

Schedule A

PERSONS HAVING BINDING AUTHORITY AND ACTING AS REINSURANCE INTERMEDIARY MANAGERS

The information that I have supplied is true and correct to the best of my knowledge. I have read the Michigan Insurance Code and regulations relative to the responsibilities of being a Reinsurance Intermediary Manager, and agree to accept and abide with its provisions.

Name		Telephone Number	
Street Address		City	State ZIP Code
Signature	Title		Date Signed (Month, Day, Year)
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