
PART B:
**STATEMENT OF CHANGE OF STATUTORY AGENT AND ACCEPTANCE OF APPOINTMENT AS
STATUTORY AGENT FOR A DOMESTIC INSURANCE COMPANY**

ACCEPTANCE OF APPOINTMENT AS STATUTORY AGENT

Company Name: _____ **NAIC#:** _____

The undersigned, having been designated to act as Statutory Agent for the above named Company, hereby consents to act in that capacity until the Company has appointed a new, valid Statutory Agent.

SIGNED and DATED this _____ day of _____, _____.

By _____
Printed Name of Statutory Agent

Signature of Statutory Agent

If the known place of business or other addresses of record are to be changed at this time, Form E230 Part C must be completed, executed by an authorized officer, and filed with us.

**PART C:
STATEMENT OF CHANGE OF KNOWN PLACE OF BUSINESS AND MAIL ADDRESS FOR A
DOMESTIC INSURANCE COMPANY**

STATEMENT OF CHANGE OF KNOWN PLACE OF BUSINESS AND MAIL ADDRESS

Company Name: _____ **NAIC#:** _____

I hereby instruct the Arizona Department of Insurance to maintain the following addresses as a matter of public record for the Company named above.

The known place of business in Arizona (Statutory Home Office) of the Company is:

Telephone: (____) _____

Fax: (____) _____

Toll Free: (____) _____

The mail address of the Corporation is:

Telephone: (____) _____

Fax: (____) _____

Toll Free: (____) _____

SIGNED and DATED this _____ day of _____, _____.

By _____
Printed Name

Its _____
Authorized Officer's Title

Signature