

**APPLICATION FOR RESERVATION
OF CORPORATE NAME**



State of Wisconsin
Office of the Commissioner of Insurance
125 South Webster Street
P. O. Box 7873
Madison, WI 53707-7873
(608) 266-3585

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

INSTRUCTIONS: Submit this form IN DUPLICATE to the Office of the Commissioner of Insurance at the above address along with the REQUIRED \$25 FEE. An authorized copy of the reservation will be returned to you.

The undersigned hereby requests that the following name be reserved for corporate use for:

Stock or Mutual — 120 days

Company Name

Applicant

Street

City, State, Zip

Reservation allowed from _____ through _____.

Commissioner of Insurance