



**CHANGE OF ADDRESS AND/OR NAME**  
 NORTH DAKOTA INSURANCE DEPARTMENT  
 SFN 50072 (6-2022)

Name (as it appears on your license)	
National Producer Number (NPN)	<b>OR</b>
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	Email Address	Date Change Becomes Effective		

**NEW BUSINESS ADDRESS**

Agency Name (If Applicable)				
Physical Street Address		City	State	ZIP Code
Business Telephone Number	Fax Number	Email 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
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**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](mailto:ndlicensing@nd.gov)

[insurance.nd.gov](http://insurance.nd.gov)