



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF _____

COUNTY OR PARISH OF _____

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the

_____,
an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

Signature of Witness

Printed Name of Witness

Signature of Witness

Printed Name of Witness

Signature of Director

Printed Name of Director

SWORN TO and subscribed before me this _____ day of _____, 20__.

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires _____