



FORM # 5

OIL INSURANCE LIMITED

OIL SHAREHOLDER REPRESENTATIVE DESIGNATION

The undersigned, an Officer of _____ (the "Shareholder"), a shareholder of OIL INSURANCE LIMITED, a Bermuda company (the "Company"), hereby authorizes _____ or failing him, _____ or _____ to act as representatives of the Shareholder at all Meetings of Shareholders of the Company and to exercise all powers of the Shareholder as a shareholder of the Company at all such meetings.

Date: _____

Signature & Title of Certifying Officer: _____

SHAREHOLDER REPRESENTATIVE:

Name: _____

Company: _____

Title: _____ Email Address: _____

Telephone No.: _____ Fax No.: _____

SECONDARY REPRESENTATIVE #1:

Name: _____

Company: _____

Title: _____ Email Address: _____

Telephone No.: _____ Fax No.: _____

SECONDARY REPRESENTATIVE #2:

Name: _____

Company: _____

Title: _____ Email Address: _____

Telephone No.: _____ Fax No.: _____