## MANAGING GENERAL AGENT (MGA) CERTIFICATION

## **INSTRUCTIONS:**

- 1. This form is to be completed by an authorized representative of the insurance company.
- 2. This form is due on or before December 31 of each year following the appointment of a managing general agent.
- 3. This form must be accompanied by the renewal fee as follows:

This form will be returned without processing if not accompanied by the fees indicated, which may result in the cancellation of the license.

License Fee
Retaliatory Fee
Total Due

75.00

- 4. In addition to the fees mentioned above, the following items MUST be submitted with this form:
  - The MGA's most recent annual audit conducted by a Certified Public Accountant.
  - If the MGA establishes loss reserves, an actuarial opinion attesting to the adequacy of the loss reserves established by said MGA.
- 5. See https://aldoi.gov/Licensing/MGAReq.aspx for further instructions on how to remit form and payment.

| *********   | **********  | ****************   |
|---|---|--|
| NAME OF INSURER:                                      |   |  |
| INSURER NAIC NO.:                                     |   |  |
| NAME OF MGA:  |   |  |
| ALA. MGA LICENSE NO.:                                 | All All   | DDRESS:  |
| MGA FEIN:   |   |  |
| On behalf of the above-name above-named MGA has honor | ed insurer, I certify that, to the be<br>red the Managing General Agent's | est of my knowledge of the facts of which I am presently aware, the s Contract in full.  |
| Mark 🗵 one of the following:                          | ☐ The MGA establishes   | establish loss reserves for this insurer.  loss reserves for this insurer. Attached is the most recent annual ting to the adequacy of the loss reserves established by said MGA. |
| The MGA has also submitted hereto.                    | t their most recent annual audit  | conducted by a Certified Public Accountant, which is also attached   |
| Dated:  |   |  |
| DO NOT WRITE IN THIS SPACE                            |   | (original signature of authorized company official)  |
|   |   | (typed name of authorized company official)  |
|   |   | (title of authorized company official)   |
|   |   | (address)  |
|   |   | (city/state/zip)   |
|   |   | (telephone)  |
|   |   |  |