**NMLS**

**Surety Entity Information Change Request**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this request form is to submit a change to the *Company Legal Name* or *Headquarters Location* for the Entity account in NMLS. Surety Entities must have the information updated with the NAIC. Any request not meeting this requirement will not be processed. Please complete all required fields; new information fields should only be completed for the appropriate change request.

|  |  |
| --- | --- |
| \***Indicates Mandatory Information** |  |
|  |  |
| **Current Company Information** |  |
|  |  |
| \*NAIC/NPN ID:  |       |
|  |  |
| \*Company Full Legal Name: |       |
|  |  |
| \*IRS Employer Identification Number: |       |
|  |  |
| Brief explanation of change: |  |
|  |
| **New Company Information** |  |
|  |  |
|  |  |
| \*New Company Legal Name |       |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| \*New Street 1: |       |
|  |  |
| New Street 2: |       |
|  |  |
| \*City: |       |
|  |  |
| \*State: |       |
|  |  |
| \*Postal Code: |       |
|  |  |

The authorizing signature must be the Primary Contact, the Secondary Contact or a current Account

Administrator list in NMLS.

**NOTE**: The information must be updated with the NAIC before NMLS can be changed. Please make sure the NAIC has the correct information before submitting the change request to NMLS.

To help ensure prompt processing, please make sure that the signature is clearly legible.

The information above is true and accurate to the best of my knowledge.

|  |  |
| --- | --- |
| \*Signature (sign or type name): |       |
| \*Print Name |       |
|  |  |
| \*Title: |       |
|  |  |
| \*Date: |       |

**Please list a Contact Person should NMLS have any questions regarding the completion of this form.**

|  |  |
| --- | --- |
| **Contact Person** |  |
|  |  |
| \*First Name: |       |
|  |  |
| \*Last Name: |       |
|  |  |
| Suffix: |       |
|  |  |
| Title: |       |
|  |  |
| \*Phone: |       |
|  |  |
| \*Email: |       |

**Upon completion, please return by either fax or email using the instructions provided in the requesting email.**