



The information that I have supplied is true and correct to the best of my knowledge. I have read the Indiana Insurance Code and regulations relative to MGAs and agree to abide with its provisions.

Signature	Title	Date signed (month, day, year)
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STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS

Personally appeared before me the above named \_\_\_\_\_ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signature of Notary Public	Name of Notary Public (typed or printed)
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Date subscribed and sworn to	County of residence	My Commission expires:
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