

Mike Chaney
Commissioner of Insurance

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Deputy Commissioner of Insurance



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Jackson, MS 39205

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

Name Approval Request Form

☐ Resident ☐ Non-Resident

My business is requesting permission to use the word “**Insurance**” in the name below:
(Please print name as it will appear on your Articles of Incorporation or Certificate of Formation)

Complete:

Mailing Address:

Telephone Number: _____

Email Address: _____

Fax Number: _____

Print name of Officer _____

Signature of Officer _____ Date _____

This form may be faxed to 601-359-1951, emailed to licensing@mid.ms.gov, or mailed to Mississippi Insurance Department, P. O. Box 79, Jackson, Mississippi 39205.

*The requested documents will be mailed to the mailing address.