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

## **KENTUCKY DESIGNATION OF PERSON TO RECEIVE LEGAL PROCESS**

	-	
(Insurer Name)		
(Street Address)		
(City, State and Zip Co	ode) `	(Phone)
(Insurer FEIN)		(Insurer NAIC No.)
		nd all other interested parties, on notice that the name and address of re service of lawful process against it in the Commonwealth of Kentucky
shall require immediat	e notice to the Commission inancial Standards & Example 2	y change in the identity and location of the person designated above oner, Department of Insurance, by completion and submission of this mination Division, Kentucky Department of Insurance, P. O. Box 517,
This, the	day of	20
		President
		Secretary