

Public Protection Cabinet
Department of Insurance
Attn: Haley Bradburn
P.O. Box 517
215 West Main Street
Frankfort, KY 40602-0517

REQUEST FOR NOTIFICATION OF ADMINISTRATIVE REGULATION

Please list the subject matter(s) or check each division for which you wish to receive a copy of the Administrative Regulation and all attachments required by KRS 13A.230:

- | | |
|--|--|
| <input type="checkbox"/> Agent Licensing | <input type="checkbox"/> Consumer Protection |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Property & Casualty |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Insurance Fraud |
| <input type="checkbox"/> Financial Standards & Examination | <input type="checkbox"/> Municipal Taxes |

Name: _____
(Please print using all capital letters)

Association, Organization, or Company, if applicable: _____

Address: _____
(Please print using all capital letters)

(Please print using all capital letters)

(Please print using all capital letters)

Phone: _____ Fax: _____

OPTIONAL: I wish to waive the requirement that I receive a paper copy of these administrative regulations through the United States Postal Service. Instead, please email them to me at this email address: _____

Signature: _____ Date: _____

Please mail this form to the address listed above or
email to Haley.Bradburn@ky.gov.