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

COMPANY NAME _____ **A-**_____

TRADE NAME _____

_____

NEW MAILING ADDRESS _____

_____

NEW PHYSICAL ADDRESS _____

_____

OLD ADDRESS(ES) _____

_____

TELEPHONE# _____ **COUNTY** _____

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
400 NORTH STREET
HARRISBURG PA 17120

MC INSURANCE FAX: 717.787.3114