



**REQUEST TO CHANGE THE DESIGNATED RESPONSIBLE LICENSED PRODUCER**  
NORTH DAKOTA INSURANCE DEPARTMENT  
SFN 60801 (2-2022)

Name of Business Entity	
Federal Employer Identification Number (FEIN)	ND License Number
Name of Contact	Telephone Number
Email Address	

**ADDITION OF DESIGNATED RESPONSIBLE LICENSED PRODUCER**

Name (First, Middle, Last)	National Producer Number (NPN)
Line(s) of Authority	
Effective Date	

**REMOVAL OF DESIGNATED RESPONSIBLE LICENSED PRODUCER**

Name (First, Middle, Last)	National Producer Number (NPN)
Line(s) of Authority	
Effective Date	

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)