INSURANCE COMPANY LETTERHEAD

Date

Mississippi Insurance of Insurance Licensing Division P. O. Box 79 Jackson, MS 39205

Jackson, MS 39205			
Re: Letter of Appointment for SGA application on "Entity Name"			
Dear Licensing Division,			
Entity Name	is becoming a license	ed agent/agency in th	e State of Mississippi
and is appointed to	Insurance Company 1	Name	
This letter is to advise your off		Entity Name	will be acting as a
Supervising General Agent on behalf of <u>Insurance Company Name</u>			
pursuant to an agreement.			ities and responsibilities
can be found in the Company S			
information as to the functions	the general agent or	agency will perform	on behalf of the
insurance company).			
Sincerely,			
Officer or Director's signature			
Print name			