



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

OATH OF NO LIABILITIES

STATE OF _____

COUNTY OR PARISH OF _____

We, _____, as President
and _____, as Secretary
of _____, an insurance company organized
under the laws of _____, do hereby certify that all debts and liability of every kind
due and to become due against said insurer as a result of doing business in Louisiana have been paid or otherwise extinguished
and that said company currently has no policies in force covering lives or property situated within Louisiana.

Signature of Witness One

Signature of Company President

Printed Name of Witness One

Printed Name of Company President

Signature of Witness Two

Signature of Company Secretary

Printed Name of Witness Two

Printed Name of Company Secretary

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

Signature of Notary

Printed Name of Notary

NOTARIAL SEAL

My Commission Expires _____