

FORM A  
STATE OF NEW JERSEY  
DEPARTMENT OF BANKING AND INSURANCE  
License Processing  
PO BOX 327  
Trenton, New Jersey 08625-0327

NOTICE OF REINSURANCE INTERMEDIARY-MANAGER

To: Commissioner of Insurance, State of New Jersey

From: \_\_\_\_\_  
Company Reference No.

\_\_\_\_\_  
Name of Company

The following producer gives notice of the establishment of an agency contract between this company and the insurance producer named below:

\_\_\_\_\_  
Insurance Producer  
Reference No.

THIS INFORMATION MAY NOT BE OMITTED

\_\_\_\_\_  
PRINT Name of Insurance Producer (Last, First, Middle)

\_\_\_\_\_  
month                      day                      Year  
Date of Birth

THIS INFORMATION MAY NOT BE  
OMITTED IF AN INDIVIDUAL PRODUCER

as its Reinsurance Intermediary-  
Manager Agent in New Jersey commencing

\_\_\_\_\_  
month                      day                      year

Contract Date

For:

all types of insurance for which the company and producer are jointly authorized. The above reinsurance intermediary-manager producer has filed with this company a bond and Errors and Omissions ("E&O") policy in accordance with N.J.A.C. 11:17-7.3(c)

I have determined that the reinsurance intermediary-manager named holds a current New Jersey Insurance license, authorizing transaction of the kinds of insurance covered by this contract. We understand that the bond and E&O policy must be updated yearly.

\_\_\_\_\_  
Authorized Company Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Print Name and Title  
1 Reinsurance Intermediary-Manager

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Date

Attach a \$20.00 company check made payable to: STATE TREASURER OF NEW JERSEY

Attach a copy of the contract between the company and the reinsurance intermediary-manager.