

Application for Renewal of BIDCO License

TO:

Your license will expire on December 31 of this year. This application for renewal **MUST BE RECEIVED IN OUR OFFICE BY DECEMBER 31**. A license renewal fee of \$3,500.00 must accompany this application, payable to the State of Michigan.

TO THE COMMISSIONER: Application is hereby made for renewal of license under the provisions of Act No. 89, Public Acts of 1986, as amended, for the period **JANUARY 1, _____ THROUGH DECEMBER 31, _____**.

Please state your current office telephone number and FAX number, including area code. Include any name or address changes since the last issuance or renewal.

CONTACT NAME AND TITLE: _____

CONTACT E-MAIL: _____

OFFICE TELEPHONE NUMBER: _____

OFFICE FAX NUMBER: _____

ANY NAME/ADDRESS CHANGES: _____

Please indicate below any changes in the name, title, or address of any of the directors, officers, and controlling persons of the BIDCO.

Name and Title	Business Address

Authorized Signature	Title	Date



Michigan Department of Insurance and Financial Services

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