



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

**AGREEMENT TO COMPLY WITH
RATES, RULES AND REGULATIONS**

STATE OF _____

COUNTY OR PARISH OF _____

We, _____, as President
and _____, as Secretary
of _____, an insurance company organized
under the laws of Louisiana and as part of the application for a Certificate of Authority for said insurer, do hereby agree and
certify that said insurer shall abide by and comply with the rates (except for life, health and accident insurance) rules and
regulations formulated, promulgated and adopted by the Commissioner of Insurance or any duly authorized state board or
commission.

Signature of Witness One

Printed Name of Witness One

Signature of Witness Two

Printed Name of Witness Two

Signature of Company President

Printed Name of Company President

Signature of Company Secretary

Printed Name and Company Secretary

SWORN TO and subscribed before me this _____ day of _____, 20__.

Signature of Notary

Printed Name of Notary

NOTARIAL SEAL

My Commission Expires _____