SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

DIVISION OF INSURANCE

124 S. EUCLID AVE., 2ND FLOOR PIERRE, SOUTH DAKOTA 57501
Tel. 605.773.3513 Fax: 605.773.5369 dlr.sd.gov/insurance

NOTICE OF TERMINATION OF COMPANY APPOINTMENT

FILING DATE _____ **EFFECTIVE DATE OF TERMINATION**_____

(1) PRODUCER'S LAST NAME (JR./SR. ETC)	FIRST NAME	MIDDLE NAME (SPECIFY IF NONE)	(2) LICENSE #
(3) COMPANY NAME			(4) NAIC NUMBER

(4) IF THIS IS A MULTIPLE TERMINATION WITH ONE OR MORE COMPANIES UNDER COMMON OWNERSHIP OR CONTROL WITH THE COMPANY NAMED IN (3) ABOVE, LIST ALL COMPANY NAME(S) AND COMPANY NAIC NUMBER(S).

Name of Company _____ Company NAIC # _____

Name of Company _____ Company NAIC # _____

Name of Company _____ Company NAIC # _____

Name of Company _____ Company NAIC # _____

(5) REASON FOR TERMINATION:

_____(A) CANCELED (Not for Cause)
_____(B) DECEASED
_____(C) ENTERED IN ERROR
_____(D) VOLUNTARY SURRENDER
_____(E) CANCELED FOR CAUSE

Termination Code (E) requires additional explanation per SDCL 58-30-180.
Provide a summary or explanation below. Attach additional documentation if necessary.

_____
_____
_____
_____
_____
_____
_____

CERTIFIED BY:

_____
TYPE OR PRINT NAME OF AUTHORIZED SIGNATORY

_____
TITLE OF AUTHORIZED SIGNATORY

FOR FURTHER INFORMATION CONTACT:

_____
NAME AND COMPANY AFFILIATION

_____
STREET ADDRESS

_____
CITY/STATE/ZIP

_____ _____
TELEPHONE FAX

_____ EMAIL

Mail, fax or email completed form to the Division of Insurance. Contact information for the Division is provided at top of this form