

Mike Chaney
Commissioner of Insurance



501 N. West St., Suite 1001
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Jackson, MS 39201
P.O. Box 79
Jackson, MS 39205

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

Notice of Bail Agent 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 faxed @ 601-359-1951, scanned and emailed to licensing@mid.ms.gov, or mailed to Mississippi Insurance Department, P. O. Box 79, Jackson, Mississippi 39205.

***For requesting a duplicate license(s) with name change submit a \$25.00 fee. The license will be mailed to the mailing 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).