This bulletin supersedes all bulletins regarding authorized signatures for agent appointment and agent appointment deletion forms.

Effective October 1, 1995, the Arkansas Insurance Department will institute new programming for the record keeping of signatures of company officials that are authorized to appoint or delete the appointment of agents for the company.

The companies are required to submit a sample signature of all officials authorized to appoint agents on Form AA 1. The form must be completed and received by the License Division of the Insurance Department no later than November 1, 1995. A sample of Form AA 1 is attached to this bulletin, and must be reproduced for the company’s submission of authorized individuals for the November 1, 1995 deadline. No other format will be accepted as the company’s authorization. This AA 1 form submittal will supersede any present information contained in the Department’s files. If the company desires proof of processing by the License Division, the company is required to submit a duplicate copy of the completed form and a stamped, self-addressed envelope. The duplicate copy will be validated and returned to the company for the company’s records.

All future additions or deletions of authorized individuals must be submitted on Form AA 2. A sample of Form AA 2 is attached to this bulletin, and must be reproduced for the company’s submission for all amendments of the authorized signature list. No other format will be accepted as the company’s authorized amendment of authorized signatures.

If the company desires proof of processing by the License Division, the company is required to submit a duplicate copy of the completed form and a stamped, self-addressed envelope. The duplicate copy will be validated by the License Division and returned to the company for the company’s records.

Any questions concerning this bulletin should be directed to Fred Stiffler, Jr. Director, License Division of this Department, at (501) 686-2840.

Lee Douglass
INSURANCE COMMISSIONER
Name of Company ________________________________________________________________

Company NAIC #: __________________ Date form completed: ____________________________

Name of Individual Completing this form: _____________________________________________

Phone Number of above individual: (____) ____ - _______ Ext. ___________________________

(Sample Signature) (Type Name of Signature)

(Sample Signature) (Type Name of Signature)

(Sample Signature) (Type Name of Signature)

(Sample Signature) (Type Name of Signature)

(Sample Signature) (Type Name of Signature)

(Sample Signature) (Type Name of Signature)

(Sample Signature) (Type Name of Signature)

(Sample Signature) (Type Name of Signature)

(Sample Signature) (Type Name of Signature)

(Sample Signature) (Type Name of Signature)
Amendment to Company’s Authorized Signature List:

Company’s Name: ________________________________________________________________

Company NAIC #: _______________

Please ________________________________ (ADD or DELETE)

__________________________________ from the company’s list of authorized
(Type Name of Individual)
individuals to appoint agents or delete agent appointments for the above company/

I hereby authorize this amendment to our company’s approval individuals list at the Arkansas Insurance
Department.

________________________________________
Typed Name of Official

________________________________________
Signature of Official

________________________________________
Date Signed