



TEXAS LIFE & HEALTH
INSURANCE GUARANTY ASSOCIATION

Name: _____

Firm: _____

[Year]
Antitrust Policy
Certification of Compliance

By my signature below, I certify that: (i) I have received and read the Texas Life and Health Insurance Guaranty Association's Antitrust Compliance Policy; (ii) I fully intend to comply with the policy; and (iii) to the best of my knowledge, I am now in full compliance with the policy, and have been in compliance with the policy since January 1, [prior year], except as disclosed below.

[Describe in detail any instances of non-compliance.]

Date: _____

Signature: _____