

STATE OF NEW MEXICO – OFFICE OF SUPERINTENDENT OF INSURANCE  
**PRODUCER LICENSING BUREAU**  
**PO Box 1689, Santa Fe, NM 87504**

**Change of Address Form**

This form cannot be submitted electronically

You can change your address online at [www.nipr.com](http://www.nipr.com). Please note: the online service is not available for those who are changing states.

The licensee shall promptly notify the superintendent in writing of a change of address. Failure to notify the superintendent of a change of address within thirty days shall subject the licensee to a penalty of fifty dollars (\$50.00).

- Individual--Form must be completed and signed by the licensee
- Business Entity—Form must be signed by authorized company official

**National Producer Number (NPN)** \_\_\_\_\_

**Business Entity Tax Id** \_\_\_\_\_

**Licensee Name** as it appears on license: \_\_\_\_\_

**NEW ADDRESS**

**1. Business Address (PO Box is not acceptable)**

\_\_\_\_\_

\_\_\_\_\_  
City State Zip

**2. Mailing Address**

\_\_\_\_\_

\_\_\_\_\_  
City State Zip

**3. Residence Address (PO Box is not acceptable)**

\_\_\_\_\_

\_\_\_\_\_  
City State Zip

**4. Signature**

\_\_\_\_\_

Date \_\_\_\_\_