Please complete the information below to assist us in distribution of circulars, reports, etc. to members of your company.

| NAIC Code |  | NCRF Code Lead Company Insurance Company Name (s) |
| :--- | :--- | :--- | :--- | :--- |

COMPANY CONTACT INFORMATION - Prior Contacts for single contact roles will be eliminated and replaced with any new information



| Requestor: | Contact Legend:: * Required role | $\triangle$ single contact roles will be eliminated and replaced |
| :---: | :---: | :---: |
|  |  | Email Address: |
| Title: |  | Date: |

