FIS 0524 (10/09) Office of Financial and Insurance Regulation

Issuer-Agent Renewal

DUE ANNUALLY on or before December 31st of the current year

Name of Issuer

Address (street address, NOT PO Box)

City State Zip Code

☐ *Check if your address has changed since your last renewal*

Tax ID number (FEIN)

Contact person name and title

Your Issuer number

Issuer MAILING ADDRESS (enter if different than address listed at left)

☐ *Check if your mailing address has changed since your last renewal*

Contact person phone number

Contact person email address

Issuer-Agent listing

List each agent of this issuer. You may use the space below, or attach a substitute list prepared on your office information system.

1 Name of agent

Home address (must be street address--no PO Boxes)

City State Zip Code

Agent Social Security Number

2 Name of agent

Home address (must be street address--no PO Boxes)

City State Zip Code

Agent Social Security Number

3 Name of agent

Home address (must be street address--no PO Boxes)

City State Zip Code

Agent Social Security Number

4 Name of agent

Home address (must be street address--no PO Boxes)

City State Zip Code

Agent Social Security Number

Renewal Fee Calculation—Each Issuer-Agent is subject to a $65 per agent renewal fee. Complete table below.

	Quantity	Amount Due
Agent Renewal (quantity x $65.00)		

Make check for full amount due payable in US dollars to: State of Michigan

C3 Validation code: 9

Mail completed form and any attachments with payment to:

OFIR-Securities Sectiion
611 W Ottawa St
PO Box 30701
Lansing MI 48909-8201

Certification

I swear under penalty of perjury that the information given in and attached to this application is true, complete and correct.

Signature of officer, member or owner	Date signed	Signer's name and title *(typed or printed)*

Authority: PA 551 of 2008. Failure to properly file will result in expiration of your registration.