

**New York State Department of Financial Services  
Licensed Financial Services Division**

**Licensee Contact Update Form**

**Please complete and submit this form together with a notification on company letterhead, signed by an authorized (DFS-vetted) executive officer.**

1. Full legal name of the Licensee:

---

2. Complete address and general telephone number of the Licensee's headquarters:

---

3a. **Overall Contact**

*The individual, **within** the company, authorized to coordinate general DFS business and inquiries, and to receive all DFS correspondence:*

---

Full Name	Title	Phone	Fax
-----------	-------	-------	-----

---

Complete Mailing Address	Email
--------------------------	-------

**Secondary contact**, should the overall contact be unavailable:

---

Full Name	Title	Phone	Fax
-----------	-------	-------	-----

---

Complete Mailing Address	Email
--------------------------	-------

3b. **Billing Contact** (Optional)

*Provide the following information only if the Licensee chooses to designate a Billing Contact, apart from the Overall Contact, to receive DFS bills. Do not complete this item if the Overall Contact is also charged with receipt of DFS bills.*

---

Full Name	Title	Phone	Fax
-----------	-------	-------	-----

---

Complete Mailing Address	Email
--------------------------	-------

3c. **Examination Contact** (Optional)

*Provide the following information only if the Licensee chooses to designate an Examination Contact, apart from the Overall Contact to coordinate DFS examinations. Do not complete this item if the Overall Contact also coordinates DFS examinations.*

---

Full Name	Title	Phone	Fax
-----------	-------	-------	-----

---

Complete Mailing Address	Email
--------------------------	-------

4. Person responsible for completion of this form:

---

Full Name	Title	Email	Completion Date
-----------	-------	-------	-----------------