



FLORIDA DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation
www.myfloridacfo.com/division/receiver

For DFS purposes only:
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Claimant Address Change Only Request

Information currently on file with the Department:

Form with fields: Company in Liquidation, Receiver Claim Number (RCN), Claim Number, Policy Number, Current Claimant Name, Address, City, State, Zip

New information (fill in completely):

Form with fields: Address, City, State, Zip, Phone #, Email

By signing this form, I am requesting that the Department's records for the claim be changed to reflect the new address requested for all purposes including any future mailings and distributions if they occur. I swear or affirm that I am the claimant referenced in the claimant name and address section of this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge. I agree to hold harmless the Department of Financial Services and the Division of Rehabilitation and Liquidation should subsequent claimants come forward with proof to claim entitlement to any funds resulting from this claim.

Claimant Signature Date Relationship to Claimant

Printed Name of Person Signing

Instructions

1. **Claim Change Request Form:** You may print or type the requested information on the form. No alterations can be made to the wording on this form and no part of the form can be obscured or redacted.
2. **Receiver Claim Number (RCN):** Each claim is assigned a unique RCN. It is very important that you use the RCN that is assigned to your claim. This number is reflected on all notices and correspondence sent by the Department. If you do not know what RCN is associated with your claim, please contact the Department for assistance.
3. **Signature:** Please make sure that the form is signed before it is submitted. The submission of an unsigned form will not be accepted. If the change form is signed by anyone other than the claimant of record, documentation that the person signing the form is authorized to act on the claimant's behalf must be submitted.
4. **Supporting Documentation:** In addition to a properly executed Claim Change Request Form, supporting documentation as specified below must be submitted. The Department reserves the right to validate any change request received and request additional supporting information.
 - a. If the claimant on file with the Department is an individual, submit:
 - i. A copy of a valid driver's license, state issued ID card, or utility bill (or similar type of business related document) that contains the new address you have entered on your form
 - ii. If the change form is signed by anyone other than the claimant of record, documentation confirming that the person is authorized to act on the claimant's behalf
 - b. If the claimant on file with the Department is not an individual, submit:
 - i. A copy of the most recent filing with the Sec of State (www.sunbiz.org) or other business related filing (occupational license, bank statement, etc.) that contains the new address that you have entered on your form
 - ii. A copy of the most recent filing with the Sec of State (www.sunbiz.org) or other business related documentation confirming that the person signing the form is authorized to act on the claimant's behalf
5. **Submission:** You may submit your information in one of two ways:
 - a. **Online Submission (preferred):** Submit your information electronically using the instructions available at: <https://www.myfloridacfo.com/division/receiver/claimantChangeAddress.htm>
 - b. **Paper Submission:** You may mail your information to the below address.

**Florida Department of Financial Services, Receiver
Attention: Claims Dept – Change of Name and/or Address
325 John Knox Road, Atrium Building, Suite 101
Tallahassee, FL 32303**

Additional Information

- (1) **Contact Information:** For general inquiries regarding your claim, you may contact us at (850) 413-3081 or 1-800-882-3054. You also may visit our website to submit an online inquiry at: www.myfloridacfo.com/division/receiver