



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON  
COMMISSIONER

**LOUISIANA DEPARTMENT OF INSURANCE**  
**Office of Consumer Advocacy & Diversity**  
**Division of Diversity & Opportunity**

**JOB POSTING REQUEST FORM**

Company Name:	_____
Contact Person:	_____
Position Title:	_____
Qualifications:	_____ _____ _____ _____ _____ _____
Starting Salary:	_____
Accepting Resumes:	_____
	Date to Date

Please return this form to the Louisiana Department of Insurance, P. O. Box 94214, Baton Rouge, LA 70804-9214, or fax to (225) 219-0615. Attn: Gayle L. Raby, Office of Consumer Advocacy & Diversity.