



# The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14  
Concord, NH 03301

**John Elias**  
Commissioner

**Alexander K. Feldvebel**  
Deputy Commissioner

## PRODUCERS----ADJUSTERS----BUSINESS ENTITIES NAME CHANGE REQUEST or dba Additions

Please fax to 603-271-7029 or email to [producerquestions@ins.nh.gov](mailto:producerquestions@ins.nh.gov)

NH License # \_\_\_\_\_

NPN \_\_\_\_\_

Old Name: \_\_\_\_\_

**New Name**

**First name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**NEW EMAIL:** \_\_\_\_\_

**For Businesses New Name** \_\_\_\_\_

**DBA ADDITION** \_\_\_\_\_

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](http://www.sos.nh.gov/corporate).

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