



**THIRD PARTY ADMINISTRATORS (TPA)
NAME CHANGE APPLICATION**

Information pertaining to Third Party Administrators is available pursuant to [18 Del. Admin. C. § 1406](#).

Former Name: _____

New Name: _____

Home Office Address: _____

Mailing Address: _____

Phone: _____

FEIN: _____ License Number: _____

1. Attach copy of the name change approval from the company's state of domicile, if applicable.
2. Surrender original License (Certificate of Authority). If unable to locate original license include [Affidavit of Lost License](#).
3. Attach amended or restated Articles of Incorporation or Organization certified by the domicile state.
4. Attach amended by-laws (if applicable) certified by the Secretary of the Company.
5. Designation of Person to receive Service of Process – [Form D1](#).
6. Remit the Delaware fees as follows:
 \$110 – Name change with amended Articles of Incorporation (AOI)
 \$120 – Name change with amended AOI and amended by-laws

Check must be made payable to Delaware Department of Insurance (checks with an incorrect payee will be rejected). Incomplete applications will delay processing.

Mail to:

Company Regulation (BERG)
Delaware Department of Insurance
1351 West North Street, Suite 101
Dover, DE 19904

COMPLETED BY:

Printed Contact Name: _____ Date: _____

Signature: _____ Title: _____

Address: _____

Phone: _____ E-Mail Address: _____

Questions may be directed to BERG@delaware.gov.