

State of California
Change of Address

Department of Insurance
320 Capitol Mall
Sacramento, CA 95814-4309
(916) 322-3555 or (800) 967-9331
www.insurance.ca.gov
LIC 447-7 (Rev 08/07)

You can change your address online at 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 Social Security or Federal Employment Identification No.

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

LAST:	
FIRST:	MIDDLE:

OR

*BUSINESS ENTITY

***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).

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