

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE

Insurer Appointment and Termination, Electronic Filing Exemption
(California Code of Regulation, Section 2190.24)

We respectfully request an exemption to the electronic submission requirements for company appointments and terminations for the lines of authority specified under section 2190.22.

I hereby certify that _____, _____, meets the exemption
(Insurer) NAIC#
requirements as prescribed in section 2190.24 (Prescribed Alternate Methods of Filing) by annually appointing or terminating, in the aggregate, 25 or fewer agents.

Attached to this request is one of the following forms with applicable fees.

- Action Notice of Appointment, form LIC 447-54A.
- Action Notice of Termination, form LIC 447-54T.

Dated on this _____ day of _____, 20 _____

By _____
Signature

Name

Position or Title

Mailing Address: Department of Insurance, PO Box 311, Sacramento CA 95812-0311.