



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
215 WEST MAIN STREET/P.O. BOX 517
FRANKFORT, KENTUCKY 40602
502-564-6082 FAX 502-564-4604**

KENTUCKY INSURANCE GUARANTY ASSOCIATION
ACCEPTANCE OF THE PLAN OF OPERATION

The undersigned member insurer hereby accepts the Plan by causing its corporate name to be hereunto subscribed by its president or an authorized officer. Each member so accepting does hereby declare its authorization of the Commissioner of the Department of Insurance to levy such assessments, and of the Board to take such other actions as are authorized herein and by the Act.

Date Accepted

Name of Member Insurer

Address

By

Title