

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**AFFIDAVIT**

Personally appeared before me, the undersigned authority, the within named, \_\_\_\_\_, who being duly sworn, states upon his/her oath the following:

- 1. I, \_\_\_\_\_, am over the age of eighteen (18) years of age. I am fully competent to give this affidavit based upon my personal knowledge and recollection of the matters stated herein.
- 2. I am currently sixty-five (65) years of age or older.
- 3. I have been licensed as an insurance producer a continuous period of twenty-five (25) years immediately preceding the submission of my insurance producer's renewal application. My producer's license number is \_\_\_\_\_.

Further affiant sayeth not.

Done this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Print Name of Affiant

\_\_\_\_\_  
Signature of Affiant

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_

Sworn to and subscribed to  
Before me this the \_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

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

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