



**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>			
<b>NPN#/ License #</b>	<b>Last Name</b>	<b>Jr./Sr. etc.</b>	<b>First Name</b>
			<b>Middle Name</b>
<b>FEIN#/License #</b>	<b>Business Name</b>		
<b>NEW Resident Address/Phone Number</b>			
<i>*NA for Business address change</i>			
<b>Resident/Home Address (Physical Street)</b>		<b>P.O. Box</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone Number</b>	<b>Business Phone Number</b>	<b>Fax Number</b>	<b>E-Mail Address</b>
<b>NEW Business Address</b>			
<b>Business Name</b>			
<b>Street</b>		<b>P.O. Box</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>NEW Mailing Address</b>			
<b>Business Name (if applicable)</b>			
<b>Street</b>		<b>P.O. Box</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>NEW Name/Individual or Agency (Include Documentation)</b>			
<b>Last Name/Agency Name</b>	<b>Jr./Sr. etc.</b>	<b>First Name</b>	<b>Middle Name</b>
<b>OLD Name</b>			
<b>Last Name/Agency Name</b>	<b>Jr./Sr. etc.</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Signature</b>			
<b>Agent Signature:</b> _____		<b>Date:</b> _____	

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