

ATTESTATION STATEMENT

STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
SURPLUS LINES TAX FILING FOR QUARTER ENDING _____
This document must be attached to all quarterly tax return filings.

LICENSE INFORMATION

<u>Licensee Name</u>	
<u>License Number</u>	<u>E-Mail</u>

ATTESTATION STATEMENT

I swear to the best of my knowledge and believe that this report is a true and complete statement of all activities during the time period. In addition, with regards to the coverages in the quarterly report that, to the best of this licensee's knowledge and belief, this license could not reasonably procure such coverages from an admitted insurer.

SIGNATURE

Signature of surplus lines producer or officer, owner, or designated responsible licensed producer for an agency