Kentucky Department of Insurance
Division of Financial Standards and Examination
500 Mero Street, 2 SE 11 Frankfort, Kentucky 40601
Phone: (502) 564.6082 | Fax: (502) 564.4604
INSURANCE.ky.gov| DOI.FinancialStandardsMail@ky.gov

KENTUCKY DESIGNATION OF PERSON TO RECEIVE LEGAL PROCESS

PURSUANT TO KRS 304.3-230, THE UNDERSIGNED OFFICERS OF

Insurer: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Insurer FEIN: _____ Insurer NAIC#: _____

hereby place the Kentucky Secretary of State, and all other interested parties, on notice that the name, address, email address and phone number of the person designated by said company to receive service of lawful process against it in the Commonwealth of Kentucky is:

_____

_____

_____

Email: _____

The undersigned understand and agree that any change in the identity and location of the person designated above shall require immediate notice to the Commissioner, Department of Insurance, by completion and submission of this required form to the Financial Standards & Examination Division at DOI.Financialstandardsmail@ky.gov.

President Signature: _____ Date: _____

Secretary Signature_____ Date: _____