



ARKANSAS INSURANCE DEPARTMENT
ACCOUNTING DIVISION
1 COMMERCE WAY, SUITE 501
LITTLE ROCK AR 72202-2087

ANNUAL STATEMENT OF SURPLUS LINE BROKER
FOR YEAR ENDING DECEMBER 31, 20

REPORTING SURPLUS LINES INFORMATION

SL Broker Name:

Individual National Producer Number (NPN)

Email Address:

Telephone Number:

Agency Name:

Mailing Address:

City-State-Zip +4

State of City and County of

first being duly sworn, deposes and says that as a licensed resident surplus line broker or nonresident surplus line broker for the year indicated, the information contained herein is a complete, true and correct report as to Arkansas surplus line business written by the undersigned, to the best of my knowledge, information and belief.

Signature of Surplus Line Broker or Nonresident Surplus Line Broker

NPN of signed broker or nonresident broker

Subscribed and sworn or affirmed to before me this day of , 20.

Notary Public

My commission expires , 20.