



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:	
Email Address (Required):		

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 go to our website at www.insurance.pa.gov for the proper application procedures.**

Office of Market Regulation | Bureau of Licensing & Enforcement | Licensing Services Division
 1209 Strawberry Square | Harrisburg, Pennsylvania 17120
 Phone: 717.787.3840 | Fax: 717.787.8553 | www.insurance.pa.gov