



### Designate or Update Primary Billing Address

Use of a work group email is highly recommended.

Contact [arbiling@insurance.ca.gov](mailto:arbiling@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