



AFFIDAVIT
 NORTH DAKOTA STATE INSURANCE DEPARTMENT
 SFN 4795 (1-2006)

State of _____)
) SS
 County of _____)

Authorized Official	Title	
Name of Company	City	State
Name of Company That This Affidavit Is Made On Behalf Of		

The above named individual, being duly sworn, deposes and says that the said company is not financially owned, in whole or part, or financially controlled by any foreign government outside of the United States or the Territories of the United States: That this Affidavit is made on behalf of the above-named company for the purpose of satisfying the Commissioner of Insurance of North Dakota that said company is not disqualified under the provisions of Section 26.1-02-04 of the Insurance Laws of North Dakota.

Date	Authorized Official Signature
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Subscribed and sworn to before me this _____ day of _____, 20 ____.

 Notary Public

My Commission expires: