STATE OF MISSISSIPPI
COMPANY AUTHORIZED SIGNATURE FORM
MISSISSIPPI INSURANCE DEPARTMENT
501 N. West Street, Woolfolk State Office Building, Suite 1001
P. O. Box 79
Jackson, MS 39205-0079

Date: _____

Company Name: _____ Company ID #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Below is the complete list and signatures 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

****PLEASE SUBMIT IN DUPLICATE****

_____
Signature of Company Officer or Authorized Individual

_____
Name/Title of Authority's Signature

_____
Telephone No.