

**Required Information about your current license**

Name as it currently appears on your insurance license:  	System ID / License Number (7-digit number assigned by DIFS)  	Full Employer ID number (business entity) OR Last 4 digits of your Social Security Number  
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**Check box to indicate each item you are changing. No fees required for use of this form.**

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

Change my individual name to:	Last name	First name	Middle initial/name	Suffix (Jr., Sr., I, II, etc.)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Change my Agency, Corporation, Partnership and/or DBA name to:	<input type="text"/>
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Change my MAILING ADDRESS to:	EFFECTIVE DATE of Mailing Address change:
<input type="text"/>	<input type="text"/>

Address line 1	<input type="text"/>		
Address line 2	<input type="text"/>		
City	State/Province	ZIP/Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**IMPORTANT NOTE ON MAILING ADDRESS CHANGES:**  
 Address change must be reported to DIFS within 30 days of move

Change my Residence address to:	Change my Residence phone number to:		
Address line 1	<input type="text"/>		
Address line 2	<input type="text"/>		
City	State/Province	ZIP/Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Change my Business address to:	Change my Business phone number to:		
Address line 1	<input type="text"/>		
Address line 2	<input type="text"/>		
City	State/Province	ZIP/Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Change my Business email address to:	Change my Personal email address to:
<input type="text"/>	<input type="text"/>

**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.

Signer's name and title (typed or printed)

Signature	Date signed
<input type="text"/>	<input type="text"/>

When complete, please send this form and any attachments to:

Mailing address: **DIFS Insurance Licensing**  
**P. O. Box 30220**  
**Lansing, MI 48909-7720**

Fax number: **(517) 284-8836**

Email Address: [DIFS-Licensing@michigan.gov](mailto:DIFS-Licensing@michigan.gov)

Authority: PA 218 of 1956 as amended. Submission is required to report changes to an insurance licensee's name, mailing 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.

