CHANGE OF ADDRESS AND/OR NAME

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 50072 (7-2015)

Name (as it appears on your license)		
National Producer Number (NPN)	**OR**	If Business Entity - Federal Employer Identification Number (FEIN)

NAME CHANGE-INDIVIDUALS (Residents Only: Attach copy of legal document such as marriage license or court order)

Change Name (First) From:	Middle	Last
Change Name (First) To:	Middle	Last

NAME CHANGE-BUSINESS (Name must first be amended with North Dakota Secretary of State)

Name (as it appears on your license) From:	To:

NEW RESIDENT ADDRESS

Physical Street Address		City	State	ZIP Code
Home Telephone Number	E-Mail Address		Date Change Becomes Effective	

NEW BUSINESS ADDRESS

Agency Name (If Applicable)				
Physical Street Address		City	State	ZIP Code
Business Telephone Number	Fax Number	E-Mail Address	Date Change Becomes Effective	

NEW MAILING ADDRESS

Agency Name (If Applicable)			
Street Address	Address Line 2		
City	State	Zip Code (9 Digits Preferred)	Date Change Becomes Effective

Signature	Date

Please complete and return this form within thirty days of a name or address change. You may return the form by mail, fax, or email to:

North Dakota Insurance Department
600 E Boulevard Ave Dept 401
Bismarck, ND 58505-0320

Telephone Number: (701) 328-2440
Fax Number: (701) 328-4880
Email: ndlicensing@nd.gov

www.nd.gov/ndins