



MISSISSIPPI INSURANCE DEPARTMENT
P.O. BOX 79, JACKSON, MS 39205

MIKE CHANEY, Commissioner of Insurance
MARK HAIRE, Deputy Commissioner of Insurance

DEPARTMENT USE ONLY

MANAGING GENERAL AGENT ENTITY LICENSE REINSTATEMENT

Check appropriate box for license requested.

Privilege Tax: \$150.00

- Resident License
- Non-Resident License: Identify Home State: _____ Identify Home State License #: _____

This license does not convey authority to the holder to act as an insurance producer entity.

Demographic Information

Business Entity Name		Incorporation/Formation Date (month) ___(day) ___(year) ____		FEIN -	
If assigned, National Producer Number (NPN#)			If applicable, FINRA Firm Central Registration Depository (CRD) Number		
List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			State of Domicile		Country of Domicile
Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Business Address		City	State	Zip Code	Foreign Country
Phone Number (include extension) () -		Fax Number () -	Business Web Site Address		Business E-Mail Address
Mailing Address		P.O. Box	City	State	Zip Code

Designated/Responsible Mississippi Licensed Producer

Identify at least one Designated/Responsible Mississippi Licensed Producer or Individual Managing General Agent responsible for the business entity's compliance with the insurance laws, rules and regulations of this state.

Name _____	SSN _____	MS License Number _____
Name _____	SSN _____	MS License Number _____
Name _____	SSN _____	MS License Number _____
Name _____	SSN _____	MS License Number _____

Owners, Partners, Officers and Directors

Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____	Title _____	SSN/FEIN - -	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN - -	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN - -	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN - -	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN - -	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN - -	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN - -	D.O.B _____	Owner: Yes / No	% of ownership interest _____

<p>6. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration, or mediation proceedings and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.</p>	<p>Yes ___ No___</p>
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<p>7. In response to a “yes” answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?</p> <p>If you answer yes:</p> <p>Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? N/A ___</p> <p>Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you must go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.</p>	<p>N/A ___</p> <p>Yes ___ No___</p> <p>Yes ___ No___</p>
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List of Mississippi Licensed Insurance Companies you will represent:

Name _____	NAIC Company ID Number _____
Name _____	NAIC Company ID Number _____
Name _____	NAIC Company ID Number _____

Applicant’s Certification and Attestation

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

- All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
- Unless provided otherwise, by law or regulation of each jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
- The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
- I authorize the jurisdictions to give any information they may have concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
- I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).
- I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity’s compliance with the insurance laws, rules and regulations of the state.

Must be signed by an officer, director, or partner of the business entity, or member or manager of a limited liability company:

Month/Day/Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip

Attachments
<p>The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.</p> <ol style="list-style-type: none">1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Database in lieu of requiring an original Letter of Certification from the resident state.2. Any jurisdiction specific attachments listed on the Mississippi Insurance Department website in the instructions section for this application type.3. A letter of appointment from each insurance company listed on the application.