

Appointment for Authorized Representative

_____ has appointed
(Name of Applicant - As Appears on Articles of Incorporation)

_____ as its authorized representative to:

1. file application for certificate of authority;
2. provide the Department of Insurance and Financial Services with information necessary for the issuance of its certificate of authority; and
3. enter into agreements with regulatory agencies in connection with the issuance of its certificate of authority.

This appointment is effective _____ and will remain in effect
(Date)
until written notice of termination (signed by three governing board officers) is sent to the Department of Insurance and Financial Services.

Officer Signature and Title	Date
-----------------------------	------

Witness Signature	Date
-------------------	------

Officer Signature and Title	Date
-----------------------------	------

Witness Signature	Date
-------------------	------

Officer Signature and Title	Date
-----------------------------	------

Witness Signature	Date
-------------------	------

Authorized by PA 218 of 1956, as amended. Required by MCL 500.3509 and/or MCL 500.3573.



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442