

**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