

New Mexico Contact Processing Form

Please complete the entire form and submit it to the following address:

Office of Superintendent of Insurance
Attn: Company Licensing Bureau
P. O. Box 1689
Santa Fe, NM 87504-1689
(505)827-4362

Office of Superintendent of Insurance
Attn: Company Licensing Bureau
1120 Paseo de Peralta, Room 439
Santa Fe, NM 87501
(505)827-4362

Company Complete Name- Do not abbreviate name

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Company Web Address	Customer Service Phone Number	Customer Service Email

STATUTORY HOME ADDRESS-As identified with the Certificate of Authority in domicile state (This definition is consistent with the Annual Statement).

MUST BE LOCATION IN THE 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:</u>	<u>Phone Number:</u>

COMPANY MAILING ADDRESS

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

CONTACT PERSON FOR GENERAL & SPECIAL DEPOSIT/SURETY BONDS

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