

REQUEST FOR CHANGE OF NAME OR ADDRESS

KANSAS INSURANCE DEPARTMENT PRODUCER LICENSING DIVISION

1300 S.W. Arrowhead Road
Topeka, KS 66604
Phone: (785) 296-7862 Fax: (785) 368-7019
Email: KID.Licensing@ks.gov

(Please Print or Type)

Insurance agents must report in writing a change in name or address within 30 days of occurrence.			
NPN/License #	Last Name	Jr./Sr. etc.	First Name
			Middle Name
NEW Home Address/Phone Number			
Residence/Home Address (Physical Street)		P.O. Box	
City	County	State	Zip
Home Phone Number	Business Phone Number	Fax Number	E-Mail Address
OLD Home Address/Phone Number			
Residence/Home Address (Physical Street)		P.O. Box	
City	County	State	Zip
Home Phone Number	Business Phone Number	Fax Number	E-Mail Address
NEW Mailing Address			
Street		P.O. Box	
City	County	State	Zip
OLD Mailing Address			
Street		P.O. Box	
City	County	State	Zip
NEW Name (Include Documentation)			
Last Name	Jr./Sr. etc.	First Name	Middle Name
OLD Name			
Last Name	Jr./Sr. etc.	First Name	Middle Name
Signature			
Agent Signature: _____		Date _____	