



APPOINTMENT OR TERMINATION FORM
 NORTH DAKOTA STATE INSURANCE DEPARTMENT
 SFN 50291 (Rev. 08-2001)

NOTE: Send a duplicate copy and a self-addressed stamped envelope for confirmation.

CHECK ONE: Appointment Termination

APPOINTER:

| | | | |
|----------|---------------------------|----------|-----------------|
| 1 | NAIC 5-Digit Company Code | 2 | Name of Company |
|----------|---------------------------|----------|-----------------|

APPOINTEE:

| | | | |
|----------|---|------|---------------------|
| 3 | Name of Individual or Business Entity | | |
| 4 | Individual Social Security Number or Business Entity FEIN | | |
| 5 | Address | City | State Zip Code |

| | | | |
|----------|---|--|--|
| 6 | If Termination, Check Reason: <input type="checkbox"/> Not for Cause <input type="checkbox"/> Cause (documentation must be attached) <input type="checkbox"/> Deceased | | |
|----------|---|--|--|

COMPANY CERTIFICATION

TO THE COMMISSIONER OF INSURANCE OF THE STATE OF NORTH DAKOTA:

I hereby appoint and certify that I have investigated the qualifications of this appointee and that the appointee meets all requirements under this state's insurance statutes and regulations. If this is a termination, I certify that this termination complies with the state statutes and regulations.

1. The appointee is trustworthy and qualified to act as our agent and to hold himself/herself out in good faith to the general public as an agent.
2. We request the appointee be licensed as indicated to represent us in North Dakota.
3. We assume full and complete responsibility for the acts of this agent without regard to any technical distinction between this relationship and that which exists in law between "Principal and Agent".

| | | |
|----------|---|--------------------------|
| 7 | Authorized Company Official's Signature X | Requested Effective Date |
| 8 | Authorized Company Official's Name (Type or Print) | |

APPOINTER CONTACT INFORMATION

| | | |
|---------------------------------|-------|----------|
| Name | | |
| Company Name | | |
| Mailing Address | | |
| City | State | Zip Code |
| Telephone Number with Extension | | |

FOR STATE USE ONLY

| | |
|-----------------|-------------------------|
| Amount Received | Approved Effective Date |
|-----------------|-------------------------|