

Date: [Insert Date]

To:

[Insurance Commissioner/Department of Insurance]

[State Department Address]

[City, State, Zip Code]

Subject: Notice of Non-Resident Producer Appointment Compliance

Dear Commissioner,

This letter serves as formal notification that [Company Name] has appointed the following individual/entity as a non-resident producer in the state of [State Name], in accordance with [State Statute/Regulation].

Producer Information:

- **Full Name:** [Producer Full Name]
- **National Producer Number (NPN):** [NPN Number]
- **Resident State:** [Producer's Home State]
- **License Type:** [e.g., Life, Health, Property, Casualty]
- **Effective Date of Appointment:** [Insert Date]

We certify that we have verified the producer's licensure status in their resident state and confirmed they are currently in good standing. All required background checks and due diligence procedures have been completed in compliance with your state's insurance laws.

The required appointment fees have been submitted via [NIPR/Electronic Transfer/Enclosed Check].

Please contact our licensing department at [Phone Number] or [Email Address] if any further documentation or information is required.

Sincerely,

[Signature]

[Name of Authorized Representative]

[Title]

[Company Name]