



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Address Change Form

BEFORE YOU COMPLETE THIS FORM:

You may now complete address changes online by going to NIPR's website at <https://nipr.com/licensing-center/change-contact-info>.

Select "Go to Online Application." Then select Product Type "Contact Change Request."

This form is **NOT** for changing your residence address if you are moving into or out of Connecticut. If you are moving into or out of Connecticut, you will be required to complete the [Residency Change Request form](#). **Only if you are unable to complete the address change request online, then will you complete this form and email to: CID.Licensing@CT.GOV**

Individual or Business Entity Name: _____

National Producer Number (NPN): _____

P.O. Boxes are only acceptable in the mailing address field.

Residence Address: _____
(Street Address – No P.O. Box)

(City/Town)

(State/Zip Code)

Business Address: _____
(Business Name)

(Street Address – No P.O. Box)

(City/Town)

(State/Zip Code)

Mailing Address: _____
(Street Address)

(City/Town)

(State/Zip Code)

Signature: _____

Date: _____

LICENSEE'S CONTACT INFORMATION

Business Email: _____

Personal Email: _____

Business Primary Phone: _____

Residence Primary Phone: _____