

# Solicitor Self Termination Notice

LIC 417-32 (Rev 7/2010)

State of California  
Department of Insurance  
Mailing Address  
PO Box 1139  
Sacramento CA 95812-1139  
(916) 322-3555 or (800) 967-9331  
[www.insurance.ca.gov](http://www.insurance.ca.gov)

## Pursuant to Sections 1704 and 1707 of the California Insurance Code

### To: The Insurance Commissioner of the State of California:

Notice is hereby given that effective from the date of filing this notice, I, as the solicitor, hereby Terminate my appointment of employment made by named employer.

Attach \$22 filing fee

Employer Information	Solicitor Information
Employer's license number : _____	Solicitor's license number : _____
Employer's name: _____ _____	Solicitor's name: _____
Street address: _____	Street address: _____
City: _____	City: _____
State: _____	State: _____
Zip Code: _____	Zip Code: _____
► Signature of solicitor	Date
E-mail	Telephone number (    )