

INSURANCE DEPARTMENT, STATE OF KANSAS

OFFICIAL LIST

PLEASE COMPLETE THIS FORM CORRECTLY AS OUR RECORDS ARE MAINTAINED FROM THE COMPANY'S OFFICIAL LIST ON FILE.

(Name of Company)

(Date Completed)

STATUTORY HOME OFFICE (I)

(State of Domicile)

(Street Address)

(City, State, Zip)

Telephone Number _____

Toll Free Number _____

Fax Number _____

MAIN ADMINISTRATIVE OFFICE (II)

(Street Address)

(City, State, Zip)

Telephone Number _____

Toll Free Number _____

Fax Number _____

MAIL ADDRESS (III)

(Street Address or PO Box)

(City, State, Zip)

Telephone Number _____

Toll Free Number _____

Fax Number _____

The following persons occupy the official positions named below (IV)

NAME

OFFICIAL TITLE

OFFICE ADDRESS

PRESIDENT

SECRETARY

COMPLETED BY: _____

Telephone No: _____

Email Address: _____

See instructions below for completing official list

INSTRUCTIONS FOR COMPLETING OFFICIAL LIST

- (I) STATUTORY HOME OFFICE: As identified with the Certificate of Authority issued by your domiciliary state.

- (II) MAIN ADMINISTRATIVE OFFICE: Location of the company's main administrative office.

- (III) MAIL ADDRESS: Address the company wants mail to go to if other than the Main Administrative Office address; may be a P.O. Box number and the associated zip code.

- (IV) Furnish information for only the positions and addresses set out on the front side. **Do not alter or insert** additional positions or addresses. If no one holds a position listed, indicate "NONE". This Department is to be notified promptly of any changes that occur in the positions, addresses and/or telephone numbers during the year.

Do Not Return This Page