

(FOR RENEWAL ONLY)

CERTIFICATION OF ANNUAL REINSURANCE PREMIUM MANAGED

_____, being first duly sworn upon his oath, says, that he
is _____, of the _____
and is familiar with the statutes, rules and regulations concerning the licensure of
Reinsurance Intermediaries in the State of Indiana.

He further certifies on behalf of the Reinsurance Intermediaries, that the following figures are
accurate for the Annual Reinsurance Premium Managed for the above named Company.

ANNUAL REINSURANCE PREMIUM MANAGED FOR 19__ : \$ _____

Subscribed and sworn to before me at this ____ day of _____, 19__.

NOTARY PUBLIC

My Commission expires _____