IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED


[ ] Form 1 – Checklist  [ ] Form 2 - Application  [ ] Form 3 – Lines of Business
[ ] Form 6- Certificate of Compliance  [ ] Form 7 – Certificate of Deposit  [ ] Form 8 - Questionnaire
[ ] Form 8C- Corporate Amendment Questionnaire  [ ] Form 11-Uniform Consent to Service of Process
[ ] Form 13- ProForma  [X] Form 14- Change of Address/Contact Notification
[ ] Form 15 – Affidavit of Lost C of A  [ ] Form 16 – Voluntary Dissolution
[ ] Form 17 – Statement of Withdrawal

DESCRIPTION OF CHANGE(S)

Proposed clarifications to form instructions. Changes will differentiate between a name change and an address change, clarify that the form may be submitted as stand-alone or supplemental, and encourage filers to check state specific instructions.

REASON OR JUSTIFICATION FOR CHANGE **

Drafted after discussions with subgroup and comments received at E-Reg regarding confusion as to when the form may be used.

Additional Staff Comments:

12-2-14 cgb – the electronic application does not currently support this functionality, enhancements would need to be made to the electronic application to allow for a separate attachment of Form 14 to the corporate amendment application.
4-8-15 cgb – The Subgroup referred the proposal to National Treatment & Coordination (E) Working Group for exposure and consideration.

** This section must be completed on all forms.
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 Company Name: ________________________________________________________________

Current Company Name: ________________________________________________________________

MAILING ADDRESS/CONTACT CHANGE

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

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

<table>
<thead>
<tr>
<th>Contact Category</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: This form serves a dual purpose. It may be submitted stand alone or as a supplement to a notify states for a change of address requiring 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 address/app to the person authorized to receiving Service of Process. These changes require should be submitted by completing a Corporate Amendment Application or a Uniform Consent to Service of Process. Check state specific requirements.
Applicant Name: _____________________________   NAIC No. __________________________
FEIN:   __________________________

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 #:  _________________ 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:  ______________________________________

__________________________________________ Date of Preparation
Signature of Preparer

__________________________________________
Typed or Printed Name

__________________________________________
Phone Number of Preparer

__________________________________________
Title of Preparer

__________________________________________
Email Address of Preparer

Revised 9/23/08
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