

NEW MEXICO OFFICE OF SUPERINTENDENT OF INSURANCE
Producer Licensing Bureau

Business Entity Affiliation Cancellation Form

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 cancels the licensee(s) listed on this form. There is no fee required for affiliation cancellations.

NAME AS SHOWN ON LICENSE	LICENSE NUMBER / NPN

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 _____

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