

Mike Chaney
Commissioner of Insurance



501 N. West St., Suite 1001
Woolfolk State Office Building
Jackson, MS 39201
P.O. Box 79
Jackson, MS 39205

STATE OF MISSISSIPPI
Mississippi Insurance Department
www.mid.ms.gov

Entity Voluntary Surrender Form

Resident Non-Resident

INSTRUCTIONS: All areas of this form that relate to the entity (agency) must be complete. Use a separate form for each license type. The form must be legible or it will not be processed. The designated responsible license producer (DRLP) or a member, officer or director of the licensee must complete and sign this form on behalf of the licensee. **This form may be faxed @ 601-359-1951, scanned and emailed to licensing@mid.ms.gov, or mailed to Mississippi Insurance Department, P. O. Box 79, Jackson, Mississippi 39205.**

No Fee: \$0.00

BUSINESS ENTITY

Current Name (Please print name as it appears on MS license)

MS license # _____ NPN# _____

License Type _____

Reason for surrendering: _____

Current Mailing Address: _____

Current Business Address: _____

Please accept this as my request to voluntarily surrender my Mississippi entity(agency) license. I understand I am no longer authorized to transact insurance under the license stated above.

Print name of Licensee _____

Signature of Licensee _____ Date _____