OHIO DEPARTMENT OF INSURANCE
CONTINUING EDUCATION
REQUEST FOR AGENT DEMOGRAPHIC CHANGE

License Number:_____

CURRENT INFORMATION

Name (print)_____
First MI Last

Address: _____

_____

_____

NEW INFORMATION

Name:_____
First MI Last

Address: _____

_____

_____

Note: If your name has changed you must include an official document (marriage license, divorce decree, drivers license) showing the new name.

I attest that the above information is true and correct and request that my records with the Ohio Department of Insurance be updated to reflect these changes.

Signed:_____ Date:_____

Send to: **Ohio Department of Insurance**
License Division
2100 Stella Court
Columbus, OH 43215-1067

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