Updating an email address 3 options: Sircon, NIPR, and MID

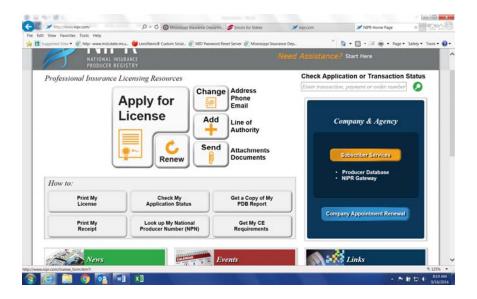
1. On Sircon/Vertafore (electronic): www.sircon.com

Producer Edge is required for an individual to update their email address, however Producer Edge is a free account, so there is not a fee to update the email. Within Producer Edge there are two ways to update an email address. The first option is 'Change My Email Address': If an email is updated through this option, it will update in the state's database immediately. The second option is 'Change My Contact Info'. If an individual were to use this option, the email update will go through the Gateway and will be received in the next PIN file.

Within Producer Edge, it is free for a license print and to do an address change. For other services, there may be fees, they would be at the standard Sircon processing fees. In addition, there is a 'Premium' version of Producer Edge. For this it is \$13.95 per year. This version brings back PDB information and loads it into their account. For more information regarding Producer Edge please take a look at https://www.sircon.com/produceredge/.

Agencies can update email addresses using the following links from www.sircon.com/mississippi (or www.sircon.com or AgencyEDGE):

- Update Firm Email Address
- Update Firm Address
- **2. On NIPR (electronic)**: www.nipr.com updating email addresses on NIPR CCR service There is a user guide link in the Contact change login page. http://www.nipr.com/documents/ccr user guide.pdf



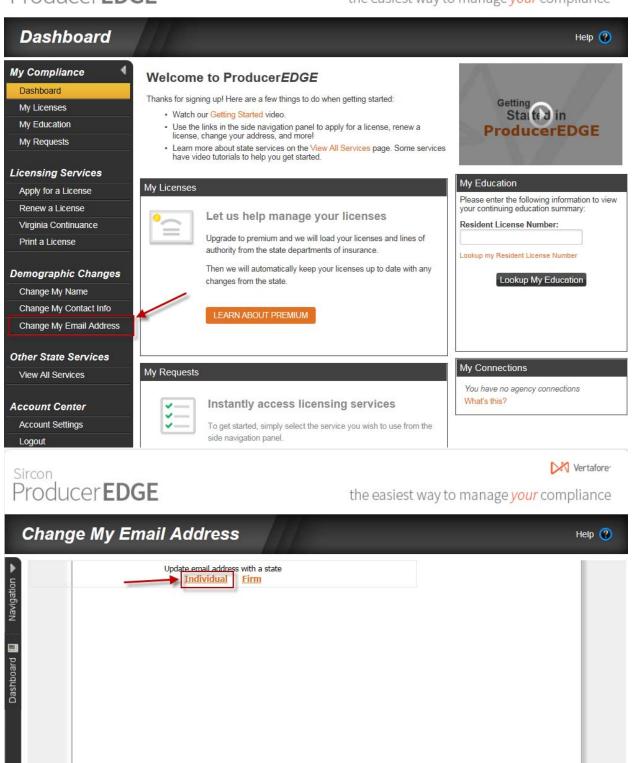
3. On Mississippi Insurance Department (MID) website (by paper)

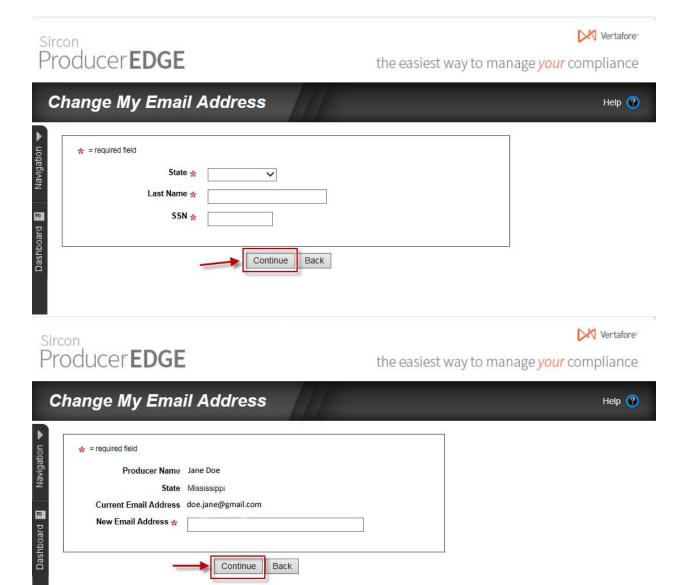
Located on the MID website is a DUPLICATE LICENSE/LETTER OF CERTIFICATION & CLEARANCE CHANGE OF ADDRESS OR TELEPHONE NUMBER REQUEST form. Complete the fillable form, scan and email to licensing@mid.ms.gov, fax 601-359-1951 or mail to the department. http://www.mid.ms.gov/licensing/pdf/DuplCertReq.pdf

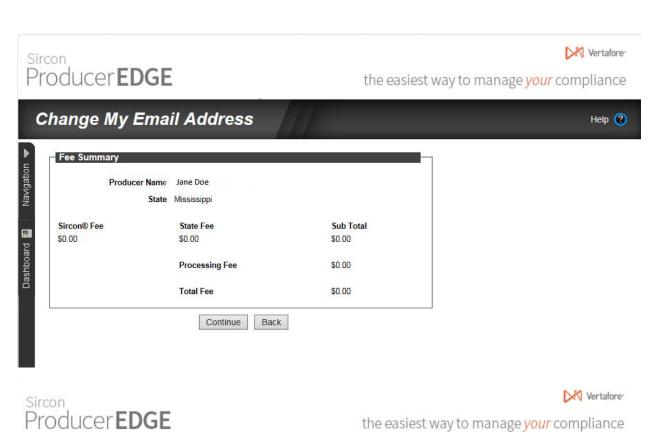
Using the Change My Email Address option within Producer Edge

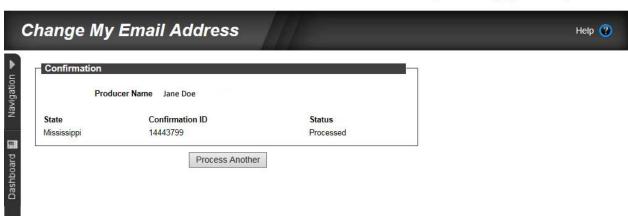








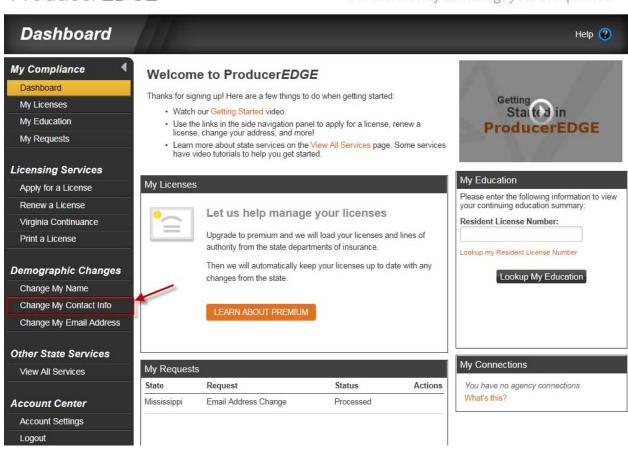


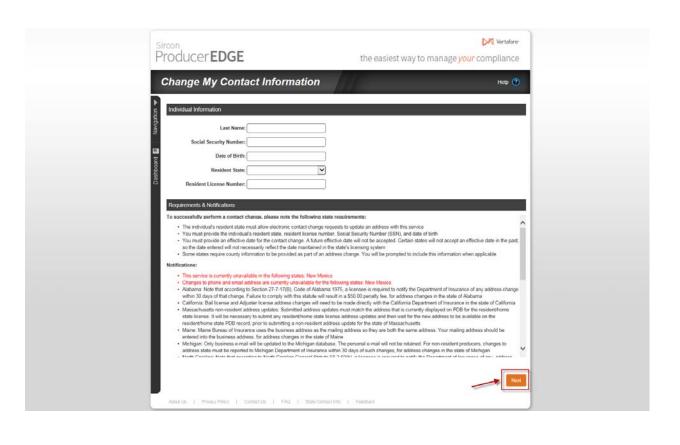


Using the Change My Contact Info option within Producer Edge





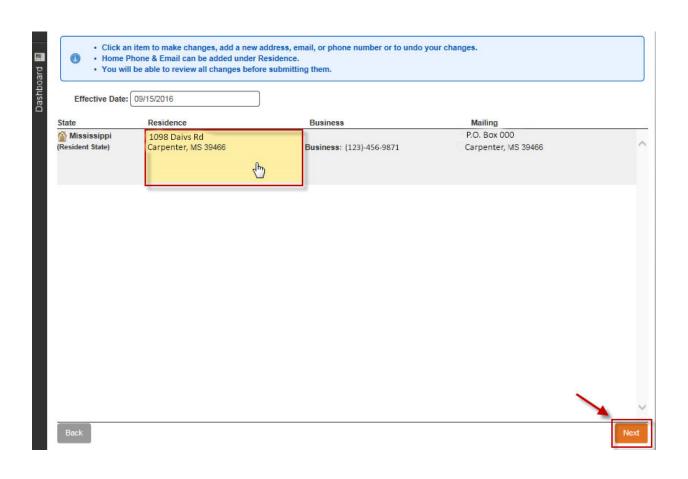








Change My Co	ntact Information	111		Help 🕜
Jane Doe	ssn ***-**- 1234	RESIDENT STATE MISSISSIPPI	147258369	
Individual Information				
	Phone: Email:			
Submitter Info Are you the lid	censee?	V		
			`	_
Back				Next



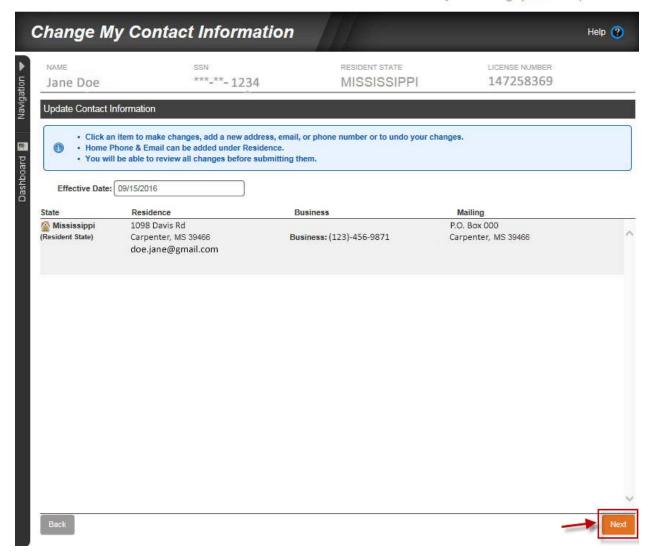
Mississippi Residence Address

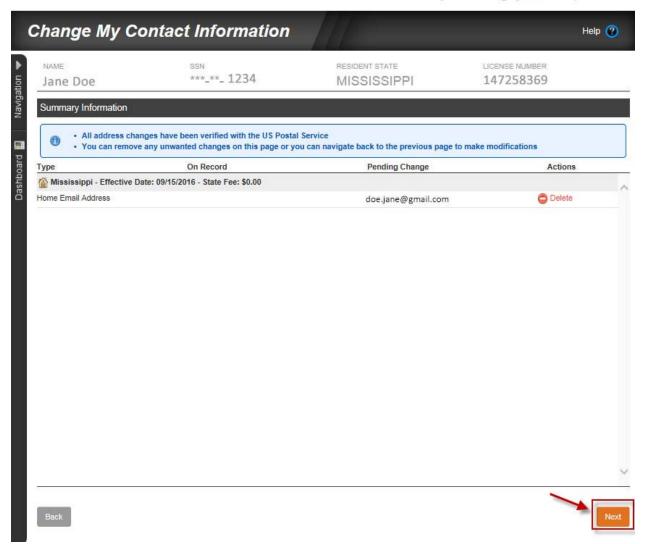


 The system did not allow you to change the state on your address because this is a change in your compliance. You will need to contact your resident state for further assistance on your address change. Contact information for the state

Line One:	1098 Davis Rd			
Line Two:				
Line Three:				
City:	Carpenter			
County:		~		
State:	Mississippi	~		
Zip:	39466			
Home Phone:	Ext.			
Home Email:				
А	Iso Apply This Change To:	549	D	1
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Change My Contact Information

Help (?)

Jane Doe

***-**-1234

MISSISSIPPI

147258369

Attestation

The Applicant must read the following very carefully:

I hereby certify that, under penalty of perjury, all of the information submitted in this request for address change is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this request for address change is grounds for license revocation and may subject me to civil or criminal penalties.

- 1. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this request for address change is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon
- 2. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this request for address change is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- 3. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 4. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions in which I am licensed.

☐ I Agree



