

KENTUCKY DESIGNATION OF PERSON TO RECEIVE LEGAL PROCESS

Pursuant to KRS 304.3-230, the undersigned officers of

(Insurer Name)

(Street Address)

(City, State and Zip Code)

(Phone)

(Insurer FEIN)

(Insurer NAIC No.)

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

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, Kentucky Department of Insurance, P. O. Box 517, Frankfort, Kentucky 40602-0517.

This, the _____ day of _____, 20_____.

President

Secretary

Commonwealth of Kentucky • Department of Insurance
Mayo-Underwood Building
500 Mero Street Frankfort, KY 40601
• P.O. Box 517 • Frankfort, KY 40602 •
502-564-6082 • FAX 502-564-4604