NOTICE OF TERMINATION

State of Wisconsin
Office of the Commissioner of Insurance
Agent Licensing Section
P.O. Box 7872
Madison, WI 53707-7872
(608) 266-8699
ociagentlicensing@wisconsin.gov

Ref: Sections 628.11 and 601.42 (1) (a), Wis. Stat.
Section Ins 6.57, Wis. Adm. Code

INSTRUCTIONS: This form must be filed within 30 calendar days following agent termination. The appointment action letter or error report will be mailed to the company's address on file.

Company Name	**NAIC Number**
Name of Person Submitting this Report	**Date**

Agent Name	Appointment Types*	Date of Termination	License Number	Termination Code**

* Appointment Types:

Life | Accident & Health | Property | Casualty | Personal Lines P&C |
Variable | Legal Expense | Credit | Title | Crop | Surety

** Termination Codes:

CN Canceled
CC Canceled for Cause
CL Company Defunct or Liquidation
CI Company Indebtedness
CM Company Merger
DECD Deceased
IP Inadequate Production
RV Revoked
SC Suspended for Compliance
VS Voluntary Surrender per Agent Request