

Commonwealth of Kentucky
Department of Insurance

215 West Main Street Frankfort, KY 40601 or P.O. Box 517 Frankfort, KY 40602-0517
502-564-6082 Fax 502-564-4604

REGISTRATION AND INFORMATION CHANGES

TYPE OF COMPANY _____

COMPANY NAME _____ **INCORPORATION DATE** _____

FEIN NUMBER _____ **NAIC NUMBER** _____ **GROUP CODE NUMBER** _____

PRESIDENT NAME _____ **COMPANY'S STATE OF DOMICILE** _____

STATUTORY HOME OFFICE ADDRESS

Street address _____

City _____ State _____ ZIP _____

Telephone number _____

MAILING ADDRESS

Street address _____

City _____ State _____ ZIP _____

CONTACT PERSON

ANNUAL STATEMENT CONTACT

Name _____

Street address _____

City _____ State _____ ZIP _____

Telephone number _____ Email Address _____

U.S. REPRESENTATIVE (if applicable)

Street address _____

City _____ State _____ ZIP _____

Telephone number _____

The undersigned understands and agrees that any change to the information above shall require immediate notice to the commissioner, Department of Insurance, by completion and submission of this form to the Financial Standards and Examination Division at the address above.

President _____ Secretary _____

This, the _____ day of _____, 20 _____