



**ARKANSAS INSURANCE DEPARTMENT  
LICENSE DIVISION  
1 COMMERCE WAY, SUITE 104  
LITTLE ROCK, AR 72202  
PHONE: 501-371-2750  
FAX: 501-683-2604**

**TERMINATION OF COMPANY APPOINTMENT  
OF MANAGING GENERAL AGENT**

1. Name of the MGA \_\_\_\_\_
2. FEIN # of the MGA \_\_\_\_\_
3. Name of the Insurance Company \_\_\_\_\_
4. Insurance Company NAIC # \_\_\_\_\_
5. Insurance Company Contact Person: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Phone Number

**To the Insurance Commissioner of the State of Arkansas:**

**It is the intent of the Insurance Company to terminate the appointment of this Managing General Agent.  
The undersigned as an authorized representative of the Insurance Company hereby terminates the  
association of the insurance company with the above listed Managing General Agent.**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title