

APPOINTMENT OF SUBAGENT

TO THE INSURANCE COMMISSIONER OF THE COMMONWEALTH:

The undersigned _____

hereby appoints _____

whose address is _____

to act in the Commonwealth as its Solicitor for the following classes of Insurance:

- | | | | |
|-------------------------------------------------------|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Disability (Accident/Health) | <input type="checkbox"/> Life | <input type="checkbox"/> Property | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> General Casualty | <input type="checkbox"/> Marine | <input type="checkbox"/> Surety | |

If Sub-agent is a natural person(s) note here the name and the Commonwealth Insurance License No. of the natural person(s) authorized to transact under this appointment:

Further, the undersigned _____ hereby:

1. Certifies that this appointment shall remain in effect until written notice of termination is received by the Insurance Commissioner or said Sub-agent's license to transact insurance business in the Commonwealth is revoked or is not renewed.

2. Authorizes said Subagent to appoint solicitors in accordance with 4 CMC § 7303(a)(4) and 4 CMC § 7303(d) of the Commonwealth Insurance Act of 1983.

3. Certifies that I have known the appointee for _____ years , and that I have investigated his character and reputation and recommend appointee as being worthy of a Subagent's License.

4. Certifies that I have examined appointee and found that he has sufficient knowledge of insurance and the Insurance Laws of the Commonwealth to properly act as a Subagent.

Dated at _____ , Commonwealth of the Northern Mariana Islands this _____ day of _____ , 20 _____ .

(General Agent of Insurer)

(Signature of General Agent)

(Name of Insurance Company)