

ALABAMA DEPARTMENT OF INSURANCE

REGISTRATION OF COMPANY OFFICIAL AUTHORIZED TO APPOINT TEMPORARY PRODUCERS

NAIC#		
Company Name:		
Authorized Company Offi	cials:	
Last Name	First Name	Telephone #
Last Name	First Name	Telephone #
Last Name	First Name	Telephone #

Submit via email: frances.driggers@insurance.alabama.gov

Via Fax: 334-240-3282