

OFFICE OF SUPERINTENDENT OF INSURANCE  
COMPANY LICENSING BUREAU  
P. O. BOX 1689  
SANTA FE, NEW MEXICO 87504-1689  
(505) 827-4362

PLEASE READ BEFORE COMPLETING:

- PLEASE TYPE OR PRINT NEATLY
- COMPLETE ENTIRE FORM--DO NOT LEAVE ANY BLANKS
- CONTACT PERSON & PHONE NUMBER--MUST BE LOCATED AT ADDRESS INDICATED

CONTACT PROCESSING FORM

COMPANY COMPLETE NAME – Do not abbreviate name.

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**STATUTORY HOME OFFICE ADDRESS** – As identified with the Certificate of Authority in domiciled state (This definition is consistent with the Annual Statement)

**MUST BE LOCATED IN STATE OF DOMICILE (PER NMSA §59A-5-22(B))**

<u>Physical location only:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

**COMPANY MAILING ADDRESS**

<u>Street, P O Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

**COMPANY CONTACT FOR GENERAL & SPECIAL DEPOSITS/SURETY BONDS**

<u>Street, PO Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>