

STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE
RATIFICATION OF APPOINTMENTS OF AGENTS
CDI-013 (Rev. 11/2015)

WHEREAS, by agreement authorized by appropriate corporate action of the insurers involved,
_____ of _____
(Name) (City and State)
is to be (merged or consolidated) under the laws of the State of _____ with and into
_____ of _____
(Name) (City and State)
effective on _____; and

WHEREAS, it is the intent of the parties that the agents of _____ will be retained by
as the survivor insurer and that its facilities will be available to such agents;

NOW, THEREFORE, _____ does hereby ratify all appointments heretofore made
by _____ of persons to act as its licensed agents in the State of
California and accepts such agents as its own, effective as of the effective date of the (merger or consolidation)
aforesaid. It does hereby request the Insurance Commissioner to mark his records as of the effective date of such
(merger or consolidation) to indicate that all agents on such effective date who are shown as agents of
_____, are to be shown as agents of _____.
It agrees to be bound by the acts of said agents in the same manner and to the same degree as was the previous appointing
insurer.

IN WITNESS WHEREOF, _____ has caused this document to be
executed by its President and Secretary, who, in so executing it, certify under oath that they have the authority to
subscribe to it on behalf of said insurer _____.
(Name)

(CORPORATE SEAL)

By _____
President

By _____
Secretary

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)
County of _____)

On _____ before me, _____
(Notary Public)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the
within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is
true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)