

**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

**COMPANY INFORMATION SHEET**

TYPE OF COMPANY \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ INCORPORATION DATE \_\_\_\_\_

FEIN NUMBER \_\_\_\_\_ NAIC NUMBER \_\_\_\_\_ GROUP CODE NUMBER \_\_\_\_\_

PRESIDENT NAME \_\_\_\_\_

**PRESIDENT'S DIRECT 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\_\_\_\_\_