



MISSISSIPPI INSURANCE DEPARTMENT
P.O. BOX 79, JACKSON, MS 39205

MIKE CHANEY, Commissioner of Insurance

DEPARTMENT USE ONLY

COMPANY AUTHORIZED SIGNATURE FORM

Date: _____

Company License: _____

Company NAIC: _____

Company Name: _____

Company email address: _____
(for producer licensing appointments)

Company mailing address: _____
(for producer licensing appointments)

City: _____ State: _____ Zip Code: _____

Below is the complete list of individuals authorized to appoint and terminate agents on behalf of our company in the State of Mississippi. This request supersedes any and all previous authorizations submitted by our company.

	Name	Title	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			

Signature of Company Officer or Authorized Individual

Printed Name & Title of Officer or Authorized Individual

Telephone Number

Email