

The Commonwealth of Massachusetts
William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

Certificate of Change of Principal Office

(Insurers must file this form with the Secretary of the Commonwealth pursuant to Massachusetts Insurance Laws - General Laws, Chapter 175, Section 34)

Massachusetts General Laws, Chapter 175, Section 34

I,_____of
Name of Clerk

_____
Name of Insurance Company

having its principal office at

_____
Address of Insurance Company

do hereby certify that pursuant to the Massachusetts General Laws, Chapter 175, Section 34, the directors of said corporation have changed the principal office of the corporation to

_____
Current Address of Insurance Company

Subscribed this _____Under Penalties of Perjury.
Date Signed

Signature _____
Signature of Clerk/Secretary/Assistant Secretary

I certify that it appears upon examination of this certificate, that Section 34 of Chapter 175 of the Massachusetts General Laws has been complied with, and I approve said certificate on

_____.
Date Signed

_____
Michael T. Caljouw
Commissioner of Insurance

Reset form