

**ALABAMA DEPARTMENT OF INSURANCE
ADDRESS DESIGNATIONS**

1	Name of Insurer / Company:		
2	Insurer's NAIC Number / Company Number:		
3	For Statutory Reporting and Company Licensing:	Mailing Address:	E-Mail Address:
		Telephone:	Facsimile:
4	For Consumer Complaints:	Mailing Address:	E-Mail Address:
		Telephone:	Facsimile:
5	For Rate & Policy Filings:	Mailing Address:	E-Mail Address:
		Telephone:	Facsimile:
6	For Agent & Agency Licensing:	Mailing Address:	E-Mail Address:
		Telephone:	Facsimile:
7	For Legal Correspondence, Notice of Hearings, etc.:	Mailing Address:	E-Mail Address:
		Telephone:	Facsimile:

The information requested on this form should be provided to the Insurance Department as soon as possible. Any change in the requested information shall be provided within ten (10) days of such a change. Failure to provide this information to the Insurance Department and keep it current may cause an insurer or company to not receive important information from the Department in a timely fashion.

The information requested may be provided to the Department via E-mail to the following address:

insdept@insurance.state.al.us

As an alternative to E-mail, this information may be provided to the Department via facsimile to the following number:

Facsimile: 334-241-4192

If E-mail and facsimile is not available, this information may be provided to the Department via U.S. Mail at the following address:

Alabama Department of Insurance
Attention: Stacy Farris
Post Office Box 303351
Montgomery, AL 36130-3351