



**ARKANSAS INSURANCE DEPARTMENT
LEGAL DIVISION**

1200 West Third Street
Little Rock, AR 72201-1904
501-371-2820
FAX 501-371-2629

Bulletin 10-95

September 26, 1995

AUTHORIZED SIGNATURES FOR AGENT LICENSING

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

FORM AA 1

ARKANSAS INSURANCE DEPARTMENT
1123 SOUTH UNIVERSITY, SUITE 400
LITTLE ROCK, ARKANSAS 72204
PHONE (501) 686-2840

LEE DOUGLASS, INSURANCE COMMISSIONER

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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)

FORM AA 2

ARKANSAS INSURANCE DEPARTMENT
1123 SOUTH UNIVERSITY, SUITE 400
LITTLE ROCK, ARKANSAS 72204
PHONE: (501) 686-2840

LEE DOUGLASS, COMMISSIONER OF INSURANCE

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