



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

**OATH OF NO LIABILITIES
OF
THIRD PARTY ADMINISTRATOR**

STATE OF _____

COUNTY OR PARISH OF _____

We, _____, as President
and _____, as Secretary
of _____, a third party administrator
organized under the laws of _____, do hereby certify that all debts and liability of
every kind due and to become due against said third party administrator as a result of doing business in Louisiana have been
paid or otherwise extinguished and that said company currently has no contracts in force related to lives 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 _____