

**Company Name and Address Verification Form**

**Office of Superintendent of Insurance**

New Mexico Company Code	Company Name	Tax ID Number

Primary Contact	E-mail Address	Telephone Number

Physical Address	Annual Statement Address <input type="checkbox"/> Same

Same

Billing Address

**Interest Income Instructions (Non-Certificate of Deposit)**

By Check  Same

Check Mailing Address

By ACH

Bank Name	ABA #	Account #

By Wire

Bank Name	ABA #	Account #
Bank Account Name	For Further Credit To	

**X** \_\_\_\_\_  
 Signature (Individual(s) authorized by the Company Authorization Resolution) Title Date

Revised 7-3-17