



MARYLAND INSURANCE ADMINISTRATION
ADVISORY ORGANIZATION APPLICATION

Application is hereby made by:

_____ (Full Corporate Name) FEIN# _____

for authorization to transact insurance within the State of Maryland

Application type:

Advisory Organization

This application is for:

New Authority

IN WITNESS WHEREOF, the Company has caused the Certificate to be executed by its duly authorized Officer and its Corporate Seal Hereto Affixed.

(Name of Officer)

(Title)