State of Florida Department of Insurance
ADDRESS CORRECTION REQUEST

If your residence, business or mailing address has changed and you have not notified the Department, please complete the following and mail to the address listed below.

Print or Type

Licensee's License Number and/or SSN

Last Name First Name MI

Home Telephone Number Work Telephone Number

Home Street Address Apartment Number

Home City State Zip Code

Business Name

Business Street Address **P.O. BOX NUMBER NOT ACCEPTABLE.** Building/Suite #

Business County

Business City Bus. State Business Zip Code

Mailing Address Building/Suite #

Mailing City State Mailing Zip Code

Signature of Licensee Date

626.551 Florida Statute, Notice of change of address, name,
Every licensee shall notify the department in writing within 30 days after a change of name, residence address, principal business street address, or mailing address. Any licensed agent who has moved his or her residence from this state shall have his or her license and all appointments immediately terminated by the department.

Mail to: Florida Department of Insurance
Bureau of Agent and Agency Licensing
200 East Gaines Street, Larson Building
Tallahassee, Florida 32399-0319

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