2007-2008 ASSOCIATION INSURANCE REGISTRATION FORM

WE CONFIRM THAT NO TWO SIGNING OFFICERS ARE MEMBERS OF ONE FAMILY. PRESIDENT'S SIGNATURE: TREASURER'S SIGNATURE: Please neatly print or type the information requested below. (Note: Even if you file this report electronically, a hard copy must be filed with the office showing original signatures IN ORDER TO COMPLY WITH INSURANCE GUIDELINES) ACCOUNT NAME: ACCOUNT NUMBER: BANK TRANSIT & ROUTING # NAME OF BANK: BRANCH STREET ADDRESS: CITY: POSTAL CODE: SIGNING OFFICERS: BRANCH NAME: BRANCH STREET ADDRESS: ACCOUNT NUMBER: BANK TRANSIT & ROUTING # NAME OF BANK: BANK TRANSIT & ROUTING # NAME OF BANK: BRANCH STREET ADDRESS: CITY: POSTAL CODE: TELEPHONE: BRANCH STREET ADDRESS: CITY: POSTAL CODE: TELEPHONE: SIGNING OFFICERS:	ASSOCIATION:					
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SIGNING OFFICERS:						

INSURANCEREG.INC 8/27/2007-TURN OVER

PLEASE NEATLY PRINT OR TYPE THE INFORMATION REQUESTED BELOW

ACCOUNT NAME:			_		
		BANK TRANSIT & ROUTING #			
NAME OF BANK:	MANA	MANAGER'S NAME:			
BRANCH STREET ADDRES	S:				
СІТҮ:	POSTAL CODE:	TELEPHONE:			
SIGNING OFFICERS:					
ACCOUNT NAME:					
ACCOUNT NUMBER:	BANK	BANK TRANSIT & ROUTING #			
NAME OF BANK:	MANA	MANAGER'S NAME:			
BRANCH STREET ADDRES	S:				
CITY:	POSTAL CODE:	TELEPHONE:			
SIGNING OFFICERS:					
ACCOUNT NAME:					
ACCOUNT NUMBER:	BANK	TRANSIT & ROUTING #			
NAME OF BANK:	MANA	MANAGER'S NAME:			
BRANCH STREET ADDRES	S:				
CITY:	POSTAL CODE:	TELEPHONE:			
SIGNING OFFICERS:					

DEADLINE FOR SUBMISSION: FRIDAY, OCTOBER 12TH, 2007