



**CONSUMER AFFAIRS  
CHANGE OF INFORMATION**

*A SEPARATE FORM MUST BE COMPLETED FOR EACH NAIC NUMBER*

**NAIC Company Number:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**Complaints**

Street City State Zip

Direct Phone Fax Direct E-mail

Contact Name Title Consumer 1-800 Number

Generic E-mail to receive complaints

**Auto Protests**

Street City State Zip

Direct Phone Fax Direct E-mail

Contact Name Title Consumer 1-800 Number

Generic E-mail to receive auto protests

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Consumer Affairs  
Colorado Division of Insurance  
**1560 Broadway, Suite 850**  
**Denver, CO 80202**  
**303-894-7499 (Phone) 303-894-7455 (FAX)**