



Iowa Insurance Division
1963 Bell Ave Suite100
Des Moines IA 50315

Surety Bond Attestation

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that the amount of the surety bond meets the requirement in IAC 191-58.3(2)'c'(1) and that the below amount is the administrator's daily average client account balance during the preceding calendar year. To the best of the officer's knowledge, information, and belief this submission is true, correct, and complete.

Daily Average Account Balance

Signature of Officer

Officer Name (typed) and Title

Date

Third Party Administrator Name

FEIN

Address Street

City, State, Zip

Contact Name

Contact Phone No.

Email Address