Kentucky Department of Insurance
Division of Consumer Protection and Market Conduct
500 Mero Street, 2 SE 11 Frankfort, Kentucky 40601
Phone: (502) 564.6034 | Fax: (502) 564.6090
INSURANCE.ky.gov | DOI.FinancialStandardsMail@ky.gov

INFORMATION SHEET FOR REGRISTRATION AND INFORMATION CHANGES

Type of Company: _____

Company Name: _____ Incorporation Date: _____

FEIN #:_____NAIC #:_____Group Code #:_____

President Name: _____ State of Domicile: _____

Email Address: _____

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: _____

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 Signature _____ Date: _____

Secretary Signature_____ Date: _____