

**CHANGE OF REGISTERED OFFICE/AGENT
FOR LOUISIANA DOMICILED INSURER**

**STATE OF LOUISIANA
DEPARTMENT OF INSURANCE**

Corporation Name: _____

CHANGE OF LOCATION OF REGISTERED OFFICE

Notice is hereby given that the Board of Directors of the above name corporation has authorized a change in the location of the corporation's registered office. The new registered office is located at:

Authorized Representative Signature

Title

CHANGE OF REGISTERED AGENT(S)

Notice is hereby given that the Board of Directors of the above named corporation has authorized the change of the corporation's registered agent(s). The name(s) and address(es) of the new registered agent(s) is/are as follows:

Authorized Representative Signature

Title

AGENT AFFIDAVIT AND ACKNOWLEDGEMENT OF ACCEPTANCE

I hereby acknowledge and accept the appointment of registered agent(s) for and on behalf of the above named corporation.

Registered Agent(s)

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary

I certify that I am the duly elected and qualified Secretary of the above name corporation, and that the authorized representative whose name is subscribed hereto was duly authorized to complete this Notice of Change pursuant to a resolution adopted at a meeting of the Board of Directors of the above named corporation, duly convened.

Secretary Signature