FIS 0262 (3/08) Office of Financial and Insurance Regulation

Name or Address Change for Insurance Licensees

Form FIS 0223 Fee Card is no longer required with a mailing address change submitted on this form.

If you change your name or mailing address we will mail a new license document to the most recent mailing address on file with our office. This will serve as your confirmation of the change.

Required Information about your current license

Name as it currently appears on your insurance license

System ID / License Number
(7-digit number assigned by OFIR)

Full Employer ID number (business entity) OR
Last 4 digits of your Social Security Number

Check box to indicate each item you are changing

☐ Change my individual name to:

Last name | First name | Middle initial/name | Suffix (Jr, Sr, I, II, etc.)

☐ Change my Agency, Corporation, Partnership and/or DBA name to:

Requirement: Attach document(s) as legal proof of name change such as amended articles of incorporation, new dba filing, etc.

☐ Change my MAILING ADDRESS to:
*(there is no fee due for a **non-resident** producer changing states within 30 days of move)*

Address line 1

Address line 2

City | *State/Province* | *Zip/Postal Code* | *Country*

EFFECTIVE DATE of Mailing Address change: _____

IMPORTANT NOTES ON MAILING ADDRESS CHANGES:
Address change is due within 30 days of move: There is a $3.00 fee to change your mailing address. Attach a check or money order for $3.00, payable to "State of Michigan." to the front of this form.
No fee is due for non-resident producers changing states within 30 days of move. No fee is due to change your name; residence, business or email addresses; or phone numbers.

☐ Change my Residence address to: *(no fee for this change)*

Address line 1

Address line 2

City | *State/Province* | *Zip/Postal Code* | *Country*

☐ Change my email address to: *(no fee for this change)*

☐ Change my business phone number to:

( ) Ext.

☐ Change my Business address to: *(no fee for this change)*

Address line 1

Address line 2

City | *State/Province* | *Zip/Postal Code* | *Country*

☐ Change my residence phone number to:

( )

Certification of individual or authorized licensed producer (business entities)

I certify that the information given on and attached to this form is complete and correct.

Signature | *Date signed*

Signer's name and title, please type or print

Authority: 218 of 1956 as amended. Submission is required to report changes to an insurance licensee's name, mailiing address changes and other information. Failure to file may result in an action against license(s) held, including a monetary fine, and/or license suspension or revocation.

When complete, please send this form; any attachments; and payment (only if changing your mailing address) to:

(Mailing and delivery address)

Prometric/OFIR
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Fee Code 98-19-32