

STATE OF UTAH LABOR COMMISSION  
 Adjudication Division  
 160 East 300 South, 3<sup>rd</sup> Floor, P. O. Box 146615  
 Salt Lake City, UT 84114-6615  
 (801) 530-6800  
[casefiling@utah.gov](mailto:casefiling@utah.gov)

**NOTICE OF DESIGNATED AGENT**

[Pursuant to U.C.A. 34-2-113]

The designated agent listed below is authorized to receive service of process on behalf of the insurance carrier.

The insurance carrier agrees to do the following: (1) provide notice to the Division of Adjudication at least 30 calendar days prior to the termination of the authority of the designated agent, and (2) provide the name of a new agent at least five calendar days prior to the termination of the existing agent appointment. The insurance carrier further agrees that if the agent terminates its agency appointment, the undersigned will provide notice to the Division of Adjudication of such termination and will include a new Notice of Designated Agent form for the appointment of a new agent.

**INSURANCE CARRIER**

Name of Insurance Carrier:	FEIN:
Business Address (Mailing Address):	
City, State, Zip Code:	
Telephone Number: (     )	

**DESIGNATED AGENT**

Name:
Business Address (Mailing Address):
City, State, Zip Code:
Telephone Number: (     )
E Mail Address:

\_\_\_\_\_  
**Signature of individual authorized to designate agent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

Return completed form to: State of Utah Labor Commission P. O. Box 146615 Salt Lake City, UT 84114-6615 <a href="mailto:casefiling@utah.gov">casefiling@utah.gov</a>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------