



**LOUISIANA
DEPARTMENT OF
INSURANCE**

OATH OF NO LIABILITIES

STATE OF _____

COUNTY OR PARISH OF _____

We, _____, as President
and _____, as Secretary
of _____, an insurance company
organized under the laws of _____, do hereby certify that all debts and
liability of every kind due and to become due against said insurer as a result of doing business in Louisiana have
been paid or otherwise extinguished and that said company currently has no policies in force covering lives or
property situated within Louisiana.

Signature of Witness One

Signature of Company President

Printed Name of Witness One

Printed Name of Company President

Signature of Witness Two

Signature of Company Secretary

Printed Name of Witness Two

Printed Name of Company Secretary

SWORN TO and subscribed before me this

day of _____, 20_____.

Notary Public or Bar Roll Number

Notary Public's Signature

My Commission Expires

Notary Public's Printed Name