

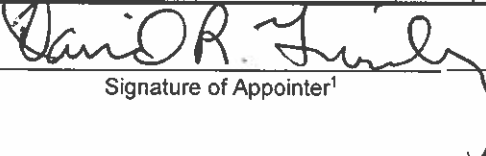


**HAWAII
INSURANCE
DIVISION**

**Notice of
New
Appointment**

APPOINTER Full and exact name as shown on License: KAISER FOUNDATION HEALTH PLAN of Hawaii			
HI License No.	116675	HI Entity ID	118037
APPOINTEE Full and exact name as shown on License:			
HI License No.		HI Entity ID	

PRODUCER		
<input type="checkbox"/> Life	<input type="checkbox"/> Casualty	<input type="checkbox"/> Surety
<input checked="" type="checkbox"/> Accident and Health or Sickness	<input type="checkbox"/> Marine	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Variable Life and Variable Annuities	<input type="checkbox"/> Property	<input type="checkbox"/> Personal Lines
<input type="checkbox"/> Title		
LIMITED LINES PRODUCER		
<input type="checkbox"/> Credit Life	<input type="checkbox"/> Credit Casualty	<input type="checkbox"/> Travel Disability
<input type="checkbox"/> Credit Disability	<input type="checkbox"/> Credit Property	<input type="checkbox"/> Travel Baggage
<input type="checkbox"/> Other		
LIMITED LINES MOTOR VEHICLE RENTAL COMPANY PRODUCER		
<input type="checkbox"/> Emergency Sickness Protection Program	<input type="checkbox"/> Personal Accident Insurance	<input type="checkbox"/> Underinsured Motorist Insurance
<input type="checkbox"/> Incidental Travel	<input type="checkbox"/> Personal Effects Insurance	<input type="checkbox"/> Uninsured Motorist Insurance
<input type="checkbox"/> Liability Insurance	<input type="checkbox"/> Roadside Assistance	<input type="checkbox"/> Vehicle Related Coverage

	David R. Tumilowicz, Director Sales Operations	
Signature of Appointer ¹	Print Name and Title of Signer	Date Signed
Signature of Appointee ¹	Print Name and Title of Signer	Date Signed

¹ For individual licensee, the individual must sign. For agency, the Designated Representative named on the license must sign.

For insurer, anyone authorized to sign on behalf of the company.

* Submit one complete and signed form per appointment. An incomplete form will be rejected and returned to Appointer.

* To confirm that this appointment was approved please see our website, <http://insurance.hawaii.gov>.

Hawaii Insurance Division, 335 Merchant Street – Room 213, Honolulu, Hawaii 96813		
Website: http://insurance.hawaii.gov	FOR MORE INFO	phone: 808-586-2788
E-mail: InsLic@dcca.hawaii.gov		fax: 808-587-6714

FOR STATE USE ONLY

Form APPT (Rev. 8/20/2013)

Licensing Clerk

Appt Effective Date