TEXAS AUTOMOBILE INSURANCE PLAN ASSOCIATION (TAIPA) COMPANY ADDRESS CHANGE REQUEST FORM

Please complete this form in order to change the contact/address information on file with TAIPA.

This change appl	ies to:						
Company Name						NAIC Number	
Company Name						NAIC Number	
Company Name						NAIC Number	
Company Name						NAIC Number	
Company Name						NAIC Number	
Company Name						NAIC Number	
Company Name						NAIC Number	
Company Name						NAIC Number	
Company Name						NAIC Number	
Company Name						NAIC Number	
Company Name						NAIC Number	
Company Name						NAIC Number	
New contact/add	ress:						
Contact Name							
Address							
City					State	Zip Code	
Phone Number		Fax Number [Email [
Change applies to these types of mailings: Assessment Invoices Private Passenger Assignments Other Than Private Passenger Assignments Quota Reports Bulletins/Meeting Notices/Correspondence					Send the completed form to TAIPA. By email: addresschange@taipa.org By fax: 512-531-7255 By mail: PO Box 162890, Austin, TX 78716		

^{*}Please complete a separate form for mail types with a contact/address different from the above.