



## ADDRESS CHANGE FORM FOR BUSINESS ENTITIES

Email this completed form to [RA-INproducermail@PA.gov](mailto:RA-INproducermail@PA.gov)

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

### ADDRESS CHANGE SECTION

**Physical Business Address – All Fields Required:**

Street Address (no PO Box only):		
Street Address Line 2:		
City	State	Zip Code
Email Address (if different from above)		

**Preferred Mailing Address – All Fields Required:**

Street Address:		
Street Address Line 2:		
City	State	Zip Code

**This form is for *address changes* only. If you need to change the agency’s legal name on the license record, refer to the Name Change Form for Business Entities on our website at [www.insurance.pa.gov/licenses](http://www.insurance.pa.gov/licenses). DO NOT USE THIS FORM.**