

CHANGE of BILLING ADDRESS FORM

CDI-178 (REV: 07/2016)

**Change of Billing Address**

Complete this form to change your business billing address.

Email completed form to arbilling@insurance.ca.gov

For assistance, contact (916) 492-3242

300 Capitol Mall, 14th Floor, Sacramento, California 95814

COMPANY NAME

COMPANY NAME DBA (Doing Business As)

NAIC NUMBER (Required for Insurers)

CONTACT NAME

CA ID NUMBER

CONTACT EMAIL ADDRESS

BUSINESS PHONE NUMBER

Delete Billing Address

COMPANY ADDRESS (Number, Street, or Box Number)

COMPANY ADDRESS (City, State, and ZIP Code)

New Billing Address to Receive Invoices

Invoices for your Certificate of Authority renewal, fees, and all assessments will be sent to this address.

COMPANY ADDRESS (Number, Street, or Box Number)

COMPANY ADDITIONAL "NAME" LINE (Attention, c/o, etc.)

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