

GERALD B. FARLOW & ASSOCIATES, LTD.
REINSURANCE COMPANY FORMATION AFFIDAVIT SUPPLEMENT
COMPANIES DOMICILED IN THE TURKS & CAICOS ISLANDS

I, _____, of _____
[FULL LEGAL NAME] [FULL RESIDENTIAL ADDRESS]

[FULL RESIDENTIAL ADDRESS, CONTINUED]

HEREBY MAKE OATH and say as follows:

1. Full Legal Name: _____
2. Date of Birth: _____
3. Name as Shown on Driver's License: _____
4. Name as Shown on Proof of Address: _____
5. Additional Names to Consider: _____

I swear under penalty of perjury that the persons listed above are one and the same person.

[AFFIANT SIGNATURE]

[DATE]

[AFFIANT PRINTED FULL LEGAL NAME]

The person named above personally appeared before me being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

[NOTARY SIGNATURE]

[DATE]