



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

*MIKE CHANEY, Commissioner of Insurance*

<b>DEPARTMENT USE ONLY</b>

**COMPANY AUTHORIZED SIGNATURE FORM**

Date: \_\_\_\_\_

Company License: \_\_\_\_\_ Company NAIC: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_ aa \_\_\_\_\_  
(for producer licensing appointments)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Below is the complete list of individuals authorized to appoint and terminate agents on behalf of our company in the State of Mississippi. This request supersedes any and all previous authorizations submitted by our company.**

	Name	Title	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

\_\_\_\_\_  
Signature of Company Officer or Authorized Individual

\_\_\_\_\_  
Printed Name & Title of Officer or Authorized Individual

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email