
**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: _____
