| NAME | Richmond, J.W | | |
|---------|---------------------------------|--------------|-----|
| | Examiner -State Insurance Dept. | | |
| | Oath of office | | |
| NATURE | | | |
| | | | |
| FILED | May 26,1917 | FILE NO | 849 |
| | | | |
| | | | |
| Paugher | | | |