pennsylvania
INSURANCE DEPARTMENT

NAME AND ADDRESS CHANGE FORM FOR BUSINESS ENTITIES

Name as it Appears on Current License:	Date:
*Federal Employer Identification Number:	License Number(s):
Signature of Designated Licensee:	Printed Name of Designated Licensee:

ADDRESS CHANGE SECTION

Preferred Mailing Address:

City State Zip Code

Physical Business Address (street address required): Phone Number: ( )

City State Zip Code

NAME CHANGE SECTION*

New Full Legal Name:

Attachments Required:

- ☐ $25.00 check or money order made payable to the Commonwealth of Pennsylvania (**fee required only for name change not address change**)

AND

- ☐ Copy of Form W-9 issued by the Internal Revenue Services, US Dept of Treasury (www.irs.gov)

AND

- ☐ For PA Nonresident Business Entities: PA Dept of State, Corporation Bureau, Amended Certificate of Authority (www.dos.state.pa.us)

OR

- ☐ For PA Resident Business Entities: PA Dept of State, Corporation Bureau, Approved Filing and/or Registration Form (www.dos.state.pa.us)

***If there is also a change to the FEIN, do not complete this form. Instead, a new Business Entity Application would be required. Please log onto our website www.insurance.pa.gov for the proper application procedures.**