

FEDERAL TAX ID (EIN) NUMBER \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT  
NAVIGATOR AND EXCHANGE ASSISTER BUSINESS ENTITY REGISTRATION RENEWAL FORM

Process your renewal online in minutes on or before your license expiration date. Access these online services at [www.sircon.com/pennsylvania](http://www.sircon.com/pennsylvania) or [www.nipr.com](http://www.nipr.com). **DO NOT MAIL THIS FORM IF YOU RENEW ONLINE.** If you must mail in your renewal, submit the completed form and \$1.00 renewal fee, payable to the Commonwealth of PA, to the address listed at the bottom of this form. Please allow 2 to 4 weeks for processing.

Print a copy of your renewed registration certificate the next business day from our web site at [www.insurance.pa.gov](http://www.insurance.pa.gov) (click the Services for Producers & Other Licensees Link on the left hand side of the home page and then click the Print Your License link).

**MANDATORY BACKGROUND INFORMATION**

- YES  NO 1. Since the last renewal or initial application in this state, has the business entity, or the owners, officers, partners or any designated licensee of the business entity been subject to an administrative action, penalized or fined, had an insurance license, or other financial services license or its equivalent refused, suspended or revoked by a Government entity or is any such action now pending? (If yes, please email an explanation to our Compliance Unit at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))
- YES  NO 2. Since the last renewal or initial application in this state, have any of the corporate officers or any designated licensee been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against them? (If yes, please email an explanation to our Compliance Unit at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))
- YES  NO 3. Since the last renewal or initial application in this state, has the business entity or any corporate officers or any owner, partner, officer, director, manager or designated licensee of the business entity failed to pay state income tax or comply with any administrative or court order directing the payment of state income tax? (If yes, please email an explanation to our Compliance Unit at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))

**MANDATORY CERTIFICATION AND ATTESTATION**

I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct and any license issued in consequence hereof shall be contingent upon the truth of these statements. Furthermore, I confirm that I understand fully the insurance laws and regulations of Pennsylvania. (Note: False statements may result in criminal penalties, administrative enforcement action, including fines and licensure action, or all of the aforementioned).

\_\_\_\_\_  
Business Entity Name

\_\_\_\_\_  
Designated Licensee (printed or typed)

\_\_\_\_\_  
Designated Licensee Signature

\_\_\_\_\_  
Date

**IF YOU NEED TO CHANGE YOUR ADDRESS, PLEASE EMAIL CHANGES TO RA-IN-PRODUCER@PA.GOV**

**THE ADDRESS BELOW IS A LOCKBOX USED FOR RENEWAL PROCESSING ONLY. DO NOT MAIL ANY OTHER CORRESPONDENCE TO THIS ADDRESS.**

Pennsylvania Insurance Department  
Bureau of Licensing and Enforcement  
P.O. Box 67330  
Harrisburg, PA 17106-7330

Make checks payable to: Commonwealth of PA