

Ohio Department of Insurance

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



INDIVIDUAL AGENT ADDRESS/NAME CHANGE REQUEST

www.insurance.ohio.gov

- Select all that apply:
- Address Change
 - Home State Change (New Home State: _____)
 - Name Change
 - Other: _____

National Producer Number (NPN)		Ohio License Number	
Last Name (JR./SR. etc)		First Name, MI	Date of Birth
HOME ADDRESS			
Residence/Home Address (Physical Street)		P.O. Box	
City	County	State	Zip
Home Telephone Number ()		Cellular Telephone Number ()	
MAILING ADDRESS			
Mailing Address		P.O. Box	
City	County	State	Zip
BUSINESS ADDRESS			
Business Name			
Business Street Address (Physical Street)		P.O. Box	
City	County	State	Zip
Business Phone Number ()		Business Fax Number ()	
EMAIL ADDRESS			
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	
NEW NAME			
Proof of name change (such as a copy of a court document, social security card, driver's license or passport) must be provided.			
Last Name	JR./SR. etc	First Name	Middle Name
OLD NAME			
Last Name	JR./SR. etc	First Name	Middle Name
INSTRUCTIONS			
Return form to: Ohio Department of Insurance, License Division, 50 W. Town St., Suite 300, Columbus, Ohio 43215			
SIGNATURE			
Agent Signature _____		Date _____	