

Applicant Name _____

NAIC No. _____

FEIN: _____

CHANGE OF ADDRESS/CONTACT NOTIFICATION FORM**NAME CHANGE**

If there has been a name change as well as an address change, please complete the following:

Previous Company Name: _____

Current Company Name: _____

ADDRESS/CONTACT CHANGE

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

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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: _____

Previous Contact Name (if changed): _____

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

NEW ADDRESS

Address: _____

Address 2: _____ Suite/Mail Stop: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Phone Number: _____ Fax: _____

Signature of Preparer

Date of Preparation

Typed or Printed Name

Title