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. 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. For each change, please indicate the one or more areas for which the change is applicable:

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

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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: ________________________________________________________________________ Toll Free/Instate Phone #: _______________________
Main Administrative Office Phone Number: ____________________________ Fax: ________________________________

________________________________________  ________________________________________
Signature of Preparer                  Date of Preparation

________________________________________  ________________________________________
Typed or Printed Name                  Title of Preparer

________________________________________  ________________________________________
Phone Number of Preparer               Email Address of Preparer