



COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT
Office of Corporate and Financial Regulation
1345 Strawberry Square
Harrisburg, PA 17120
Telephone (717) 787-1879 Fax (717) 787-8557

AUTHORIZATION FORM

DATE _____

Type or Print Name of Authorized Person

Title

Manual Signature of Authorized Person

is hereby authorized by the undersigned insurance company to appoint and terminate managing general agents. It is understood the company is bound and responsible for his/her acts.

This authorization will be effective until revoked in writing by the undersigned insurance company.

Name of Insurance Company NAIC Co. Code

(Company Seal)

Address of Insurance Company

Manual Signature of Company Officer (must be
President, Vice President, Secretary or Treasurer)

Company Officer's Title

Contact Telephone Number