



NEW YORK STATE
DEPARTMENT*of*
FINANCIAL SERVICES

SATELLITE OFFICE FILING
PURSUANT TO REG. 125 AND SECTION 2129
OF THE INSURANCE LAW

HEADQUARTER INFORMATION

Name of Licensee

License Number

Headquarter Location

Designated Person
(Please Print)

Signature of Designated Person

SATELLITE INFORMATION

Satellite Location

Name of Designated Person(s)
(Please Print)

License Number(s)

Signature of Designated Person(s)

Return Completed Form to:
NYS Department of Financial Services
Attention: Licensing Bureau
One Commerce Plaza – 20th Floor
Albany, NY 12257