

This Form May Be Duplicated  
 Please TYPE or PRINT

Instructions:

This form must be submitted to the Insurance Department within thirty (30) working days of the effective date of the agent additions or within thirty (30) days of the effective date of agent terminations. Failure to report such changes will result in a monetary penalty. It is the agency's responsibility to notify insurance companies of changes. IF CONFIRMATION IS DESIRED, SUBMIT THIS FORM IN DUPLICATE WITH A POSTAGE PAID ENVELOPE.

**AGENCY IDENTIFICATION NO.—REQUIRED FOR PROCESSING**

(9 Digit Federal Tax ID No. and 3 Digits Assigned by Department):

AGENCY NAME:

ADDRESS:

TELEPHONE:

**PLEASE COMPLETE ANY AREA BELOW THAT APPLIES**

**TERMINATION OF AGENCY CONTRACT WITH COMPANY** (Do not report termination until after run-off period is over if there is a need to service policies.)

Name of Company(ies)	Date of Termination

**CHANGE OF AGENCY ADDRESS**

**LEGAL**

**MAILING**

Street Address	City, State, Zip	New Telephone No.	New Fax No.

**CHANGE OF OWNERS, OFFICERS, OR DIRECTORS/DESIGNATED PERSON**

If there have been any changes of proprietors, officers, directors, or partners, attach a current listing. Please give full name, title, and residence address. If changing the designated person, please provide his or her social security number. The Designated/Contact person must be licensed and listed on the agency license as such.

**CHANGES OF PERSONNEL** (Licensed in Kansas) If deleting agents because they have moved from the state or are deceased, please advise.

Check One Add Delete	Full Name	Residence Address	NPN/License #	Affiliation/Deletion
				Effective Date

**SIGNATURE OF DESIGNATED PERSON**

(As Assigned by Agency):

Date:

The social security number of the agent listed hereon is requested pursuant to K.S.A. 74-139, but agents are not required to provide it. If included, the social security number will be used for identification purposes only.