

Commonwealth of Kentucky
Department of Insurance

Mayo-Underwood Building 500 Mero Street 2SE11 Frankfort, KY 40601 or P.O. Box 517 Frankfort, KY 40602-0517
502-564-6082 Fax 502-564-4604

INFORMATION SHEET FOR REGRISTRATION AND INFORMATION CHANGES

TYPE OF COMPANY _____

COMPANY NAME _____ **INCORPORATION DATE** _____
FEIN NUMBER _____ **NAIC NUMBER** _____ **GROUP CODE NUMBER** _____

PRESIDENT NAME _____ **EMAIL ADDRESS** _____
STATE OF DOMICILE _____

STATUTORY HOME OFFICE ADDRESS

Street address _____
City _____ State _____ Zip _____
Home office phone number: _____

MAILING ADDRESS

Street address _____
City _____ State _____ Zip _____

CONTACT PERSON

ANNUAL STATEMENT CONTACT

Contact name _____
Street address _____
City _____ State _____ Zip _____
Telephone number: _____ Email Address _____

U.S. REPRESENTATIVE (if applicable)

Street address _____
City _____ State _____ Zip _____
Telephone phone 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_____