present all the information related to all the business of single
interest automobile physical damage insurance transacted by this insurer with automobile
financing companies, in addition to the itemized information of those insurance producers
that transacted insurance business on behalf of this insurer, during the period from
January 1, 20____ to December 31, 20____. Also, said itemized information reflects the
balance of all the money, including, but not limited to, commissions, contingent
commissions, overriding commissions, and any other emolument or compensation paid to
said insurance producers, for the total amount of the different insurance business placed
and/or collected through them during the period from January 1, 20____ and December
31, 20____.

I understand that in the event that the information supplied is found to be false or
incorrect, in addition to the penalties for perjury that may be applicable, the
Commissioner of Insurance of Puerto Rico may determine that the undersigned has
incurred in an illegal, unjust and dubious practice, thus subjecting the aforesaid insurer to,
among others, the sanctions stipulated in Section 3.260 of the Insurance Code of Puerto
Rico, 26 L.P.R.A. sec. 326.

At, _____, Puerto Rico, on this _____ day of _____,
of 20_____.

President

AFFIDAVIT NO. _____

Sworn to and subscribed before me by _____,
of legal age, President of _____, and resident
at _____, Puerto Rico, whom I give faith to know personally at,

Puerto Rico, on this _____ day of
_____, 20_____.

Notary