

## SPECIAL REPRESENTATIVE AUTHORIZATION FORM

	(please include email address) is hereby
(Designee Name)	
designated as a(Name of Department of	of Insurance)
representative during the 2025 Fall National Meeting of th	e National Association of Insurance Commissioners
whether in-person or virtual format. He/She is authorized	to attend any NAIC committee, task force or
working group meetings including its "Regulator Only" sess	sions scheduled on various days. It is understood,
however, that the chair of the group holding the "Regulator	or Only" session may exclude
if his/her at	ttendance would affect the conduct of the meeting
He/She is not authorized to attend the Commissioners' Roo	undtable session, zone meetings, or other like
meetings of the members without a specific invitation and	approval from the Chair.
Commissioner, Director or Superintendent Name (signature	re)
Commissioner, Director or Superintendent Name (printed)	)
Territory or State	