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 LICENSE AMENDMENT FORM

Pursuant to Miss. Code Ann. § 27-15-87 (Supp. 2009), there is a \$50.00 fee to amend a license and receive a duplicate license. You may amend your license electronically at www.sircon.com/mississippi, or return this form with a \$50.00 payment to the Mississippi Insurance Department at the address above.

Name of licensee (please print)		
Current Mississippi License #:		
Business Email address:		
Check the license type you wish to amend	l:	
☐ Adjuster ☐ Insurance Producer Enti	ty Limited Lines Insurance F	Producer Entity
☐ Limited Lines Credit Insurance Produce	r Entity	avel Insurance Producer Entity
☐ Managing General Agent	☐ Portable Electronic Insurance P	roducer Entity
☐ Reinsurance Intermediary	☐ Supervising General Agent	☐ Third Party Administrator
☐ Transportation Network Company	☐ Viatical Settlement	☐ Limited Lines Self-Storage Insurance Producer
☐ Limited Lines Self-Storage Insurance Producer Entity		
Name Change (New Name)		
DBA (if applicable)		
Add a Designated Responsible Licens	sed Producer (DRLP) - No fee requir	red:
Name of Additional DRLP:		<u></u>
License Number of DRLP:		<u> </u>
Remove a Designated Responsible L	censed Producer (DRLP) - No fee re	equired:
Name of Removed DRLP:		
License Number of Removed DRLP:		<u> </u>
 * To change an entity's FEIN will requi * Additional DRLPs may be added or re (Name and license number must be in 	emoved by attaching an additional li	
Authorized Representative of Licensee (pr Authorized Representative of Licensee (sign		Date:

All renewal invoices and licenses are submitted to the business email address on record with the department.