

FORM NAC-1
(DFI-11/10)

STATE OF ILLINOIS
DIVISION OF FINANCIAL INSTITUTIONS
TITLE INSURANCE SECTION

TITLE INSURANCE ACT

NAME OR ADDRESS CHANGE

1. Agent Number: _____

Agent Name: _____

Agent Address: _____

Agent Telephone Number: _____

2. Agent's New Name: _____

Agent's New Address: _____

Agent's New Telephone Number: _____

3. Submitted by Company # : _____

Company Name: _____

NOTE: NOT for use if entity changes. For simple name and/or address changes only. Entity changes require a complete Application for Registration of Title Insurance Agent.