Please use this form to report an address change. Note that according to Section 27-7-17(B), Code of Alabama 1975, a licensee is required to notify the Department of Insurance of an address change within 30 days of that change. Failure to comply with this statute results in a penalty of $50.00.

Licensees are encouraged to report all address changes online at www.nipr.com; however, at this time NIPR is unable to process changes to email addresses without also changing other addresses.

PLEASE COMPLETE EACH SECTION OF THIS FORM – ALL INFORMATION IS REQUIRED UNLESS OTHERWISE NOTED

Licensee’s Full Name: ________________________________________________________________

National Producer #, SSN, or FEIN: ______________________________________________________

Alabama License #: _________________________________________________________________

E-mail Address: ________________________________________________________________

New E-mail Address: _______________________________________________________________

Home Phone #: _________________________________(Individual Licensees Only)

Business Phone #: _______________________________ Fax #: ________________________________

Date of Request: _________________________________________________________________

COMPLETE THE FOLLOWING IF APPLICABLE:

Home Address Change: ______________________________________________________________

Business Address Change: ____________________________________________________________

Licensee’s mailing address must be provided below, even if it is the same as an address change indicated above. This will be the address to which all Producer Licensing documents will be mailed.

Mailing Address: _________________________________________________________________

Mailing address is (Check One) Home _____ Business _____ Other _____

* Mail this request to: AL DEPT OF INSURANCE
PRODUCER LICENSING DIVISION
P O BOX 303351
MONTGOMERY, AL 36130-3351