

**National States Insurance Company in Liquidation
Change of Address Procedures**

GENERAL:

These procedures are to be utilized for requesting address changes.

REQUIRED INFORMATION:

1. Policy Number
2. Insured Name
3. New Street Address
4. New City, State and Zip Code
5. Effective Date for Change (if applicable)
6. Policyowner or Legal Representative Signature

OPTIONAL INFORMATION:

1. New Telephone Number (if available)

MAIL FORM BELOW TO:

National States Insurance Company in Liquidation
CH 1 A&@ ^c AU[aaAU a AOE
St. Louis, MO 63146

or

FAX FORM BELOW TO:

1-314-878-8118

POLICYHOLDER CHANGE OF ADDRESS FORM

Name of Insured:
Policy Number(s):
Insured's Address: (Please Print)
Effective Date of Change (if applicable)
Signature of POLICYOWNER or Legal Representative
Daytime Phone # ()