

RESOLUTION OF THE BOARD OF DIRECTORS

1 COMPANY'S INFORMATION

Full corporate name _____

2 AUTHORIZED PERSONS' INFORMATION

Please complete A or B:

A) It is hereby resolved that I, the undersigned, _____, **President and sole shareholder** of the above-mentioned company, am the sole person authorized to sign applications, requests or any other documents whatsoever concerning an insurance contract issued by or to be issued by **La Capitale Civil Service Insurer Inc.**

B) It is hereby resolved that the following are the sole persons authorized by the above-mentioned company to sign applications, requests or any other documents whatsoever concerning an insurance contract issued by or to be issued by **La Capitale Civil Service Insurer Inc.**

_____	_____	X Signature
Name	Title	
_____	_____	X Signature
Name	Title	
_____	_____	X Signature
Name	Title	
_____	_____	X Signature
Name	Title	

Check a single box: The signature of only one of these persons is required.
 The signatures of all of these persons are required.

3 SIGNATURE OF THE CORPORATE SECRETARY OR PRESIDENT OF THE COMPANY (MANDATORY)

I, the undersigned, _____ Corporate Secretary, President or President and Corporate Secretary of the company, hereby certify that this is a true copy of the resolution adopted by the Board of Directors of the Company on _____ 20____ and that this resolution is in full force and effect.

_____	_____	X Signature
Name	Title	

Note: This form was provided to you as a courtesy. It may not be appropriate for all situations.