

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 _____