FMAA- ANNUAL AFFIDAVIT

STATE OF ARKANSAS)
)
COUNTY OF _____)

Before the undersigned, Notary Public, duly qualified and acting in and for said county and state, appeared _____to me well known/satisfactorily proven to be the Affiant herein, who stated the following under oath:

1. That I am an officer, director and/or other duly authorized representative of _____, of_____ Arkansas, a farmers' mutual aid association ("FMAA").

2. That pursuant to Ark. Code Ann. 23-73-105(f)(2), the FMAA was previously granted release of its Fifty Thousand Dollar ($50,000) Security Deposit by the Arkansas Insurance Department.

3. That the FMAA currently maintains and will continue to maintain one hundred percent (100%) reinsurance on all of its "liability" coverage's, i.e. burglary and theft, glass, leakage, and fire extinguisher equipment, livestock, miscellaneous coverage and liability.

4. That a copy of the reinsurance contract currently in force is attached to this affidavit, and is hereby made a part of the Annual Statement Filing, due annually March 1.

IN WITNESS WHEREOF, I hereunder set my hand this_____day of_____, _____.

_____
Affiant

Subscribed and sworn to or affirmed before me this _____day of_____, _____.

_____
Notary Public

My Commission expires:_____

(REV.1998)