

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.