



**ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1 COMMERCE WAY, SUITE 104
LITTLE ROCK, AR 72202
PHONE: 501-371-2750
FAX: 501-683-2604**

COMPANY APPOINTMENT OF MANAGING GENERAL AGENT

1. Name of Insurance Company _____
2. NAIC # of Insurance Company _____
3. Name of Contact with the Insurance Company _____
Contact person's phone number _____ Fax # _____
4. Name of the appointed MGA _____
5. FEIN # of MGA _____
6. Effective date of the appointment _____

To the Insurance Commissioner of the State of Arkansas:

The undersigned, as an authorized representative of the Insurance Company, hereby appoints the above to act as the Managing General Agent of this company. This appointment will remain until the Company revokes the appointment by written notice to the Commissioner.

Date _____

Signature

Typed or Printed Name

Title