

**MANAGING GENERAL AGENT  
TERMINATION REPORTING FORM**

**The attached Termination Reporting Form must be completed within 30 days of a managing general agent termination.**

K.S.A. 40-2,133(f) requires insurers entering or terminating a contract with a managing general agent to provide written notification to the Commissioner of Insurance within 30 days of such appointment or termination. K.S.A. 40-2,133(f)(3) also requires companies to submit a \$100 notification fee as part of their notification of an appointment to the Insurance Department. *(No fee is required for terminations.)*

*K.S.A. 40-2,130(d) defines Managing General Agent or MGA as, "...any person, firm, association or corporation who manages all or part of the insurance business of an insurer, including the management of a separate division, department or underwriting office, and acts as an agent for such insurer whether known as a managing general agent, manager or other similar term, who, with or without the authority, either separately or together with affiliates, produces, directly or indirectly, and underwrites an amount of gross written premium equal to or more than 5% of the policyholder surplus as reported in the last annual statement of the insurer in any one quarter or year together with one or more of the following: (1) Adjusts or pays claims in excess of an amount determined by the commissioner; or (2) negotiates reinsurance on behalf of the insurer...."*

Insurers failing to comply with these requirements may be subject to a penalty in accordance with K.S.A. 40-2,135.

**MANAGING GENERAL AGENT  
TERMINATION REPORTING FORM  
KANSAS INSURANCE DEPARTMENT**

**A SEPARATE MANAGING GENERAL AGENT TERMINATION REPORTING FORM MUST BE COMPLETED FOR EACH MANAGING GENERAL AGENT TERMINATION.**

**Section I**

Name of Insurance Company:

NAIC CoCode:

The following company person completed this form:

Name:

Title:

Address:

City:            State:            Zip Code:

Telephone:            or 1-800-

Email Address:

Date Completed:

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**Section II**

DATE OF TERMINATION

MGA Name:

MGA Contact Person:

Address:

City:            State:            Zip Code:

Telephone:            or 1-800-

Email Address:

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