



DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation  
[www.floridainsurancereceiver.org](http://www.floridainsurancereceiver.org)

**AFFIDAVIT NAME/ADDRESS CHANGE REQUEST  
(Inactive or Dissolved Company with Estate)**

After being duly sworn, the Affiant states as follows:

1. My name is \_\_\_\_\_. I have personal knowledge of the matters set forth in this affidavit, and if called to testify would do so as set forth herein.
2. I am \_\_\_ years of age.
3. My current address is \_\_\_\_\_.
4. (INSERT NAME OF CLAIMANT COMPANY) is currently dissolved. (USE FOR CORPORATIONS ONLY – OTHERWISE, DELETE THIS LINE)
5. \_\_\_\_\_ was the sole owner and proprietor of (INSERT NAME OF CLAIMANT COMPANY)
6. (INSERT NAME OF CLAIMANT COMPANY) has not been subject to a proceeding pursuant to the U.S. Bankruptcy Code.
7. No rights or interest in (INSERT NAME OF CLAIMANT COMPANY) have been subject to disposition in the dissolution of a marriage proceeding.
8. I am the sole beneficiary of the estate of (INSERT NAME OF DECEASED CLAIMANT).
9. My relationship to (INSERT NAME OF DECEASED CLAIMANT) is \_\_\_\_\_.
10. I am the sole person who is entitled to any funds resulting from receivership id# (INSERT ID# & SUFFIX) in the estate of (INSERT NAME OF RECEIVERSHIP COMPANY)
11. I agree to allow my name and address to be provided to any subsequent claimants who come forward with proof to claim entitlement to these funds.
12. I agree to hold harmless the Department of Financial Services and the Division of Rehabilitation and Liquidation should subsequent claimants come forward with proof to claim entitlement to these funds.

**I swear or affirm that I am the claimant referenced in the mailing address on this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Affiant

This instrument was acknowledged before me on \_\_\_\_\_(date), by,

\_\_\_\_\_  
(Name(s) of person(s)).

\_\_\_\_\_  
(Signature of notarial officer)

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Title or Rank of Officer) (My commission expires: \_\_\_\_\_)