

ATTORNEY-IN-FACT AND UNDERWRITERS PAGE

(Name of Company)

(Address)

Complete all items and each column by listing the current Attorney-in-Fact (and officers and directors if a corporation) and Underwriters of the Company. RECIPROCAL EXCHANGES should complete items A, B and C only.

A. ATTORNEY-IN-FACT (If Individual)

** (List Full Name)	*SOCIAL SECURITY NUMBER	TITLE	DATE FIRST APPOINTED OR ELECTED
---------------------	-------------------------	-------	---------------------------------

B. ATTORNEY-IN-FACT (If Corporation)

(Name of Corporation)

C. OFFICERS OF THE CORPORATION

** (List Full Name)	*SOCIAL SECURITY NUMBER	TITLE	DATE FIRST APPOINTED OR ELECTED
		President	
		Secretary	
		Treasurer	

D. UNDERWRITERS

** (List Full Name)	*SOCIAL SECURITY NUMBER	TITLE	DATE FIRST APPOINTED OR ELECTED
---------------------	-------------------------	-------	---------------------------------

		Underwriter	
		Underwriter	
		Underwriter	
		Underwriter	
		Underwriter	
		Underwriter	
		Underwriter	
		Underwriter	
		Underwriter	

* Disclosure of your social security number is required by Texas Family Code § 231.302. If you do not have a social security number, you must file a sworn affidavit stating your name and the fact that you do not have a social security number and why no social security number is held.

** Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous year.

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.

STATE OF _____

COUNTY OF _____

On this day personally appeared _____ Attorney-in-Fact of _____

_____ being known to me, and who each after being duly sworn stated on his oath that the statements and representations contained in this Form are true and correct.

President

Secretary

Treasurer

Subscribed and sworn to be the said affiants on the _____ day of _____, 20 _____

(SEAL)

Notary Public in and for _____

County, State of _____