

Oath of Director of a Michigan Domestic Insurer

Complete and file this form whenever a director is elected, re-elected or appointed to serve on the Board of Directors.

Name of each applicable Insurance Company	NAIC Company Code for each company
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I, swear (or affirm) that as a director of this company or these companies, I will diligently and honestly perform the duties of my office and that I will not knowingly violate, or knowingly permit to be violated, any provisions of the Michigan Insurance Code of 1956, as amended.

Name of Director <i>(please type or print)</i>		
Signature of Director		Date
Residence Address of Director		
City	State	Zip
Date Elected or Appointed		Term of Office

Please return completed form to:

**Department of Insurance and Financial Services
Office of Insurance Evaluation
P.O. Box 30220
Lansing, Michigan 48909-7720**

Authorized under Section 5238 of the Michigan Insurance Code of 1956, as amended. Completion is required for each director of a Michigan domestic insurer. Failure to properly complete and file may result in a compliance action against the company.



Michigan Department of Insurance and Financial Services

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