

Mike Chaney
Commissioner of Insurance



501 N. West St., Suite 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

Notice of Producer/Adjuster Name Change

Resident Non-Resident*

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

Current Name (Please print name as it appears on MS license) _____

New Name (Please print) _____

Attach proof of name change: i.e. marriage license, social security card, driver's license, divorce decree, or court document

Complete:

Old mailing address

New mailing address

Old resident address

New resident address

Telephone Number – (Old) _____

(New) _____

Email Address- (Old) _____

(New) _____

Print name of Licensee _____

Signature of Licensee _____ Date _____

This form may be scanned and emailed to licensing@mid.ms.gov.

*For requesting a duplicate license(s) with name change submit a \$25.00 fee. The license will be emailed to the email address of the licensee. No fee if a duplicate license is not requested.

*For Nonresidents we will verify name change on the NAIC producer database (PDB).