附件2

保险机构信息平台建设工作领导小组名单

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 保险机构名称： | | | | | | |
| 序号 | 姓名 | 职务 | 办公电话 | 手机号码 | 电子邮箱 | 备注 |
| 1 |  |  |  |  |  | 组长 |
| 2 |  |  |  |  |  | 副组长 |
| 3 |  |  |  |  |  | 联系人 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| …… |  |  |  |  |  |  |