NAME AND ADDRESS CHANGE FORM FOR INDIVIDUAL

PENNSYLVANIA INSURANCE DEPARTMENT
BUREAU OF PRODUCER SERVICES
ROOM 1209 STRAWBERRY SQUARE
HARRISBURG, PA 17120

PHONE (717) 787-3840
IVRS (877) 336-7479
FAX (717) 787-8553
www.ins.state.pa.us

Name as it appears on license:

Social Security Number or EIN:	Date of Birth: (For individual only)
License Number(s):	Effective Date of Change:

ADDRESS CHANGE

New Home Address (street address required): Phone Number: ( )

City State Zip Code

Preferred Mailing Address (if different than above):

City State Zip Code

Business Name and Address (street address required): Phone Number: ( )

City State Zip Code

NAME CHANGE

A $25.00 CHECK OR MONEY ORDER PAYABLE TO COMMONWEALTH OF PA, MUST ACCOMPANY THIS REQUEST.

Full Legal Name:

Name Change due to:

- ☐ Marriage (include copy of marriage license or copy of updated social security card or drivers license)
- ☐ Court Order (include certified copy of court order)
- ☐ Other (include documentation or explanation)

Signature:	Date: