



**JAMES J. DONELON  
COMMISSIONER OF INSURANCE  
STATE OF LOUISIANA**

P.O. Box 94214  
Baton Rouge, Louisiana 70804-9214  
Phone (225) 342-5900  
Fax (225) 342-3078  
<http://www.lidi.state.la.us>

**OATH OF LIABILITIES**

STATE OF \_\_\_\_\_

COUNTY OR PARISH OF \_\_\_\_\_

We, \_\_\_\_\_, as President  
and \_\_\_\_\_, as Secretary  
of \_\_\_\_\_, an insurance company organized  
under the laws of \_\_\_\_\_, do hereby certify that all debts and liability of every kind due  
and to become due against said insurer as a result of doing business in Louisiana have been paid or otherwise extinguished and  
that said company currently has no policies in force covering lives or property situated within Louisiana.

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Company President's Signature

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Company President's Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Company Secretary's Signature

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Company Secretary's Printed Name

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

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Public's Printed Name

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