

# Appointment/Cancellation of Managing General AGENT or AGENCY

Name of **Appointing or Cancelling Company** Company NAIC number

**1 Complete a separate form for each Managing General AGENT or Managing General AGENCY. If you appoint a Managing General AGENCY, you must also appoint a Managing General AGENT within that agency, using a separate form FIS 0242.**

<p>Name of <b>AGENT</b></p> <hr/> <p>AGENT mailing address</p> <hr/> <p>System ID/License Number <input style="width: 100px;" type="text"/></p> <p>Agent Social Security number (last 4 digits only) <input style="width: 100px;" type="text"/></p>	OR	<p>Name of <b>AGENCY</b></p> <hr/> <p>AGENCY mailing address</p> <hr/> <p>System ID/License Number <input style="width: 100px;" type="text"/></p> <p>Agency Tax ID number (FEIN) <input style="width: 100px;" type="text"/></p>
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**2 Action Requested:** *Effective Date of this action* \_\_\_\_\_

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|---|--|
| <input type="checkbox"/> <b>APPOINT this Agent or Agency for these lines</b><br><input type="checkbox"/> Life <input type="checkbox"/> Property<br><input type="checkbox"/> Accident and Health <input type="checkbox"/> Casualty | <input type="checkbox"/> <b>CANCEL this Agent or Agency for these lines</b><br><input type="checkbox"/> All <input type="checkbox"/> Property<br><input type="checkbox"/> Life <input type="checkbox"/> Casualty<br><input type="checkbox"/> Accident and Health |
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**▶ If you are appointing a Managing General AGENT or AGENCY, briefly state the duties they are expected to perform on behalf of you, the insurer:**

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**3 Certification**

This appointment or cancellation of a Managing General Agent or Agency is done pursuant to Section 500.1411(e) of the Michigan Insurance Code. I am authorized by this insurer to appoint or cancel this agent or agency. I am familiar with the requirements of the (Chapter 14) of the Michigan Insurance Code, and assure that the company and its managing general agents and agency will comply with its provisions.

Signature of appointing authority \_\_\_\_\_

Name and title (please type or print) \_\_\_\_\_

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Telephone number (include area code) \_\_\_\_\_ | email address \_\_\_\_\_

**Mailing and delivery address:**

**OFIR Insurance Licensing**  
**P. O. Box 30220**  
**Lansing, MI 48909-7720**  
**Fax Number: (517) 241-3953**

Authority: Section 500.1411(e) of the Michigan Insurance Code. Failure to file this information may result in a compliance action that may result in a fine, or limitation of your Certificate of Authority in Michigan.