

## Ohio Department of Insurance

John R. Kasich – Governor  
 Mary Taylor – Lt. Governor/Director



www.insurance.ohio.gov

# INDIVIDUAL AGENT ADDRESS/NAME CHANGE REQUEST

- Select all that apply:
- Address Change
  - Home State Change
  - Name Change
  - Other: \_\_\_\_\_

National Producer Number (NPN)		Ohio License Number	
Last Name (JR./SR. etc)		First Name, MI	Date of Birth
<b>NEW Home Address</b>			
Residence/Home Address (Physical Street)		P.O. Box	
City	County	State	Zip
Home Telephone Number (     )		Cellular Telephone Number (     )	
<b>Mailing Address</b>			
Mailing Address		P.O. Box	
City	County	State	Zip
<b>Business Address</b>			
Business Name			
Business Street Address (Physical Street)		P.O. Box	
City	County	State	Zip
Business Phone Number (     )		Business Fax Number (     )	
<b>Internet Address</b>			
1) E-mail Address		<input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other	
2) E-mail Address		<input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other	
<b>NEW Name</b>			
<b>Proof of name change (such as a copy of a marriage license, court document, social security card or a drivers license) must be provided.</b>			
Last Name	JR./SR. etc	First Name	Middle Name
<b>OLD Name</b>			
Last Name	JR./SR. etc	First Name	Middle Name
<b>Instructions</b>			
Return form to: <b>Ohio Department of Insurance, License Division, 50 W. Town St., Suite 300, Columbus, Ohio 43215</b>			
<b>Signature</b>			
Agent Signature _____		Date _____	