

| <b>Section Name</b>                           | <b>Field Name</b>  | <b>Field and/or Section Description</b>   |
|---|--|---|
| <b>TITLE</b><br><b>ACORD 861 LA (2005/07)</b> | <b>Louisiana Auto Supplement</b><br><b>Active Military Personnel Affidavit</b> | Use this supplement as proof in the form of an affidavit for policy renewals that the named insured, having previously established eligibility for the insurance premium discount program for active military personnel stationed in Louisiana mandated by R.S. 22:1425(A), continues to meet the eligibility requirements. |
| <b>IDENTIFICATION SECTION</b>                 | <b>Agency</b>  | Producer's name and address.  |
| <b>IDENTIFICATION SECTION</b>                 | <b>Code</b>  | Identification code assigned to your agency or brokerage firm by the insurance company receiving this form.   |
| <b>IDENTIFICATION SECTION</b>                 | <b>Subcode</b>   | If your agency uses a subcode identification system with the company, enter the appropriate code.   |
| <b>IDENTIFICATION SECTION</b>                 | <b>Named Insured</b>   | Insured's name exactly as it appears on the policy.   |
| <b>IDENTIFICATION SECTION</b>                 | <b>Company</b>   | Issuing company's name.   |
| <b>IDENTIFICATION SECTION</b>                 | <b>Policy #</b>  | Number exactly as it appears on the policy, including prefix and suffix symbols.  |
| <b>IDENTIFICATION SECTION</b>                 | <b>Effective Date</b>  | Date on which the terms and conditions of the policy commenced.   |
| <b>AFFIDAVIT</b>                              | <b>Parish of:</b>  | Indicate the name of the parish of the named insured.   |
| <b>AFFIDAVIT</b>                              | <b>BEFORE ME, the undersigned authority on this day personally appeared</b>    | Insured's name exactly as it appears on the policy.   |
|   | <b>Signed this day</b>   | Indicate the day in DD format   |
|   | <b>Month</b>   | Indicate the month in MM format   |
|   | <b>Year</b>  | Indicate the year in MMMM format  |
| <b>AFFIDAVIT</b>                              | <b>Signature of Affiant</b>  | Affiant/Named Insured must sign the affidavit.  |
|   | <b>Subscribed and Sworn to Before me, the undersigned authority on - Day</b>   | Indicate the day in DD format   |
|   | <b>Month</b>   | Indicate the month in MM format   |
|   | <b>Year</b>  | Indicate the year in MMMM format  |
| <b>AFFIDAVIT</b>                              | <b>Signature of Notary</b>   | Notary must sign the affidavit.   |
| <b>AFFIDAVIT</b>                              | <b>Print Name</b>  | Indicate the name of the notary. If handwritten, please print.  |
| <b>AFFIDAVIT</b>                              | <b>Address</b>   | Indicate the address of Notary. Do not use a P.O. Box   |