

*Commonwealth of Kentucky
Department of Insurance
Licensing Division
P.O. Box 517
Frankfort, Ky. 40601
502-564-6004
<https://insurance.ky.gov>*

Business Entity

Designation or Termination of Designation Form

Business Entity Name			FEIN		
DBA/Trade Name (if applicable)			State of Domicile		
Business Address			City	State	ZIP or Foreign Country
Phone Number () -	Fax Number () -	Business Web Site Address		Business E-Mail Address	
Mailing Address		P.O. Box	City	State	ZIP or Foreign Country

Effective date of designation or termination will be the date of receipt in the Department of Insurance.

Name	SSN	Designate	Terminate	Lines of Authority
		<input type="checkbox"/>	<input type="checkbox"/>	
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Officer: _____ Title: _____

Signature of Officer: _____ Date: _____