



Financial Regulation Division - Agent and Adjuster Licensing Office (107-1A)
333 Guadalupe, Austin, Texas 78701 * PO Box 149104, Austin, Texas 78714-9104
(512) 676-6500 | F: (512) 490-1029 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

LICENSEE NAME/ADDRESS CHANGE REQUEST FORM

THIS FORM IS TO BE USED TO CHANGE THE MAILING, RESIDENT, OR BUSINESS ADDRESS; OR AN INDIVIDUAL'S NAME
THIS FORM WILL NOT BE PROCESSED IF NOT FILLED OUT COMPLETELY

Agencies requesting a name change must submit a completed LDTL form (FIN528).

Licensees are required to notify TDI within 30 days of an address change (TIC § 4001.252)

TDI LICENSE NUMBER: PROVIDE NUMBER EXACTLY AS IT APPEARS ON LICENSE OR RENEWAL APPLICATION

NAME OF AGENT/AGENCY: PROVIDE NAME EXACTLY AS IT APPEARS ON LICENSE

NAME CHANGE: FOR INDIVIDUALS ONLY-(New name) Supporting official court documentation (e.g. marriage certificate, divorce decree, or other official court document) is required to be submitted with this form.

MAILING ADDRESS: This is the official address for all notifications from the department including renewal notice, delivery of original and renewed license, service of process and all correspondence from the department.

STREET, PHYSICAL LOCATION, ROUTE OR P.O. BOX NUMBER

CITY STATE ZIP CODE

RESIDENT ADDRESS: (INDIVIDUALS ONLY) This is the address where you live.

NOTE: Any change of address resulting in a move from Texas to another state; or from a nonresident state to another will require a Letter of Certification from the licensee's new state of residence to be submitted with this form for consideration.
NOTE: An individual moving to Texas (residency change) must submit the Application for Residency Change to Texas (TDI Form 594); and adhere to the instructions provided in TDI Form FIN594.

STREET, PHYSICAL LOCATION (P.O. BOX IS NOT ALLOWED)

CITY STATE ZIP CODE

BUSINESS ADDRESS: This address is the physical location of an agent's or agency's office. It is for reference purposes only, and will not be used for official correspondence from this department.

STREET, PHYSICAL LOCATION, OR ROUTE (P.O. BOX NOT ALLOWED)

CITY STATE ZIP CODE

Daytime Phone Number: E-mail Address:

Signature: MUST BE SIGNED BY AGENT-IF FOR AN AGENCY, AN OFFICER OR PARTNER MUST SIGN DATE SIGNED

Print Name:

COMPLETED FORM MAY BE MAILED, E-MAILED, OR FAXED TO:
Texas Department of Insurance - P.O. Box 149104, MC 107-1A, Austin, Texas 78714-9104
LICENSE@tdi.texas.gov FAX: (512) 490-1029