

## NAME CHANGE INSTRUCTIONS

For

### Dental Plan Organizations

The company shall submit the following to the Department:

- A certified copy (full and complete set) of the amended Articles of Incorporation, Certificate of Formation, or similar as restated to reflect the new name;
- A copy (full and complete set) of the company's By-Laws, Operating Agreement or similar as restated to reflect the name change;
- A brief description of any other material change in the company's corporate existence prior or subsequent to the proposed name change (ie. merger, acquisition, redomestication, etc.). If none occurred, so state in the letter.
- [Form for the appointment of the Commissioner of Insurance](#) and his or her successors in office as Attorney for Service of Process, upon whom all original process in any action or legal proceeding against it may be served. Not applicable to New Jersey domestic entities.
- Biographical Affidavits for any Officer and/or Director not currently on file with the Department. [Use NAIC Form 11.](#)
- Copy of the notice the company plans to send to the policyholders advising them of the change in corporate name. **Note:** submission of policy forms at this time does not constitute a filing pursuant to statute. You must contact the Department's Health Bureau with any questions concerning the filing of such policy forms.
- In view of the name change, confirm the following information concerning the company:
  - Federal Employer's Identification Number
  - Home Office Address
  - Mail Address
  - Telephone Number (general operator's number)
  - Effective Date of Name Change
  - Company President
  - Company Secretary

This information must be sent directly to the:

Department of Banking and Insurance  
Attention: Dental Plan Organizations

**By Mail:**

P.O. Box 325  
Trenton, NJ 08625-0325

**By Overnight Service:**

20 West State St., 8<sup>th</sup> Floor  
Trenton, NJ 08608-1206