

CDI-178 (REV: 10/2022)



Designate or Update Primary Billing Address

Use of a work group email is highly recommended.

Contact (916) 492-3242 or arbilling@insurance.ca.gov for assistance.

300 CAPITOL MALL SUITE 14000, SACRAMENTO, CA 95814

COMPANY/ORGANIZATION NAME

DOING BUSINESS AS (DBA)

NAIC NUMBER (INSURERS)

WORKGROUP/CONTACT NAME

CA ID NUMBER

WORKGROUP/CONTACT EMAIL ADDRESS

BUSINESS PHONE NUMBER

Delete Previous Billing Address

COMPANY ADDRESS (Number, Street, or Box Number)

COMPANY ADDRESS (City, State, and ZIP Code)

New Primary Billing Address

ATTENTION (Workgroup, contact, c/o, etc.)

COMPANY ADDRESS (Number, Street, or Box Number)

COMPANY ADDRESS (City, State, and ZIP Code)

Must be signed by a Representative of the Company

SIGNATURE OF REPRESENTATIVE

TITLE OF SIGNER

PHONE

PRINT NAME OF SIGNER

EMAIL ADDRESS

DATE

***** Department of Insurance Accounts Receivable Section *****

SIGNATURE OF AUTHORIZED ACCOUNTING OFFICER

DATE