

Send to:  
**STATE OF CONNECTICUT**  
**INSURANCE DEPARTMENT**  
PO Box 816  
HARTFORD, CT 06142-0816

**TO BE USED FOR FRATERNAL SOCIETY APPOINTMENT TERMINATIONS ONLY**

**FRATERNAL AGENT APPOINTMENT CANCELLATION NOTICE - CGS 38a-800(c)**

**INSTRUCTIONS:**  
1. Fill in the Society's Name and Connecticut number.  
2. Complete this form in its **entirety**.  
3. Mail the original form to the Insurance Department **forthwith**.  
4. Mail copy to the Fraternal Agent **forthwith**.  
5. Keep copy for Society record.

**TO: Insurance Commissioner, State of Connecticut Insurance Department**

Please cancel the appointment for the individual named herein to act as a Fraternal Agent for this Society effective:

/

\_\_\_\_\_  
Name of Fraternal Society

**Fraternal Society's NAIC #**

\_\_\_\_\_  
Licensee's Full Legal Name as it appears on their current CT Fraternal Agent license

**Licensee's Social Security Number**

\_\_\_\_\_  
Licensee's Address (No & St) (City) (State) (Zip)

**CT Fraternal Agent License Number**

**Please check (✓) reason for cancellation:**

- Fraternal Agent Deceased (Date of Death) \_\_\_\_\_
- For Cause (**Submit Documentation**)
- Other Reason: \_\_\_\_\_

\_\_\_\_\_  
**Signed (Authorized Fraternal Society Signatory)**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Typed Name (Authorized Fraternal Society Signatory - Include Title)**