

MONTHLY APPOINTMENT ACTIVITY REPORT FOR: MONTH/YEAR:

AGENT MUST HOLD ACTIVE CERTIFICATE OF QUALIFICATION TO BE ADDED TO THIS REPORT*

NAIC#:	CONTACT PERSON:
COMPANY NAME:	TELEPHONE #:
ADDRESS:	AUTHORIZED SIGNATURE:
	AUTHORIZED NAME (PRINTED):

TRANSACTION TYPE	EFFECTIVE DATE	SSN OR FEIN	NAME (LAST NAME FIRST)	AGENT TYPE	APPOINTMENT TYPE

TRANSACTION TYPES:

A=Appointment
 C=Cancel
 CFC=Cancel for Cause²

AGENT TYPES:

I=Individual
 C=Corporation
 Q=Qualifying Active Officer

APPOINTMENT TYPES: 1

AH=Accident and Health
 CAS=Casualty and Allied Lines
 CAH=Credit Accident and Health
 CRL=Credit Life
 CUN=Credit Unemployment

HMO=Health Maintenance Organization
 LI=Life and Fixed Annuities
 PROP=Property and Allied Lines
 RSTRFRT=Restricted Fraternal
 TI=Title
 VRA=Variable Annuities

¹Appointment types for which the applicant is being appointed. Appointing Insurance Company must be authorized for the lines that correspond to the selected appointment types.

² Enclose documentation.