EXHIBIT "1"

AFFIDAVIT OF ORIGINATING AGENT OR BROKER

FORM SL-1

| State of | |
|--|---|
| City and County of,, | |
| resident / non-resident agent or broker or duly licensed non-reside the line(s) of property, casualty, surety, and marine insurance to vectorages listed hereinafter were procured during the month of | which this affidavit applies, and that the insurance, 20, through the assistance lus line broker. Affiant further states that he has made a licensed in Arkansas which are actually marketing in that being unable to place such coverages, or a part explaced through the surplus line market. |
| Finally, Affiant states that the information contained in the Discle attached hereto, was made known to the insured prior to the proceed the insured's signature thereon was obtained as soon as reasonable. | uring of the coverage in a nonadmitted insurer and that |
| | Originating Agent or Broker |
| | Agency Represented |
| | Address |
| | |
| Subscribed and sworn to or affirmed before me | Telephone Number |
| this day of, 20 | |
| Notary Public | |
| My commission expires, 20 | |
| (Ed. 4/91) | |

| NAME OF INSURED | TYPE OF COVERAGE | LOCATION OF RISK | INSURER |
|-----------------|------------------|------------------|---------|
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