

Attachment A

**CERTIFICATE OF INTENT**

I, (Printed Name of the President) President of (Printed Name of the County Farm Mutual), (hereinafter "CFM"), do hereby certify that as of December 31, 20\_\_, the CFM:

- 1. Had direct written premiums of less than \$150,000, **AND**
- 2. Had fewer than 400 policyholders.

Therefore, the CFM meets the conditions of North Carolina General Statute 58-2-165 and elects to file as a representation of its financial condition for the year ended December 31, 20\_\_

\_\_\_\_\_ a financial statement prepared on the NAIC Annual Statement

\_\_\_\_\_ an audited financial statement prepared by an independent certified public accountant

President

(Printed Name of the County Farm Mutual)

(CORPORATE SEAL)

(Signature of the President)

(Date)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Official Seal)

\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_