

## Third-Party Administrators Notice of Change of Address and/or Contact

To notify the Texas Department of Insurance of a change of address in the mailing or physical address of a Third-Party Administrator licensed in accordance with Texas Ins. Code, Chap. 4151, please complete the following:

\_\_\_\_\_  
TDI LICENSE NUMBER

\_\_\_\_\_  
EFFECTIVE DATE OF CHANGE

\_\_\_\_\_  
TPA NAME

\_\_\_\_\_  
NEW MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP (for mailing address)

\_\_\_\_\_  
NEW PHYSICAL ADDRESS

(Note: TPAs domiciled in Texas must maintain a physical address in Texas)

\_\_\_\_\_  
CITY, ST, ZIP (for physical address)

\_\_\_\_\_  
NEW CONTACT PERSON (should be located at the mailing address)

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
TOLL FREE NUMBER

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
WEBSITE

\_\_\_\_\_  
EMAIL

By: \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(typed or printed name)

\_\_\_\_\_  
(title)

 Email filing to [CLRFilings@tdi.texas.gov](mailto:CLRFilings@tdi.texas.gov)

► Questions?

Email us at [CompanyLicense@tdi.texas.gov](mailto:CompanyLicense@tdi.texas.gov) or call 512-676-6365.