**NORTH CAROLINA DEPARTMENT OF INSURANCE PRESIDENT' S SWORN STATEMENT**

(Company Name)

desires to conduct the business of insurance in the state of North Carolina. As

President of

(Company Name)

with authority to act for and bind

(Company Name)

 I solemnly swear that I and ,

(Company Name)

# accept and agree to abide by all of the insurance laws of North Carolina, both presently enacted or to be enacted or promulgated in the future. This promise is made as an essential consideration of the issuance of a license to conduct the business of insurance to

 .

(Company Name)

I further swear that

(Company Name)

is in compliance with all insurance laws of North Carolina, and I and

(Company Name)

# accept and agree that said license may be suspended or revoked as provided in the insurance laws of North Carolina.

President's Signature Date

President' s Printed Name

Sworn to and subscribed before me, this the\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

NOTARY'S SEAL Notary Public

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