



Iowa Insurance Division  
1963 Bell Ave Suite100  
Des Moines IA 50315

**AFFIDAVIT**

State of \_\_\_\_\_)

County of \_\_\_\_\_)

Being first duly sworn, affiant deposes and states the following:

The affiant is an administrator that solely administers plans which are exempt from registration pursuant to Iowa Administrative Code rule 191-58.3 as indicated on this form. The affiant further acknowledges that if the affiant is found to be conducting business as an administrator as defined in Iowa Code chapter 510, without complying with Iowa Code chapter 510 and Administrative Code chapter 191-58, the Commissioner may conduct a hearing and impose sanctions set forth in Iowa Code chapter 507B.

\_\_\_\_\_ )  
Date

\_\_\_\_\_ )  
Signature of Affiant or Officer On Behalf of Affiant Corporation

\_\_\_\_\_ )  
Affiant (typed)

\_\_\_\_\_ )  
Third Party Administrator Name (typed)

\_\_\_\_\_ )  
FEIN

\_\_\_\_\_ )  
Address (City, State, Zip)

\_\_\_\_\_ )  
Contact Name

\_\_\_\_\_ )  
Contact Phone No.

\_\_\_\_\_ )  
Contact Fax No.

\_\_\_\_\_ )  
Email Address

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

For

The State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_