

MISSISSIPPI INSURANCE DEPARTMENT

P.O. BOX 79, JACKSON, MS 39205 MIKE CHANEY, Commissioner of Insurance MARK HAIRE, Deputy Commissioner of Insurance

DEPARTMENT USE ONLY	,

SUPERVISING GENERAL AGENT ENTITY LICENSE APPLICATION

Check appropriate box for license requested. Resident License				Privilege Tax: \$100.00							
		se: Identi	fy Home Stat	te:	Identify Home State License #:						
	This license does not convey authority to the holder to act as an insurance producer entity. A supervising general agent is defined in Miss. Code § 83-17-1, and specific prohibitions relating to a supervising general agent who is engaging in credit life, accident and health insurance business are found in Miss. Code § 83-53-27.										
				Demogr	aphic Inf	ormation	l				
Business	s Entity Name					corporation			FEIN		
(month) _a_(day) _a_(year) If assigned, National Producer Number (NPN#) If applicable, FINRA Firm Central Registration Depository (CRD) Number											
If assign	ed, National Producer Nur	nber (NPN#)	If ap	plicable, FIN	IKA Firm C	entral Re	gistration	Depository (C	CRD) Number	
Listan	y other assumed, fictitious,	alias or trad	le names under s	which you a	re doing	State	of Domic	vile	Country of 1	Domicile	
	r intend to do business.	anas or trac	ic names under	willen you ai	ic doing	State	or Donne		Country of	Bonnene	
						<u> </u>					
Is the business entity affiliated with a financial institution/bank? Yes No											
Busines	s Address			City			State	Zip	Code	Foreign Country	_
Phone N extension)	one Number (include Fax Number Business Web Site Address Business E-Mail Address Gion) Business E-Mail Address										
Mailing	Address		P.O. Box	City			State	Zip C	Code	Foreign Country	
			 Designated/I	 Resnonsih	ole Mississ	inni Lice	nsed P	roduce	<u> </u>		
		sponsible M	ississippi Licen							r the business entity's compliance	
with the	insurance laws, rules and i	egulations of	of this state.								
Name				SSN			MS	License	Number		
Name SSN					MS	License	Number				
Name SSN											
	Name SSN MS License Number										
Owners, Partners, Officers and Directors											
Identify	all owners with 10% interest	est or voting	interest, partner	s, officers ar	nd directors of	of the busine	ess entity,	or memb	ers or manage	ers of a limited liability company:	
Name		Title	e			SSN/FEIN		-	-	Owner: Yes ""No	
Name		Title	e			SSN/FEIN		-	-	Owner: Yes ""No	
Name	NameTitle					SSN/FEIN		-	-	Owner: Yes ""No	
NameTitle					SSN/FEIN		-	-	Owner: Yes ""No		
NameTitle					SSN/FEIN		-	-	Owner: Yes'""No		
NameTitle				S	SSN/FEIN		-	-	Owner: Yes ""No		
NameTitle					SSN/FEIN		-	-	Owner: Yes ""No		
Name		Title	e			SSN/FEIN		_	-	Owner: Yes ""No	

Background Information				
Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.				
1. 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 been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?	Yes No			
"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendre, or having been given probation, a suspended sentence or a fine.				
If you answer yes, you must attach to this application: a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explain the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.				
2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration?	Yes No			
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.				
If you answer yes, you must attach to this application:				
 a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident, a copy of the Notice of Hearing or other document that states the charges and allegations, and a copy of the official document which demonstrates the resolution of the charges or any final judgment. 				
3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.	Yes No			
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.				
4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?	Yes No			
If you answer yes, identify the jurisdiction(s):				
5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	Yes No			
If you answer yes, you must attach to this application:				
 a written statement summarizing the details of each incident, a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration, or mediation proceedings and a copy of the official document which demonstrates the resolution of the charges or any final judgment. 				
6. Has the business entity or any owner, partner, officer or director, 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?	Yes No			
If you answer yes, you must attach to this application:				
 a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and copies of all relevant documents. 				

7. Will applicant serve as an SGA for Credit Life, Accident and	Yes No					
List of Mississippi Li	censed Insurance Compan	ies Entity will represent	:			
Name	NAIC Company ID Num	ber				
Name						
Name	NAIC Company ID Numb	per "				
Appli	cant's Certification and A	ttestation				
On behalf of the business entity or limited liability company, limited liability company, hereby certifies, under penalty of per		ficer or director of the business	entity, or member or manager of a			
 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 to any federal, state or municipal agency, or any other organization and I release the jurisdictions to give any information they may have concerning me 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. For Non						
		Signature				
		Typed or Printed Name				
		Title				
		Social Security Number				
		Address				
		City	State Zip			
	Attachments					

The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.

- 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.
- 4. Non-Resident Business Entities must register with the Mississippi Secretary of State's Office prior to engaging in the business of insurance in this State as a licensed insurance producer entity.