

State of Hawaii – Insurance Division

NOTICE OF ADDRESS CHANGE<sup>1</sup>

NOTICE OF NAME CHANGE<sup>2</sup>

(Please Print or Type)

*Full and exact name as shown on License:		
Trade Name (dba) if applicable:		
	*License Number:	*Vendor ID Number:

<sup>2</sup> NEW NAME OF LICENSEE:
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<sup>1</sup> NEW BUSINESS ADDRESS TO BE PRINTED ON LICENSE:			
Business Entity Name:			
Physical Street (P.O. is not acceptable):			
City	State:	Zip or Foreign Country:	
Business Phone Number:	Business Fax Number:	Business E-Mail Address:	Business Web Site Address:

<b>NEW MAILING ADDRESS</b>		
Street or P. O. Box:		
City	State:	Zip or Foreign Country:

<b>NEW HOME ADDRESS</b>		
Physical Street (P.O. is not acceptable):		
City	State:	Zip or Foreign Country:
Home Phone Number:		

\_\_\_\_\_  
\*Signature of individual licensee or agency's designated representative

\_\_\_\_\_  
\*Print name of signer

\_\_\_\_\_  
\*Date signed

\*Required.

<sup>1</sup>**Change of Business Address** Attach to this form: the original license.

<sup>2</sup>**Name Change of Individual** Attach to this form: a copy of legal document granting name change (e.g. marriage certificate, divorce decree) and original license.

<sup>2</sup>**Name Change of Business Entity** Attach to this form: proof that new business name is registered with Hawaii DCCA Business Registration Division, copy of amended Articles of Incorporation and original license.

<sup>2</sup>**Adding Trade Name** Attach to this form: proof that trade name is registered with Hawaii DCCA Business Registration Division, amended Articles of Incorporation (if applicable) and original license.

HAWAII INSURANCE DIVISION, ATTN: Licensing Branch, P. O. Box 3614, Honolulu HI 96811-3614  
(Express mail only: 335 Merchant Street – Room 213, Honolulu HI 96813)