

# OIL CASUALTY INSURANCE, LTD.

**SHAREHOLDER REPRESENTATIVE(S) UPDATE INFORMATION FORM**

(For Correspondence/Contact Purposes)

## SECTION I

### Please provide the name and details of the Shareholder

SHAREHOLDER:

PRINCIPAL ADDRESS:

TELEPHONE #:       FAX #:

## SECTION II

### Please provide the name of the OCIL Shareholder Representative and at least one Alternate Representative and their details. The OCIL Shareholder Representative is OCIL's primary contact and will receive all correspondence sent by OCIL, including information for the Annual General Meeting.

**SHAREHOLDER REPRESENTATIVE:**

Full Name:

Date of Birth:       Email Address:

 Company:

Title:

Residential Address:

Telephone No.:      Fax No.:



# OIL CASUALTY INSURANCE, LTD.

## ALTERNATE REPRESENTATIVE 1:

Full Name:

Date of Birth:       Email Address:

 Company:

Title:

Residential Address:

Telephone No.:      Fax No.:

## ALTERNATE REPRESENTATIVE (Optional):

Full Name:

Date of Birth:       Email Address:

 Company:

Title:

Residential Address:

Telephone No.:      Fax No.:

## PERSON COMPLETING THIS FORM1:

### Signature

Print Name (in full)

Title

Company

Date

1 This form must be executed by a director or officer of the Shareholder, or any other person duly authorized to sign the same on behalf of the Shareholder.