



**RATING ORGANIZATION 18 Del. C. §§ 2501-2534
NAME CHANGE APPLICATION**

COMPLETED BY:

Printed Contact Name: _____ Date: _____

Signature: _____ Title: _____

Address: _____

Phone: _____ E-Mail Address: _____

COMPANY INFORMATION:

Former Name: _____

New Name: _____

Home Office Address: _____

Mailing Address: _____

Phone: _____

FEIN: _____

REQUIREMENTS:

1. Attach copy of the name change approval from the company's state of domicile.
2. Surrender original License (Certificate of Authority). If unable to locate original license include Affidavit of Lost License ([UCAA Form 15](#)).
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. Fees are subject to retaliatory provision pursuant to [18 Del. C. § 532](#). If the domicile state fees are less than those described below, 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 (only checks with the correct payee will be accepted).

Mail to:

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

To ensure prompt processing of your application make sure all requirements have been met. Questions may be directed to BERG@delaware.gov or 302-674-7330.