

This Form May Be Duplicated
 Please TYPE or PRINT

Instructions:

This form must be submitted to the Insurance Department within thirty (30) working days of the effective date of the agent additions or within thirty (30) days of the effective date of agent terminations. Failure to report such changes will result in a monetary penalty. It is the agency's responsibility to notify insurance companies of changes. IF CONFIRMATION IS DESIRED, SUBMIT THIS FORM IN DUPLICATE WITH A POSTAGE PAID ENVELOPE.

AGENCY IDENTIFICATION NO.—REQUIRED FOR PROCESSING

(9 Digit Federal Tax ID No. and 3 Digits Assigned by Department):

AGENCY NAME:

ADDRESS:

TELEPHONE:

PLEASE COMPLETE ANY AREA BELOW THAT APPLIES

TERMINATION OF AGENCY CONTRACT WITH COMPANY (Do not report termination until after run-off period is over if there is a need to service policies.)

Name of Company(ies)	Date of Termination

CHANGE OF AGENCY ADDRESS

LEGAL

MAILING

Street Address	City, State, Zip	New Telephone No.	New Fax No.

CHANGE OF OWNERS, OFFICERS, OR DIRECTORS/DESIGNATED PERSON

If there have been any changes of proprietors, officers, directors, or partners, attach a current listing. Please give full name, title, and residence address. If changing the designated person, please provide his or her National Producer Number (NPN). The Designated/Contact person must be licensed and listed on the agency license as such.

CHANGES OF PERSONNEL (Licensed in Kansas) If deleting agents because they have moved from the state or are deceased, please advise.

Check One Add Delete	Full Name	Residence Address	NPN/License #	Affiliation/Deletion Effective Date

SIGNATURE OF DESIGNATED PERSON

(As Assigned by Agency):

Date: