CONFERENCE CALL

COMPANY LICENSING TRANSACTIONS (E) SUBGROUP

Wednesday, May 13, 2015
1:00 p.m. ET / 12:00 noon CT / 11:00 a.m. MT / 10:00 a.m. PT
9:00 a.m. Alaska / 8:00 a.m. Hawaii

ROLL CALL

Cynthia Donovan, Chair Indiana Mary Mostoller Florida
Maxine Froemling Alaska Joel Sander Oklahoma
Jill Jacobi California Cressinda Bybee Pennsylvania
Kathy Belfi Connecticut Godwin Ohaechesi Texas
Dave Lonchar Delaware Gayle Pasero Washington

AGENDA

1. Discuss Managing General Agent information on Form 14—Cynthia Donovan (IN) Attachment One

2. Discuss Defining Domiciliary State—Cynthia Donovan (IN)

3. Consider Updating the Application Instructions to Pertain to both the Electronic and Hard Copy Filings—Cynthia Donovan (IN)

4. Any Other Matters Brought Before the Subgroup—Cynthia Donovan (IN)
   ➢ Discuss Converting and Rewriting the Proforma

5. Adjournment

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CHANGE OF MAILING ADDRESS/CONTACT NOTIFICATION FORM

NAME CHANGE

If there has been a name change and/or a mailing address change, please complete the following:

Previous Applicant Company Name: ___________________________________________

Current Applicant Company Name: ___________________________________________

MAILING ADDRESS/CONTACT CHANGE

This form is to be completed as a courtesy filing in conjunction with other changes or to notify regulatory officials of mailing address changes or contact person changes applicable to the Applicant Company. For each address change, please indicate one or more areas for which the change given below is applicable:

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophe/Disaster Coordination 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>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>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>

Note: Do not use this form to notify states for a change of address requiring a corporate amendment or person receiving Service of Process. This change should be submitted by completing a Corporate Amendment Application or a Uniform Consent to Service of Process.
**NEW CONTACT**

Contact Name: ____________________________________________________________________________________

Title: ____________________________________________________________________________________________

Address: __________________________________________________________________________________________

Phone #: _____________________ Fax #: _____________________ E-Mail Address: _________________________________

Previous Contact Name (if changed): __________________________________________________________________

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: _____________________

Signature of Preparer _____________________ Date of Preparation _____________________

Typed or Printed Name _____________________ Title of Preparer _____________________

Phone Number of Preparer _____________________ Email Address of Preparer _____________________

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Revised 8/18/14
FORM 14