

**NEW MEXICO OFFICE OF SUPERINTENDENT OF INSURANCE
Producer Licensing Bureau**

Business Entity Affiliation and Termination Form

Please take special care when completing this form.

**All filing fees are non-refundable or non-transferable, whether or not the application is processed.
NMSA 59A-6-1 All fees are earned when paid and are not refundable.**

Business Entity Federal Id Number _____	License Number _____
Business Entity Name _____	
Address _____	City _____ State _____ Zip _____
Contact Person _____	Telephone No. _____
Email Address _____	Fax No _____

Notice is hereby given that effective from the date shown on this notice, the designated business entity hereby affiliates the licensee(s) named herein to act as its affiliate.

1. When using this form with an individual license application, submit only one name per form and attach the form to the application.
2. Only one affiliate per line
3. Affiliation fee is \$20.00 per line of business. Make checks payable to OSI. When you provide a check as payment, you authorize the State of New Mexico to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.
4. No fee required for terminations

Class Codes and Lines of Business

01 Life Accident & Health	13 Life, Accident & Health (Fraternal)	23 Property, Marine & Transportation
02 Life (Excluding Health)	14 Life (Excluding Health) Fraternal	24 Crop Hail
03 Accident & Health	15 Variable Contracts (Fraternal)	25 Title Guaranty
06 Variable Contracts	16 Property Bail Bonds	26 Transportation Ticket
08 Surplus Line	18 Casualty and Surety	27 Vehicle
12 Credit Life, Accident, and Health	20 Limited Surety	

√ ADD	√ TERM	Class Code	Social Security Number	License Number	Name as shown on License

Total number of affiliations _____ X \$20.00 per affiliate, per line of business = \$ _____

Signature must be that of an officer of the business entity or a person authorized by the business entity to sign.

Printed Name _____ Official Title _____

Signature _____ Date _____

Telephone Number _____ E-Mail _____

Mailing address: PO Box 1689, Santa Fe, New Mexico 87504
Overnight address: 1120 Paseo de Peralta, Room 434, Santa Fe, New Mexico 87501
Telephone number:(505) 827-4349 Email: agents.licensing@state.nm.us