

**South Dakota Division of Insurance**

124 S. Euclid Ave., 2nd Floor

Pierre, SD 57501

Fax: 605.773.5369

Email: insurance@state.sd.us

dlr.sd.gov/insurance

**SOUTH DAKOTA 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 #
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(3) COMPANY NAME	(4) NAIC NUMBER
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(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 # \_\_\_\_\_

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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.**

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<b>CERTIFIED BY:</b>	<b>FOR FURTHER INFORMATION CONTACT:</b>
_____	_____
TYPE OR PRINT NAME OF AUTHORIZED SIGNATORY	(NAME AND COMPANY AFFILIATION)
_____	_____
TITLE OF AUTHORIZED SIGNATORY	STREET ADDRESS
	_____
	CITY/STATE/ZIP
	_____
	TELEPHONE _____ FAX _____
	EMAIL _____

Mail, Fax Or Email To:

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