

RETURN TO: OFFICE OF LIQUIDATIONS, REHABILITATIONS AND SPECIAL FUNDS

Capitol Associates Building
901 North 7th Street
Harrisburg, PA 17102
717-787-6009 (phone)
717-772-4543 (fax)

BOND RELEASE

The undersigned by these presents, does for itself and its successors and assigns, unconditionally releases and discharges **STATUTORY LIQUIDATOR FOR COMMONWEALTH INSURANCE COMPANY** of and from all causes of action and all past and present claims and/or liability now or hereinafter arising under Bond No. _____ in the amount of \$_____ issued for _____. This release shall cause this bond to be null and void and terminate any obligation of **STATUTORY LIQUIDATOR FOR COMMONWEALTH INSURANCE COMPANY** under this bond.

In witness whereof, the undersigned has caused these presents to be signed by it's duly authorized agent on the _____ day of _____, 20____.

Obligee: _____

Witness

By: _____
Signature

Please print or type name

Title

On this _____ day of _____, 20____, before me personally appeared _____ who acknowledged himself to be the _____ of _____, a _____ (type of business entity), and that he/she, being authorized to do so, executed the foregoing release for the purposes therein as contained by signing the name of the _____ (type of business entity) by himself/herself as _____ (title of person signing for the business entity).

Notary Public

My Commission expires: _____