

NEW MEXICO OFFICE OF SUPERINTENDENT OF INSURANCE
Producer Licensing Bureau

Business Entity Affiliation 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.

Affiliation fee is \$20.00 per affiliate. Make checks payable to OSI. Customers making payments to the Office of Superintendent of Insurance (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.

NAME AS SHOWN ON LICENSE	LICENSE NUMBER / NPN

Total affiliations _____ \$20.00 per affiliate = \$ _____

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 331, Santa Fe, New Mexico 87501
Telephone number: (505) 827-4349

Email: agents.licensing@state.nm.us