

# REQUEST FOR CHANGE OF NAME OR ADDRESS

## KANSAS INSURANCE DEPARTMENT PRODUCERS DIVISION

420 S.W. 9<sup>th</sup> Street  
Topeka, KS 66612-1678  
Phone: (785) 296-7862 Fax: (785) 368-7019

*(Please Print or Type)*

**Insurance agents must report in writing a change in name or address within 30 days of occurrence.**

NPN/License #	Last Name Jr./Sr. etc.	First Name	Middle Name
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### NEW Home Address/Phone Number

Residence/Home Address (Physical Street)		P.O. Box	
City	County	State	Zip
Home Phone Number	Business Phone Number	Fax Number	E-Mail Address

### OLD Home Address/Phone Number

Residence/Home Address (Physical Street)		P.O. Box	
City	County	State	Zip
Home Phone Number	Business Phone Number	Fax Number	E-Mail Address

### NEW Mailing Address

Street		P.O. Box	
City	County	State	Zip

### OLD Mailing Address

Street		P.O. Box	
City	County	State	Zip

### NEW Name (Include Documentation)

Last Name	Jr./Sr. etc.	First Name	Middle Name
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### OLD Name

Last Name	Jr./Sr. etc.	First Name	Middle Name
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### Signature

Agent Signature: \_\_\_\_\_ Date \_\_\_\_\_