



ATTORNEY-IN-FACT AND UNDERWRITERS PAGE

(Name of Company)

(Address)

Complete all items and each column by listing the current Attorney-in-Fact (and officers and directors if a corporation) and Underwriters of the Company. RECIPROCAL EXCHANGES should complete items A, B and C only.

A. ATTORNEY-IN-FACT (If Individual)

**(List Full Name)	*SOCIAL SECURITY NUMBER	TITLE	DATE FIRST APPOINTED OR ELECTED

B. ATTORNEY-IN-FACT (If Corporation)

(Name of Corporation)

C. OFFICERS OF THE CORPORATION

**(List Full Name)	*SOCIAL SECURITY NUMBER	TITLE	DATE FIRST APPOINTED OR ELECTED
		President	
		Secretary	
		Treasurer	

D. UNDERWRITERS

**(List Full Name)	*SOCIAL SECURITY NUMBER	TITLE	DATE FIRST APPOINTED OR ELECTED
		Underwriter	
		Underwriter	
		Underwriter	
		Underwriter	
		Underwriter	
		Underwriter	
		Underwriter	
		Underwriter	
		Underwriter	
		Underwriter	

- * Refer to P.L. 93-59 Disclosure of Social Security Account Number.
- ** Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous year.

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES
 With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at www.tdi.state.tx.us.

PLEASE SEE REVERSE SIDE FOR SIGNATURE AND NOTARIZATION

STATE OF _____

COUNTY OF _____

On this day personally appeared _____ Attorney-in-Fact of _____

_____ being known to me, and who each after being duly sworn stated on his oath that the statements and representations contained in this Form are true and correct.

President

Secretary

Treasurer

Subscribed and sworn to be the said affiants on the _____ day of _____, 20 _____

(SEAL)

Notary Public in and for _____

County, State of _____