

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

CHANGE OF MAILING ADDRESS/CONTACT NOTIFICATION FORM

NAME CHANGE

If there has been a name change, please complete the following:

Previous Applicant Company Name: _____

Current Applicant Company Name: _____

MAILING ADDRESS/CONTACT CHANGE

If there has been a mailing address or contact person change, please complete the following:

This form will notify regulatory officials of mailing address changes or contact person changes applicable to the Applicant Company or it may be completed as a supplemental filing in conjunction with other corporate amendment filings. Check state specific requirements. For each change, please indicate the one or more areas for which the change is applicable:

	Catastrophe/Disaster Coordination Contact	A contact person for state departments to contact for information if there is a catastrophe or disaster.
	Claim Information Contact	A contact person for the public to contact for claim information.
	Consumer Complaints Contact	A contact person for state consumer complaint staff to contact for resolution of complaints filed with the state department.
	Form and/or Rate Filings Contact	A person for state departments to contact regarding issues on policy forms filings or rate filings.
	Fraud Assessment Invoice Contact	A person for state departments to contact regarding issues of payment of fraud assessments.
	Local Office in Domestic/Foreign State Contact	A person for the public or state departments to contact.
	Managing General Agent	A person for the public or state departments to contact.
	Market Conduct Contact	A person for state departments to contact regarding market conduct issues.
	Policyholder Information Contact	A person for the public to contact.
	Producer Licensing Contact (Appointment)	A person for state departments to contact regarding issues of producer licensing or appointments of agents.
	Regulatory Compliance/Government Relations Contact	A person for state departments to contact on matters related to regulation but unrelated to public complaints filed with the state department.)
	Premium Tax Contact	A person for state departments to contact regarding issues of payment of premium tax.
	Company Licenses/Fees Contact	A person for state departments to contact regarding issues of payment of license fees.
	Deposits Contact	A person for state departments to contact regarding statutory deposits.
	U.S. Legal Counsel (for aliens)	A person for state departments to contact.
	Annual Statement Contact	A contact person responsible for answering questions in the completion of the annual statement.
	Company Mailing Address	A change to the mailing address of the company.

Note: This form serves a dual purpose. It may be submitted stand alone or as a supplement to another corporate amendment application. Additional corporate amendment filings are required for Statutory Home Office, changes to articles or by-laws or for changes in the addresses related to the person authorized to receive Service of Process. These changes require a Corporate Amendment Application or a Uniform Consent to Service of Process. Check state specific requirements.

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▢ This notice is for all states; **OR** this notice is for the following state(s) only:

▢ AL	▢ AK	▢ AS	▢ AZ	▢ AR	▢ CA	▢ CO	▢ CT	▢ DE	▢ DC	▢ FL	▢ GA
▢ GU	▢ HI	▢ ID	▢ IL	▢ IN	▢ IA	▢ KS	▢ KY	▢ LA	▢ ME	▢ MD	▢ MA
▢ MI	▢ MN	▢ MS	▢ MO	▢ MT	▢ NE	▢ NV*	▢ NH	▢ NJ	▢ NM	▢ NY	▢ NC
▢ ND	▢ OH	▢ OK	▢ OR	▢ PA	▢ PR	▢ RI	▢ SC	▢ SD	▢ TN	▢ TX	▢ UT
▢ VT	▢ VI	▢ VA	▢ WA	▢ WV	▢ WI	▢ WY					

* State-Specific Form required

NEW CONTACT

Contact Name: _____

Title: _____

Address: _____

Phone #: _____ Fax #: _____ Toll Free/Instate Phone #: _____

E-Mail Address: _____

Previous Contact Name (if changed): _____

Entity Name of MGA (if contact or address changed): _____

Note: If there are multiple contacts in different locations, please attach a separate sheet with all pertinent information for each.

NEW MAILING ADDRESS

Address: _____

Address 2: _____ Suite/Mail Stop: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: _____ Fax: _____ Toll Free/Instate Phone #: _____

Signature of Preparer

Date of Preparation

Typed or Printed Name

Title of Preparer

Phone Number of Preparer

Email Address of Preparer