

Date: [Insert Date]

To: [Insert Insurance Department Name / Compliance Authority]

From: [Insert Insurance Company Name]

Subject: Annual Producer Appointment Compliance Certification

To Whom It May Concern,

Pursuant to [Insert Statutory Reference/Regulation Number], [Insert Insurance Company Name] hereby submits this annual certification regarding the appointment of insurance producers for the calendar year [Insert Year].

I, [Insert Name of Authorized Officer], serving as [Insert Job Title], certify that the following statements are true and correct to the best of my knowledge:

- All producers acting on behalf of the Company are properly licensed in the jurisdiction(s) in which they conduct business.
- All required appointments have been filed and processed within the timeframes mandated by law.
- The Company has verified the background and qualifications of all newly appointed producers during this reporting period.
- The Company maintains a current record of all active appointments and has terminated appointments for producers no longer authorized to represent the Company.

The Company remains in compliance with all state-specific requirements regarding producer oversight and appointment maintenance.

Supporting documentation regarding the list of appointed producers and their licensing status is maintained at our corporate office and is available for review upon request.

Sincerely,

[Signature]

[Printed Name]

[Title]

[Phone Number]

[Email Address]