

# State of Alabama Department of Insurance Notice of Address Change

(Form AL-A)

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](http://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**