

MIKE CHANEY
Commissioner of Insurance



501 N. West St.
1001 Woolfolk State Office Building
Jackson, MS 39201
P.O. Box 79
Jackson, MS 39205

STATE OF MISSISSIPPI
Mississippi Insurance Department
www.mid.ms.gov

ENTITY CHANGE OF ADDRESS OR TELEPHONE NUMBER REQUEST

Change of Address and Telephone Number: No Fee to update

Name of Entity (please print) _____

Please make the following address change(s) to Mississippi license # _____

Mailing Address: (Old)

(New/current)

Business Address:

(New/current)

Telephone Number – (Old) _____ (New) _____

Business Email Address- (Old) _____ (New) _____

Authorized Representative of Licensee (print): _____

Authorized Representative (signature): _____ Date _____

Resident address can only be changed by authorized representative.
For address/telephone change: scan and email licensing@mid.ms.gov, fax 601-359-1951 or mail.

Print Form Clear Form

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