



MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of
Insurance

MISSISSIPPI INSURANCE DEPARTMENT

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WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mid.ms.gov

MAILING ADDRESS
Post Office Box 79
Jackson, MS 39205-0079
TELEPHONE: (601) 359-3569

COMPANY NAME /MAILING ADDRESS CHANGE NOTIFICATION FORM FOR SURPLUS LINES INSURERS

The Mississippi Insurance Department accepts only electronic submission of Company Name/Mailing Address changes for Surplus Lines Insurers. Please submit all changes to compliance@mid.ms.gov to assure receipt and prompt processing by this Department.

Submit for all name changes, an amended Certificate of Compliance issued by the domiciliary state. The certification must be dated within six (6) months of submittal of the change request.

NAME CHANGE

If there has been a name change and/or a mailing address change, please complete the following:

Previous Company Name: _____ NAIC No. _____

Current Company Name: _____

MAILING ADDRESS/CONTACT CHANGE

NEW CONTACT

Contact Name: _____

Title: _____

Address: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

Previous Contact Name (if changed): _____

NEW STATUTORY HOME OFFICE ADDRESS

Address: _____
Address 2: _____ Suite/Mail Stop: _____
City: _____ State: _____ Zip Code: _____

NEW MAILING ADDRESS

Address: _____
Address 2: _____ Suite/Mail Stop: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Phone Number: _____ Fax: _____

Signature of Preparer

Date of Preparation

Typed or Printed Name

Title of Preparer

Phone Number of Preparer

E-Mail Address of Preparer