

State of California  
**Change of Address**

Department of Insurance  
320 Capitol Mall  
Sacramento, CA 95814-4309  
Licensing Hotline: (800) 967-9331  
[www.insurance.ca.gov](http://www.insurance.ca.gov)  
LIC 447-7 (Rev 07/17)

**You can change your address online at [www.insurance.ca.gov](http://www.insurance.ca.gov) under Online Services. Please note: the online service is not available for those who are changing states.**

This form cannot be submitted electronically. Please complete the form and return by mail to the address above or fax to (916) 327-6907.

Every licensee is required to immediately notify the Department of Insurance, in writing, of any change in address. Form must be completed and signed by the LICENSEE.

\*If organization or partnership, address change must be completed in the organization name and signed by an officer, manager, member (corporations and limited liability company's) or partner (partnerships).

**Do not indicate "same".**

License number:  or National Producer Number (NPN)

**PRINT LICENSEE'S FULL NAME** (As shown on license):

<b>LAST:</b>		
<b>FIRST:</b>	<b>MIDDLE:</b>	

OR

<b>*BUSINESS ENTITY</b>
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**\*BUSINESS:** (P.O. Box is not acceptable)

Number/Street:		Apt./Suite
City	State	Zip

**\*MAILING:** (Street address or P.O. Box)

Number/Street:		Apt./Suite
City	State	Zip

**RESIDENCE:** (P.O. Box is not acceptable)

Number/Street:		Apt./Suite
City	State	Zip

**\*\*SIGNATURE:** (An officer, member, manager [corporation or LLC] or general partner [partnership] must sign).

<b>X</b>	Date:
<b>**Title if organization</b>	
Business Phone: (    )	Residence Phone: (    )
E-mail address:	