

KENTUCKY OFFICE OF INSURANCE
Frankfort, Kentucky 40601

AFFIDAVIT
(REQUIRED OF DOMESTIC INSURERS ONLY)

I, _____,
President/Financial Officer of _____, with
its principal office located at _____, Kentucky, do
hereby certify that:

- (a) The following persons are members of the Finance Committee of the
aforementioned company and are charged with the duty of prior
consideration and approval of its investment policy: _____

- (b) In accordance with 806 KAR 7:030, the aforementioned members have been
advised as to the requirements of Subtitle 7 of Chapter 304, regulations and
other pertinent provisions of the law applicable to investments or any
company investment policy which may be submitted to them for their
approval; and
- (c) Said Finance Committee has exercised its authority to approve the
investments and/or investment policy of said insurer in accordance with
Subtitle 7 of KRS Chapter 304 for the reporting period January 1 to
December 31, inclusive

This _____ day of _____, 20_____.

SIGNATURE

TITLE

STATE OF KENTUCKY)
)SCT
COUNTY OF _____)

I, _____, a Notary Public in and for the
State and County aforesaid, do hereby certify that the foregoing affidavit was this day produced to me by
_____, an officer of _____,
_____, and acknowledged to be his/her act and deed.

Witness my hand and seal of office this _____ day of _____, 20_____.

Notary Public

My commission expires: _____