



Department of Business and Industry

# Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 Phone: (775) 687-0700 Fax: (775) 687-0787

## Change of Address Form

Questions: Call (775) 687-0761 Email completed form to [rbeaver@doi.nv.gov](mailto:rbeaver@doi.nv.gov)

|                     |                      |                    |
|---------------------|----------------------|--------------------|
| Nevada ID Number    | NAIC Number          | NAIC Group Code    |
| FEIN Number         | State of Domicile    |                    |
| Company Name        | Company Contact Name | Company Email      |
| Company Web Address | Company Phone Number | Company Fax Number |

### Statutory Home Office

Do not include branch offices

|               |                |                  |
|---------------|----------------|------------------|
| Contact/Title | Street Address | City, State, Zip |
|---------------|----------------|------------------|

### Address to receive correspondence

Used to receive correspondence including letters, information, billing notices, assessments and hearing notices for companies holding Certificates of Authority, Certificates of Registration, Certificates of License, Certificates of Approval or Letters of Approval

|                       |                  |                                |
|-----------------------|------------------|--------------------------------|
| Contact/Title         | Phone            | Mailing Address Contact E-mail |
| Street Address/PO Box | City, State, Zip |                                |

### Address to receive renewal invoices

Used to receive annual renewal invoices for insurers (not appointment renewals)

|                       |                  |                         |
|-----------------------|------------------|-------------------------|
| Contact/Title         | Phone            | Renewals Contact E-mail |
| Street Address/PO Box | City, State, Zip |                         |

### Must be signed by a principal officer of the company

|                                 |  |                   |
|---------------------------------|--|-------------------|
| Name/Title of Principal Officer | <input type="checkbox"/> I attest that this is my electronic signature | Date of Signature |
|---------------------------------|--|-------------------|