The State of New Hampshire
Insurance Department

21 South Fruit Street, Suite 14
Concord, NH 03301

Roger A. Sevigny
Commissioner

Alexander K. Feldvebel
Deputy Commissioner

PRODUCERS----ADJUSTERS----BUSINESS ENTITIES

NAME CHANGE REQUEST

Please fax to 603-271-7029 or email to producerquestions@ins.nh.gov

NH License # _____

NPN _____

Old Name**:** _____

NEW NAME: _____

NEW EMAIL: _____

Licensee Signature and Date_____
Or Signature of officer or DRLP for Entity

Name change requires proof from governmental agency such as marriage/divorce decree or court order. Please attach to this form.

ENTITIES , NH Secretary of State's office will be contacted to verify name approval. You can reach them at 603-271-3246 or their website www.sos.nh.gov/corporate.

For those wishing to add a dba to their license- list dba requested _____