



DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation
www.floridainsurancereceiver.org

**AFFIDAVIT NAME/ADDRESS CHANGE REQUEST
(Inactive or Dissolved Company with Estate)**

After being duly sworn, the Affiant states as follows:

1. My name is _____. I have personal knowledge of the matters set forth in this affidavit, and if called to testify would do so as set forth herein.
2. I am ___ years of age.
3. My current address is _____.
4. (INSERT NAME OF CLAIMANT COMPANY) is currently dissolved. (USE FOR CORPORATIONS ONLY – OTHERWISE, DELETE THIS LINE)
5. _____ was the sole owner and proprietor of (INSERT NAME OF CLAIMANT COMPANY)
6. (INSERT NAME OF CLAIMANT COMPANY) has not been subject to a proceeding pursuant to the U.S. Bankruptcy Code.
7. No rights or interest in (INSERT NAME OF CLAIMANT COMPANY) have been subject to disposition in the dissolution of a marriage proceeding.
8. I am the sole beneficiary of the estate of (INSERT NAME OF DECEASED CLAIMANT).
9. My relationship to (INSERT NAME OF DECEASED CLAIMANT) is _____.
10. I am the sole person who is entitled to any funds resulting from receivership id# (INSERT ID# & SUFFIX) in the estate of (INSERT NAME OF RECEIVERSHIP COMPANY)
11. I agree to allow my name and address to be provided to any subsequent claimants who come forward with proof to claim entitlement to these funds.
12. 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 these funds.

I swear or affirm that I am the claimant referenced in the mailing address on 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.

Signature of Affiant

This instrument was acknowledged before me on _____(date), by,

(Name(s) of person(s)).

(Signature of notarial officer)

(Seal)

(Title or Rank of Officer) (My commission expires: _____)