## Managing General AGENT or AGENCY Appointment / Cancellation

Name of Insurance Company				Company NAIC number	
Complete a separate form for each Managing General AGENT or Mar AGENCY, an appointment must also be submitted for a Managing General AGENCY.					
Name of AGENT		Name o	Name of AGENCY		
AGENT Mailing Address		AGENCY Mailing Address			
City State ZIP Code		City			State ZIP Code
Agent System ID/License number			Agency Syst	em ID/License number	
Agent Social Security number (last 4 digits only)			Agency Tax ID	number (FEIN)	
Action Requested:		ı	Effective Date o	of this action:	
□ APPOINT this Agent or Agency for these lines:     □ Life □ Property     □ Accident and Health □ Casualty      If appointing a Managing General AGENT or AGENCY, briefly	y state the d		□ Life □ Accident a	nd Health	Property Casualty
Certification					
his appointment or cancellation of a Managing General Agent or Agency is done puppoint or cancel this agent or agency. I am familiar with the requirements of Chaptegents and Agency will comply with its provisions.	ursuant to Sect er 14 of the Mi	ion 500.14 chigan Insu	11(e) of the Michic rance Code, and	gan Insurance Code. I am a assure that the Company ar	uthorized by this Insurer to nd its Managing General
Name and Title of Appointing Authority (typed or printed)				Submit by Mail or Fax to:	
Address Line 1				DIFS Insurance Licensing P. O. Box 30220 Lansing, MI 48909-7720	
Address Line 2			Fax Number: (517) 284-8836		
City		State	ZIP Code	_	
elephone number Email Address			S		
Signature of Appointing Authority				Date signed	

Authority: This information is required pursuant to Section 500.1411(e) of the Michigan Insurance Code. Failure to file this information may result in further compliance action including and up to a fine and/or limitation of your Certificate of Authority in Michigan.

