INDIANA CONTINUING EDUCATION EXEMPTION FORM
FOR RETIRED INSURANCE PRODUCERS
AND SOLICITORS

I, _____, do hereby attest that effective _____ I am retired and am no longer an active insurance producer. I will not solicit or service any insurance policy or policyholder. I respectfully request that I be exempt from fulfilling the Indiana continuing education requirements as prescribed by IC 27-1-15.7-2.

If my current situation changes and I plan to solicit or service insurance policies or policyholders, I will immediately notify the Indiana Department of Insurance of my change in status. I understand that the Department will rescind any Indiana continuing education exemption, and I will thereafter be responsible for all Indiana continuing education requirements as prescribed in IC 27-1-15.7-2.

I further understand that if I fail to notify the Department of Insurance of any change in my retirement status and I engage in the business of insurance, including soliciting or servicing an insurance policy, I will be subject to administrative sanctions.

_____ _____
Date Signature

_____ _____
License number Address

_____ _____
License expiration date City/State/Zip

_____
Email

Subscribed and sworn to before me this _____-day of _____, _____

_____
Notary Public

My commission expires: _____

County of residence: _____