

FORM B

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

NOTICE OF TERMINATION OF REINSURANCE INTERMEDIARY-MANAGER

To: Commissioner of Insurance, State of New Jersey

From: | | | | | | | | | | _____
Company Reference No. Name of Company

The undersigned hereby gives notice of the termination of the 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)

Said contract terminated on | | | | | | | | | |
month day Year
Termination Date

Reason for Termination: _____

If the reason for termination is agent misconduct, mail an additional copy of this form to:
Director of Enforcement, Department of Insurance, CN 325, Trenton, NJ 08625-0325

Authorized Company Signature | | | | |
Date Phone Number

Print Name and Title Office Address

Date