



STATE OF WEST VIRGINIA
Offices of the
Insurance Commissioner

REQUEST FOR ADDRESS
OR NAME CHANGE

Agent Licensing & Education

| | | | |
|---|------------------------------|---------------------|-----------------------|
| <i>Agents must report in writing a change in name or address within 30 days of occurrence</i> | | | |
| <i>Agencies must report in writing a change in name or address within 10 days of occurrence</i> | | | |
| NPN#/ License # | Last Name | Jr./Sr. etc. | First Name |
| | | | Middle Name |
| FEIN#/License # | Business Name | | |
| | | | |
| NEW Resident Address/Phone Number | | | |
| <i>*NA for Business address change</i> | | | |
| Resident/Home Address (Physical Street) | | P.O. Box | |
| | | | |
| City | State | Zip | |
| | | | |
| Home Phone Number | Business Phone Number | Fax Number | E-Mail Address |
| | | | |
| NEW Business Address | | | |
| Business Name | | | |
| | | | |
| Street | | P.O. Box | |
| | | | |
| City | State | Zip | |
| | | | |
| NEW Mailing Address | | | |
| Business Name (if applicable) | | | |
| | | | |
| Street | | P.O. Box | |
| | | | |
| City | State | Zip | |
| | | | |
| NEW Name/Individual or Agency (Include Documentation) | | | |
| Last Name/Agency Name | Jr./Sr. etc. | First Name | Middle Name |
| | | | |
| OLD Name | | | |
| Last Name/Agency Name | Jr./Sr. etc. | First Name | Middle Name |
| | | | |
| Signature | | | |
| Agent Signature: _____ | | Date: _____ | |

This form may be submitted via mail, fax 304-558-4966 or electronically attached as a pdf document and emailed to OICagentlicensing@wv.gov