

# Department of Insurance State of Arizona

Financial Affairs Division 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269 Telephone: (602) 364-3999 https://insurance.az.gov

#### PART A:

### STATEMENT OF CHANGE OF STATUTORY AGENT AND ACCEPTANCE OF APPOINTMENT AS STATUTORY AGENT FOR A DOMESTIC INSURANCE COMPANY

### STATEMENT OF CHANGE OF STATUTORY AGENT

| Company Name:                        |                      |                         | NAIC#:  |
|--------------------------------------|----------------------|-------------------------|---|
| Pursuant to the pasubmits the follow |                      | §20-218.02 the under    | signed, on behalf of the above Company, hereby                      |
| FIRST:                               | The name and ad      | ddress of its current S | tatutory Agent are:   |
| SECOND:                              |                      | ent of the Company h    | as been changed.<br>or Statutory Agent are:                         |
| THIRD:                               |                      |                         | thorized by the Company. A certified copy of esolution is attached. |
| SIGNED and DA                        | ΓED this             | day of                  |   |
| ByPrinte                             | ed Name              |                         |   |
| ItsAutho                             | orized Officer's Tit | ile                     | Signature   |
|                                      | nce of Appointme     | ent as Statutory Age    | nt, must accompany Part A.  Page 1 of 3                             |

#### 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 S<br>hereby consents to act in that capacity until the Company |                              |
| 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: <u>(</u> )  | <u> </u> |             |  |  |
| Toll Free: ()  | <u></u>  |             |  |  |
|  |          |             |  |  |
| The mail address of the Corporation  | n is:    |             |  |  |
|  |          |             |  |  |
|  |          |             |  |  |
|  |          |             |  |  |
| Telephone: ()  | <u></u>  |             |  |  |
| Fax: <u>(</u> )  |          |             |  |  |
| Toll Free: ()  |          |             |  |  |
|  |          |             |  |  |
| SIGNED and DATED this  | day of   | ,           |  |  |
| Dec  |          |             |  |  |
| ByPrinted Name   |          |             |  |  |
| Its  |          |             |  |  |
| Authorized Officer's Title   |          | Signature   |  |  |
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