

Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE
San Juan, Puerto Rico

SWORN STATEMENT

I, _____, President
of _____, depose and declare
that the information supplied in the form denominated "Report of Amounts Recovered
on Assessments Paid to the Puerto Rico Property and Casualty Insurance Guaranty
Association" is correct and faithfully presents the information related to the
assessments paid and recovered by this insurer as of the date indicated in the above
mentioned form.

I understand that in the event the information supplied is found to be false, 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 ins Section 3.260 of the Insurance Code of Puerto Rico, 26 L.P.R.A.
sec 326.

At _____, Puerto Rico, on this _____ day
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