



# The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14  
Concord, NH 03301

**John Elias**  
Commissioner

**Alexander K. Feldvebel**  
Deputy Commissioner

Revised July 2018

## PRODUCERS----ADJUSTERS----BUSINESS ENTITIES ADDRESS CHANGE REQUEST

*Adjusters & Producers shall notify this Department within 30 days of an address change.*

There are three ways to update address information:

1. Individual Producers and Adjusters with a license on the national database may change all address information electronically including emails **without a fee** via [www.nipr.com](http://www.nipr.com) . Select Contact Changes
2. **Producers and Adjusters** can change address information electronically by subscribing to our subscription Online Licensee Service; see website for details
3. **Manual Instructions:** MAIL completed form and fee to the Department. Please complete all sections. Make checks payable to "NH Insurance Department"
  - **Manually processed address changes require a \$10 fee per NHRSA 400-A:29.**
  - **Address changes will not be processed manually without the required fee**
  - **Print new license for free by selecting LICENSE STATUS on our homepage [www.nh.gov/insurance](http://www.nh.gov/insurance)**

Licensee Name \_\_\_\_\_

Social Security Number /FEIN **or** NH License Number **or** National Producer Number \_\_\_\_\_

### Current residential physical location address (not a post office box)

Resident address is for Individuals only.

Street \_\_\_\_\_

City/Town \_\_\_\_\_

State and zip code \_\_\_\_\_

Home Phone \_\_\_\_\_

### Current business address

Business Name \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_

State and zip code \_\_\_\_\_

Business Email \_\_\_\_\_

Business Phone \_\_\_\_\_

### FOR ADJUSTERS ONLY

Designated Home State \_\_\_\_\_

(Only for adjusters that reside in states that do not issue resident adjuster licenses)

**Please note, to select NH as your Designated home state, you MUST pass the NH licensing exam and complete NH approved CE for future renewals.**

### Mailing address to receive correspondence.

Street/rural route/postal box \_\_\_\_\_

City/Town \_\_\_\_\_

State and zip code \_\_\_\_\_

Licensee Signature and Date \_\_\_\_\_

Department Use Only: \$10 Processing Fee Received \_\_\_\_\_