

[Date]

[Department of Insurance Name]
[Producer Licensing/Compliance Division]
[Street Address]
[City, State, Zip Code]

RE: Notice of Producer Appointment Compliance

To the Commissioner of Insurance:

This letter serves as formal notification that **[Insurance Company Name]** (NAIC #[Number]) has appointed the individual(s) or business entity(ies) listed below to act as an agent/producer on our behalf in the state of **[State Name]**.

In accordance with [State Statute/Regulation Number], we hereby certify the following:

- **Producer Name:** [Full Name of Producer or Entity]
- **National Producer Number (NPN):** [NPN Number]
- **State License Number:** [License Number]
- **Effective Date of Appointment:** [Date]
- **Lines of Authority:** [List Authorities, e.g., Life, Health, Property, Casualty]

We further certify that we have investigated the character and background of the aforementioned producer(s) and have found them to be trustworthy, qualified, and in compliance with all state licensing requirements. All required background checks and primary source verifications have been completed and are maintained in our home office records.

The appointment fees associated with this filing have been submitted via [NIPR/Electronic Funds Transfer/Check Number].

Please update your records to reflect this appointment. If additional documentation or information is required, please contact our Compliance Department at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of Authorized Officer]
[Title]
[Insurance Company Name]