

**NOTIFICATION OF ADDRESS CHANGE FOR CERTIFICATE,
PERMIT, AND BROKERAGE LICENSE HOLDERS**

COMPANY NAME _____ A-_____

TRADE NAME _____

OLD
ADDRESS _____

NEW
MAILING
ADDRESS _____

TELEPHONE# _____

AUTHORIZED SIGNATURE _____

PLEASE PRINT NAME _____

DATE _____

(PLEASE ADVISE INSURANCE COMPANY OF THE ABOVE CHANGE OF ADDRESS)

PLEASE RETURN TO:

PENNSYLVANIA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU
P.O. BOX 3265
HARRISBURG, PA 17105-3265