

Affidavit Of Producer

State of _____

Parish/County of _____

BEFORE ME, the undersigned Notary Public, personally came and appeared:

who, after being duly sworn, did complete the following questions and state:

(Please state in your own words below what occurred related to changes in your insurance policy.)

Please Fill in and answer the following:

Producer/Affiant Name: _____

Date of Birth of Affiant: _____

Telephone number of Affiant: _____

Email address of Affiant: _____

Physical Address of Affiant: _____

LDI Producer Number of Affiant: _____

In which state does the affected policyholder reside? _____

Federal Marketplace Application ID number(s) _____

Name of Insurance Company and Policy Number of policy that was changed without the policyholder's consent: _____

What changes were made to the policyholder's insurance policy without the policyholder's consent? _____

How did you become aware of the changes made to the insurance policy without the policyholder's consent? _____

NOTARY PUBLIC