

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

## Uniform Certificate of Authority Application (UCAA) 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:

	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.
	Cybersecurity Contact	A contact person for the state departments to contact regarding data security and data breaches.
	External Healthcare Review Contact	A contact person for state departments to initiate the external healthcare review process.
	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.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

## 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