



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Business Regulation
INSURANCE DIVISION

1511 Pontiac Ave Bldg 69-2
 Cranston, R.I. 02920
 Telephone No. (401) 462-9520
 www.dbr.ri.gov

FAX No. (401) 462-9559
 TDD No. 711

THIRD PARTY ADMINISTRATOR CHANGE OF NAME & ADDRESS FORM

RIGL27-20.7-12 (h) notification of change - Duty of License. Every licensee shall notify the commissioner of any changes in the licensee's residential or business address within thirty days of the change. Any licensee who ceases to maintain residency in this state shall deliver the insurance license to the commissioner by personal delivery or by mail within thirty days after terminating residency.

- If this is a change in name or state of domicile, and your company holds a Certificate of Authority or Waiver Certificate, please include a check for your fee of \$25, made payable to *General Treasurer, State of Rhode Island* for an updated certificate.

Name (as it appears on your original license)	
Federal Identification Number	
State of Domicile	

NAME CHANGE

Change of Name
From: _____ To: _____

NEW BUSINESS ADDRESS

Is this change a result of a change in the state of domicile?			
Agency Name (If Applicable)			
Street Address		Address Line 2	
City	State	Zip Code	Date Change Becomes Effective
Business Telephone Number ()	Business Fax Number ()		Business E-Mail Address

NEW MAILING ADDRESS

Agency Name (If Applicable)			
Street Address		Address Line 2	
City	State	Zip Code	Date Change Becomes Effective
Business Telephone Number ()	Business Fax Number ()		Business E-Mail Address

You will receive a new certificate reflecting any change in resident address or a change in your name. A change in mailing address will be marked on our records.

 Signature Title Date