

KANSAS AUTOMOBILE ASSIGNED CLAIMS PLAN

ACKNOWLEDGMENT OF NOTICE OF MEMBERSHIP

The undersigned member Insurer or member Self-Insurer hereby acknowledges receipt of notice of membership in the Kansas Automobile Assigned Claims Plan by causing its corporate name to be hereunto subscribed by its president or other authorized officer. Each member Insurer or member Self-Insurer hereby authorizes the Governing Committee of the Kansas Automobile Assigned Claims Plan to levy such assessments and to take such other actions as are deemed by it to be appropriate to assure the operation of the Plan on a fair and equitable basis consistent with K.S.A. 40-3116.

Date Acknowledged

Name of Member Insurer, Member Self-Insurer

Address

By:

Title

Kansas Automobile Assigned Claims Plan

Manager

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