



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 Officer

\_\_\_\_\_  
Printed Name of Officer

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My Commission Expires \_\_\_\_\_