

This form is required pursuant to Section 25 of Act 440, PA of 1976, as amended and Rule 21.

**MICHIGAN DEPARTMENT OF LICENSING & REGULATORY AFFAIRS**  
Office of Financial and Insurance Regulation

**CORPORATE ACKNOWLEDGEMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, before me \_\_\_\_\_ the undersigned officer, known personally to me to be the \_\_\_\_\_ President and \_\_\_\_\_ Secretary, respectively, of the above named corporation, and that they, as such officers, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by themselves as such officers.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

\_\_\_\_\_  
(Notary Public)

(NOTARIAL SEAL)

My Commission expires: \_\_\_\_\_

**INDIVIDUAL, MEMBERSHIP OR PARTNERSHIP ACKNOWLEDGEMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, before me, \_\_\_\_\_ the undersigned individual, partner or member, personally appeared \_\_\_\_\_, to me personally know and known to me to be the same person(s) whose name(s) is (are) signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

\_\_\_\_\_  
(Notary Public)

(NOTARIAL SEAL)

My Commission expires: \_\_\_\_\_



**Michigan Department of Licensing and Regulatory Affairs**

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