



STATE OF CONNECTICUT

INSURANCE DEPARTMENT – Licensing Division

P.O. Box 816

Hartford, CT 06142

NAME or ADDRESS CHANGE FORM BUSINESS ENTITY ONLY

PLEASE PRINT OR TYPE CLEARLY

NAME (as it appears on license):	
CT LICENSE NUMBER:	
TAX ID NUMBER:	

ADDRESS CHANGE/CORRECTION:

New Street Address:

Street/Number/PO Box:	
City, State, Zip:	
Phone Number:	
Email Address:	

If the Mailing Address is a PO Box, please include the physical residence address:

Number/Street:	
City, State, Zip:	

NAME CHANGE/CORRECTION:

New Name:	
Former Name:	

ASSUMED NAME REGISTRATION (all assumed names must operate under the same Tax ID Number as licensed name):

	Name	Tax ID Number
Assumed Name/DBA:		
Assumed Name/DBA:		
Assumed Name/DBA:		

ADD/REMOVE DESIGNATED/RESPONSIBLE LICENSED INDIVIDUALS

Add or Remove?	Name	CT License #	SSN
Add / Remove			- -
Add / Remove			- -
Add / Remove			- -

Submitted by:

Name:	Title:	Date:
Email:	Phone:	Fax: