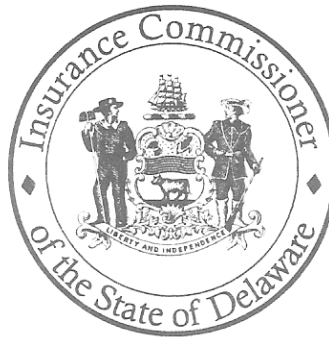


Insurance Commissioner



Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

PLEASE PRINT OR TYPE
REQUEST FOR AMENDMENT

PART 1 INDIVIDUAL LICENSEE IDENTIFICATION (Complete if an amendment is for an individual)

NAME
SOC. SEC. NO. LICENSE NUMBER BIRTH DATE

PART 2 BUSINESS ENTITY (Complete if amendment is for an existing business entity.)

NAME DE LIC #
F.E.I.N. (IRS) PHONE

PART 3 TYPE OF LICENSE (Producer, Adjuster, etc.)

PART 4 AMENDMENT REQUEST (A duplicate license will be issued for all amendment requests.)

Are you applying as a Delaware Resident? Yes No

A. Change of Address (Every license holder must notify the Department of any change in address within 30 days. Note: A new license will not be issued unless a duplicate license is requested - see below.)

Residence Address Information

ADDRESS SUITE OR BOX NO.
CITY STATE ZIP PHONE

Business Address Information

ADDRESS SUITE OR BOX NO.
CITY STATE ZIP PHONE
BUSINESS E-MAIL ADDRESS BUSINESS WEBSITE ADDRESS

Mailing Address Information

ADDRESS SUITE OR BOX NO.
CITY STATE ZIP

B. Change of Name (Proof of name change is required for an individual/firm and a \$10 fee.)

C. Add the following Line(s) of Authority. (\$10 fee required.)

PART 5 DUPLICATE LICENSE REQUEST

Check here to request a duplicate license (\$10 fee required.)

Signature
(Typed Name/Phone)