

This form should be completed **ONLY** by the Insurance Company appointing / cancelling the Managing General Agent or Agency.

Managing General AGENT or AGENCY Appointment / Cancellation

Name of Insurance Company	Company NAIC number
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Complete a separate form for each Managing General AGENT or Managing General AGENCY. If submitting an appointment for a Managing General AGENCY, an appointment must also be submitted for a Managing General AGENT within that agency, using a separate FIS 0242 form.

<table border="1" style="width:100%"> <tr><td colspan="3">Name of AGENT</td></tr> <tr><td colspan="3">AGENT Mailing Address</td></tr> <tr> <td>City</td> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td colspan="2">Agent System ID/License number</td> <td> </td> </tr> <tr> <td colspan="2">Agent Social Security number (last 4 digits only)</td> <td> </td> </tr> </table>	Name of AGENT			AGENT Mailing Address			City	State	ZIP Code	Agent System ID/License number			Agent Social Security number (last 4 digits only)			OR	<table border="1" style="width:100%"> <tr><td colspan="3">Name of AGENCY</td></tr> <tr><td colspan="3">AGENCY Mailing Address</td></tr> <tr> <td>City</td> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td colspan="2">Agency System ID/License number</td> <td> </td> </tr> <tr> <td colspan="2">Agency Tax ID number (FEIN)</td> <td> </td> </tr> </table>	Name of AGENCY			AGENCY Mailing Address			City	State	ZIP Code	Agency System ID/License number			Agency Tax ID number (FEIN)		
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Action Requested: _____ **Effective Date of this action:** _____

- | | |
|--|---|
| <input type="checkbox"/> APPOINT this Agent or Agency for these lines:
<input type="checkbox"/> Life <input type="checkbox"/> Property
<input type="checkbox"/> Accident and Health <input type="checkbox"/> Casualty | <input type="checkbox"/> CANCEL this Agent or Agency for these lines:
<input type="checkbox"/> Life <input type="checkbox"/> Property
<input type="checkbox"/> Accident and Health <input type="checkbox"/> Casualty |
|--|---|

▶ **If appointing a Managing General AGENT or AGENCY, briefly state the duties they are expected to perform on behalf of the Insurer:**

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 Chapter 14 of the Michigan Insurance Code, and assure that the Company and its Managing General Agents and Agency will comply with its provisions.

<i>Name and Title of Appointing Authority (typed or printed)</i>			Submit by Mail or Fax to: DIFS Insurance Licensing P. O. Box 30220 Lansing, MI 48909-7720 Fax Number: (517) 284-8836		
<i>Address Line 1</i>					
<i>Address Line 2</i>					
<i>City</i>	<i>State</i>	<i>ZIP Code</i>			
<i>Telephone number</i>		<i>Email Address</i>			
<i>Signature of Appointing Authority</i>				<i>Date signed</i>	

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.