



Wisconsin Office of the
COMMISSIONER
OF INSURANCE

Application For Reservation Of Corporate Name

Ref: ss. 181.0402, 611.10, 613.10, 614.09, 618.21, Wis. Stat.

INSTRUCTIONS: Submit this form along, with the REQUIRED \$25 FEE, to the Office of the Commissioner of Insurance using the address listed below. An authorized copy of the reservation will be returned to you.

Stock or Mutual — 120 days

Company Name

Applicant

Street

City, State, Zip

Applicant Email for Return of Authorized Copy

Reservation allowed from _____ through _____.

Commissioner of Insurance