



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Company Analysis and Examinations Division

REINSURANCE INTERMEDIARY MODIFICATION FORM

- ADDRESS CHANGE (\$25) NAME CHANGE (\$75) WITHDRAWAL (no fee)
 AMENDED ARTICLES (\$50) AMENDED CHARTER (\$50) BOND OR /E&O POLICY (\$25)
 CERT OF GOOD STANDING (\$20) DESIGNATED CONTRACT (\$25)
 TERMINATED CONTRACT (\$10)

Please provide the following information to expedite your modification:

NAME: _____ WV File #: _____

- MAILING ADDRESS CHANGE

MAILING ADDRESS: _____

CONTACT PERSON: _____ TELEPHONE #: _____

- HOME ADDRESS CHANGE

HOME ADDRESS: _____

CONTACT PERSON: _____ TELEPHONE #: _____

- NAME CHANGE

FROM: _____ NAIC #: _____

TO: _____ NAIC #: _____

- OTHER (please be specific)

*If you run out of space, use additional forms.

Accredited by the National Association of Insurance Commissioners