



Florida Office of Insurance Regulation

NAIC No. _____

Applicant Company Name: _____

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.

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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