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Ohio Department of Insurance

Ted Strickland – Governor
Mary Jo Hudson – Director



Title Agent Annual Review Supplementary Form C - Agent Explanations

Individual Agent

Agent Last Name:	First Name:	Middle I:	NPN:
			License Number:

OR

Business Entity Agent ("Agency")

Agency Name:	Employer Tax ID Number:
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Street Address:		
City:	State:	Zip Code:
Telephone Number:	Fax Number:	
Email Address:		