



Texas Department of Insurance

Licensing Division, Mail Code 107-1A
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-322-3503 (Voice) • 512-490-1029 (Facsimile) • www.tdi.state.tx.us

Licensee Name/Address Change Request

THIS FORM IS TO BE USED TO CHANGE THE MAILING AND/OR BUSINESS ADDRESS, AND AN INDIVIDUAL'S NAME.

Agencies must make name change on Form LHL203 LDTL

Licensees are required to notify TDI within 30 days of an address change

PLEASE FILL IN ON COMPUTER AND PRINT, OR PRINT CLEARLY BY HAND

TDI License Number _____
LOCATED ON BOTH LICENSE AND RENEWAL APPLICATION

Name of Agent/Agency _____
NAME SHOWN ON LICENSE

Name Change _____

For Individuals Only–New Name (Additional documentation of the name change is required).
An agency requesting a name change must submit a completed LDTL form.

OFFICIAL MAILING ADDRESS: This is the official address for all notifications from the department including renewal notice, delivery of original and renewal license, service of process and all correspondence from the department. The address is used to determine the state of residence for licensing purposes.

STREET, PHYSICAL LOCATION, ROUTE OR P.O. BOX NUMBER

CITY _____ STATE _____ ZIP CODE _____

BUSINESS ADDRESS: This address is the physical location of an agent's or agency's office. It is for reference purposes only, and will not be used for official correspondence from this department.

STREET, PHYSICAL LOCATION OR ROUTE P.O. BOX NOT ALLOWED

CITY _____ STATE _____ ZIP CODE _____

Daytime Phone Number: _____

Signature _____
MUST BE SIGNED BY AGENT-IF FOR AN AGENCY, AN OFFICER OR PARTNER MUST SIGN DATE _____

Print Name _____

COMPLETED FORM MAY BE MAILED OR FAXED TO:

Texas Department of Insurance
P.O. Box 149104, MC 107-1A
Austin, Texas 78714-9104:
FAX: (512) 490-1029