



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**Insurance Division – Agent Licensing**  
**500 James Robertson Parkway**  
**Nashville, TN 37243-1134**  
**Phone (615) 741-2693**

Fax: (615) 532-2862

Email: [ce.agent.licensing@tn.gov](mailto:ce.agent.licensing@tn.gov)

**Request for Change of Address – Business Entity**

*For Tennessee-licensed, non-resident business entities who have changed resident states, submit the following form to the Department at [CE.Agent.Licensing@TN.gov](mailto:CE.Agent.Licensing@TN.gov). (If moving to Tennessee, a resident application is required.) For Tennessee-licensed, resident or non-resident business entities who have changed addresses but remain in their original resident state, update your address information at [www.NIPR.com](http://www.NIPR.com). Additionally, updates regarding phone numbers, email addresses, and name changes can be made at [www.NIPR.com](http://www.NIPR.com).*

**Business Entity’s Name:** \_\_\_\_\_

**Tennessee License Number or NPN Number:** \_\_\_\_\_

**Complete the parts below for the address(es) that have changed.**

**Business address (P.O. Box is Not Accepted)** - Note: Pursuant to T.C.A. § 56-6-108(a)(1), do not submit this form until the producer has an active license in their new resident state. For questions, please call (615) 741-2693.

Previous Business Address: \_\_\_\_\_

New Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Update Mailing Address-

Previous Mailing Address: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Submitted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Every Tennessee-licensed insurance producer shall notify the Commissioner of the Tennessee Department of Commerce and Insurance of any change in business address within thirty (30) business days of the change pursuant to T.C.A. § 56-6-107(g).*