NYSIF
New York State Insurance Fund

199 Church Street, New York, NY 10007
nysif.com

EXECUTIVE OFFICER INFORMATION SHEET

POLICY NUMBER: _____

NAME OF CORPORATION: _____

ADDRESS: _____

Please list all executive officers of the corporation whether active or inactive.

President	Full Name	Duties	
Home Address		Annual Salary	Date Elected to Office

Vice President	Full Name	Duties	
Home Address		Annual Salary	Date Elected to Office

Secretary	Full Name	Duties	
Home Address		Annual Salary	Date Elected to Office

Treasurer	Full Name	Duties	
Home Address		Annual Salary	Date Elected to Office

I hereby certify that the information given above is complete and accurate in every detail.

_____	_____	_____
Print Name	Signature of Executive Officer	Date

Please attach a separate sheet if additional space is needed.