STATE OF ARKANSAS	)
	)SS
COUNTY OF	)

## **AGENT TRANSFER AFFIDAVIT**

	Co	omes now,	, and being duly sworn does	
hereb	y sta	ate:		
	1.	I was an Agent for	(Company)	
		and have resigned or have been terminated	INITIALS	
	2.	I have returned and/or accounted for all bond form	ns and Powers of Attorney issued	
		to me by the Company		
	3. I have returned and/or accounted for all physical property issued to me by the			
		Companyinitials		
	4. I have paid to the Company all fees collected, for the bonds I've written.			
		INITIALS		
	5.	I have paid to the Company all premiums that I have	ve collected and are owed the	
		Companyinitials		
	6.	I have transferred all property that I held in a fiduo	iary capacity to the Company.	
		INITIALS		
	<u>l u</u>	inderstand that by signing below, I may be subject to	o a fine and/or suspension or	
termi	natio	on of my agent license if any of the above statemen	s are found by the Board to be	
untru	<u>e.</u>	INITIALS		
		Printed Name	Signature	
	Ве	fore me, the undersigned Notary Public, on this	day of,	
201	ca	ame who, being dul	y sworn, executed the foregoing	
Affida	vit.			
			Notary	
My Co	mm	nission Expires:		
		,		