

Affidavit

Texas Private Passenger Auto Statistical Plan Annual Reconciliation Experience Report

State of _____

County of _____

BEFORE ME, the undersigned authority, on this day personally appeared

_____, _____
(Officer's Name) (Officer's Title)

of the _____
(Company Name)

of _____
(Home Office, City and State)

who, being duly sworn, states upon oath that all of the information submitted in this Texas Private Passenger Automobile Statistical Plan Annual Reconciliation Experience Report is complete, correct and true to the best of his or her knowledge and belief.

Officer's Signature

Officer's Title

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public

Notary Seal)

Notary Public, State of _____

Printed Name

My commission expires: _____