



Division of Insurance

**FOREIGN COMPANY ARTICLE AMENDMENT
REQUIRED DOCUMENTATION**

Company Name:

Contact		Telephone	
Fax		E-mail	

State of Domicile		NAIC#	
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PLEASE RETURN ALL DOCUMENTATION, IN ONE MAILING, TO THE ADDRESS BELOW.

Generally describe purpose of amendment: _____

Submit one (1) Certified copy of amended articles, certified by state of domicile.

Mail this form, with additional required documentation to:

Corporate Affairs Section
Colorado Division of Insurance
1560 Broadway Suite 850
Denver, CO 80202-4910

Inquiries: email DOI.corporateaffairs@DORA.state.co.us

