AFFIDAVIT OF LOST STOCK CERTIFICATE(S)

STATE OF)				
COUNTY OF) SS.)				
We, owners under certificate	(s) numbered	, bei	ng duly sworn, do	th depose and say	that we are the
AMERICAN SAVINGS LIFE INSURANCE COM and that said certificate(s) cannot be produced or for			, representing	shares of C	, issued by the Company stock,
Deponents further state t AMERICAN SAVINGS	_			• •	•
Furthermore, deponent INSURANCE COMPA administrators and assign by reason of or growing	NY shall and will at s, be fully indemnified	all times her and held harr	eafter, by these o	deponents, their he	eirs, executors,
Deponents further state the or otherwise, the said ce	•		ever assigned, hyp	othecated or pledg	ed for security,
Dated at (location)		This	day of	, 20	
Signature:		<u>.</u>	Signature:		
STATE OF					
COUNTY OF);	SS.			
Subscribed and sworn	n to before me, this	day of	, 20_	<u>.</u>	
by the personal appea	arance before me of:				
Notary Public				My Commission Expi	res: