

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

Licensee Contact Update

This form must be signed by an executive officer who has been DFS-vetted.

1. Full legal name of the Licensee:

2. **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

3. **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

4. **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

I hereby submit this contact update on behalf of the above-named licensee. This update supersedes all contact information previously submitted.

Name of Executive Officer

Title

Signature

Date

Preferably please email this update (scanned PDF) to your DFS portfolio manager. Alternatively, you may submit it by mail to:
NYS Department of Financial Services
Licensed Financial Services
One State Street, New York, NY 10004-1511